

# Packet 12

## Establishment of Custody, Visitation, and Child Support

### Forms and Procedures

### For Wyoming

### RESPONDENT

2025

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**IMPORTANT NOTE:** Make sure you are using the most recent packet. You can visit the Wyoming Judicial Branch website (<https://www.wyocourts.gov/>) or ask the Clerk of District Court to find out if this is the current packet.

**LIST OF FORMS – PACKET 12**  
**RESPONDENT ESTABLISHMENT OF CUSTODY, VISITATION, AND CHILD**  
**SUPPORT**

1. List of Forms - Respondent
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3. Respondent's Establishment of Custody, Visitation, and Child Support  
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4. Checklist for Respondent
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\*\*Other forms may be required by your Court.

## Overview: Establishment of Custody, Visitation, and Support

If you are handling your own case without an attorney, you are considered a "self-represented litigant" or "pro se litigant." This guide is designed to help you through the process.

This packet is most likely to be helpful if you and the other party already agree on all the important decisions that must be made. This includes:

- How you will share your parenting time and responsibilities.
- What will be the correct amount of child support based upon the Wyoming Child Support Calculator found at <https://childsupport.wyoming.gov/calculator/index.html>.

### Important Information

- **Forms:** The forms included may no longer be up-to-date or accurate. Be sure you are using the most current packet.
- **Completeness:** Fill out all forms completely and correctly. Judges will not sign incomplete or incorrect orders and cannot provide legal advice. If a section does not apply to you, write "N/A."
- **Responsibility:** You must follow all laws and rules. Court employees, including staff in the Clerk of District Court's office, cannot give legal advice. You must decide which forms apply to your case and situation. You are responsible for taking the necessary steps to move your case through the court process.
- **Judges:** The judge cannot answer your questions or assist you directly. Ex parte communication is communication with the judge by a party without the other party being present. Ex parte communication is not allowed. If you need to communicate with the judge, you must submit a written statement, called a Motion, with the Court, and provide notice to the other party. If you need a hearing, you must also file a Request for Setting with the Court. A blank Motion form can be found in Packet 10 of the Family Law Forms on the Wyoming Judicial Branch website, and a Request for Setting form can be found in this case packet.

### This Packet May Not Be a Good Solution for Everyone

It is important to understand that the forms in this packet cannot resolve some complex issues or help you and the other party get along. Not every situation can be addressed with these forms. Some cases are very difficult to handle on your own, and if your situation involves any of the following, you may want to seek professional help from an attorney:

- A history of domestic violence
- Harassment or coercion (convincing someone to do something they don't want to do)

This packet is not legal advice and cannot replace the assistance a lawyer can provide. If your case is complicated, involving complex child custody arrangements, it is wise to consider consulting an attorney.

## **Domestic Violence**

If you are a victim of domestic violence or have concerns about confidentiality, consider seeking professional help. You can find assistance by contacting the Wyoming Division of Victim's Services at 888-996-8816 or the National Domestic Violence Hotline at 800-799-7233 (TTY: 800-787-3224), where multi-lingual advocates are available. Confidentiality concerns should be addressed with the guidance of an attorney to ensure your protection throughout the process.

## **Resources**

Below is a list of additional resources that may assist you:

- **Legal Aid of Wyoming:** 1-877-432-9955
- **Wyoming State Bar Lawyer Referral Service:** 1-307-632-9061,  
<https://www.wyomingbar.org/>
  - Attorneys with the Lawyer Referral Service charge for their services.
- **Equal Justice Wyoming:** <https://www.wyocourts.gov/legal-help/>
- **Wyoming Court Navigator:** <https://www.wyocourts.gov/court-navigator-services/>
- **Wyoming Laws:** Title 20 of Wyoming Statutes (divorce laws) and the Wyoming Rules of Civil Procedure (especially Rule 26 (1.1)) can be found online at <https://www.wyocourts.gov/legal-help/legal-resources/> using the links under "Wyoming State Statutes" and "Wyoming Court Rules."

## **Truthfulness and Accuracy**

Be completely honest when filling out forms. Lying to or misleading the court can lead to penalties. For more information regarding representations to the court and perjury, review the Wyoming Rules of Civil Procedure Rule 11 and Wyoming Statute § 6-5-301.

## **Equal Standards**

Judges are not allowed to help you or make things easier for you, even though you don't have a lawyer. You are expected to follow the same rules and procedures that lawyers follow when they represent someone. The Wyoming Supreme Court states: "A pro se litigant will be granted no greater right than any other litigant and must expect the same treatment as if represented by an attorney."

## **Final Notes**

- **Protection Orders:** If you want to ask the Court for an Order of Protection for domestic violence, stalking, or sexual assault, you can get a free packet of forms from the circuit court clerk's office. You may also want to contact the Wyoming Coalition Against Domestic Violence & Sexual Assault for additional assistance.

# RESPONDENT ESTABLISHMENT OF CUSTODY, VISITATION, AND CHILD SUPPORT INFORMATION AND INSTRUCTIONS

**CONFIDENTIALITY:** If you have concerns about keeping information confidential, such as your address and/or social security number, please consult an attorney. You should also know that Domestic Violence Protection Orders or Stalking Orders are available free of charge at the circuit court clerks' offices. You may request assistance in obtaining Domestic Violence Protection or Stalking Orders from your local domestic violence or sexual assault program or you may call the Wyoming Coalition Against Domestic Violence & Sexual Assault (844) 264-8080 (toll free) or (307) 755-0992. There are also private attorneys who may be willing to assist clients in these matters. If you have ever obtained a Protection Order against the other party, this information should be indicated in the **Response** or the **Counterclaim**.

**NOTE:** This packet is to establish custody, visitation, and child support if you and the other parent were never married and both parents are listed on the birth certificate for each child. If paternity has not been acknowledged or established, please see your local child support agency for assistance.

**Make sure to complete all the forms carefully. If any parts are left blank, the Judge may not accept them. Not all of the forms need to be completed at the same time. Read through the instructions for each step. There are some steps you must complete before moving on to the next step.**

## Information:

A case starts when a party files a Petition to Establish Custody, Visitation and Child Support. This is a document asking the court to establish custody, visitation, and child support. The person who originally files for the petition is called the **Petitioner** and stays the Petitioner throughout the case. The Petitioner submits the Petition to the Clerk of the District Court, usually located in the county courthouse or a branch of it. This action opens an official court file, and a case number, or civil action number, is assigned. This process of submitting the Petition to the Clerk's office is known as filing a case.

The person the petition is filed against is called the **Respondent** and stays the Respondent throughout the case. After a case has been filed, a copy must be formally given to (served on) the Respondent. Personal service of the Petition and Summons on the Respondent is required, unless the Respondent completes an Acknowledgment and Acceptance of Service. Formal service is required for the Petition so that the Court has proof that the Respondent received the papers. Other forms of service exist, but these are the easiest methods that meet the formal service requirement. The Respondent is expected to respond to the Petition.

It is important for the Respondent to ensure that any changes in contact information, especially their mailing address, are promptly updated with the Clerk of District Court. This ensures that the

Respondent receives all necessary court documents and notifications, preventing missed deadlines or court actions taken without their knowledge.

## **Instructions:**

### **STEP 1: Response or Response and Counterclaim**

If you have been served or have signed an **Acknowledgment and Acceptance of Service**, you should file a Response to Petition with the Clerk of District Court where the Petition was filed.

A **Response to Petition** is a written response where you tell the Court what parts of the Petition you agree with and what parts you disagree with. **If you don't file a Response, the court might grant the other party everything they asked for in the Petition without your input.**

You have two options for responding:

1. **Response**: This is where you respond to each part of the **Response**, saying what you agree or disagree with.
2. **Response and Counterclaim**: This includes your response to the **Response** and also lets you tell the court what you want. For example, you can ask for specific things like custody of the children, or support.

**Tips:** Here are some helpful hints in completing either the Response or Response and Counterclaim:

You must fill in the top section of either the Response or Response and Counterclaim with the names and case number. Don't forget to include the case number, which is found on the Summons or Petition.

#### **Time Limits:**

You have **20 days** to file if you were served in Wyoming, or **30 days** if you were served outside Wyoming. If you miss the deadline to file a Response, a default judgment may be entered against you, granting the other party what they requested in the Response.

#### **How Time is Calculated:**

- When counting the days, don't include the day the papers were served.
- Include the last day of the time period, unless it falls on a Saturday, Sunday, or legal holiday. In that case, the deadline moves to the next business day.

**NOTE:** If you have any question or concerns about when the deadline is to file the Response, you should consult an attorney.

#### **Admit or Deny:**

In the **Response**, admit or deny each paragraph of the **Petition**. For each paragraph in the Petition that is correct or that you agree with, list that paragraph number in the first line of the Response to admit it. For each paragraph in the Petition that is not correct or that you do not agree with, list

that paragraph number in the second line of the Response to deny it. If you do not have enough information to admit or deny a paragraph, list that paragraph number in the third line of the Response. If you don't agree with something in the Petition, but you don't "deny" it in your Response, the court may find that you admitted it.

**Required Information for Children:**

You must provide certain information under oath for each child unless you have a court order or law that lets you keep addresses or other details confidential. If you don't provide this information, the court may not allow the case to move forward until you do. The necessary information is included in the Response and the Response and Counterclaim forms.

**Notarizing Signatures:**

After you fill out either the Response or Response and Counterclaim, you need to sign and have it notarized. Do not sign the Response or Response and Counterclaim until you are in front of the Clerk of Court or a Notary. The Clerk or the Notary must witness you signing the form. Since each Clerk's office has its own rules, check with them first to see if they can notarize your signature before looking for a notary public elsewhere.

**Certificate of Service:**

Copies of all documents that you file in the case must be sent to the Petitioner before the Judge will consider them. This certificate is included at the end of each document that requires it.

**Make Copies and File Your Response:**

Take the original and two copies of each document to the Clerk's office. The Clerk will stamp all the copies with the date they were filed. This is called a "file stamp." The original document will be filed with the Clerk. You should keep one copy for your records. You must send the other copy to the Petitioner on the date that you listed on the Certificate of Service.

**Documents to Complete:**

1. Fill out the **Response to Petition to Establish Custody, Visitation, and Support.**

**OR**

2. Fill out the **Response and Counterclaim to Establish Custody, Visitation, and Support.**

**File Your Documents:**

Bring the original and two copies of the following documents to the Clerk of District Court:

1. **Response to Petition to Establish Custody, Visitation, and Support.**

**OR**

2. **Response and Counterclaim to Establish Custody, Visitation, and Support.**



**Petitioner's Reply to Your Counterclaim:**

If you file a Counterclaim, the Petitioner must reply to it. The Petitioner has 20 days to respond by filing a Reply to Counterclaim. In this reply, the Petitioner will admit or deny the points you made in your Counterclaim.

If the Petitioner does not reply within 20 days, you may be able to file Default paperwork to request the relief you asked for in your Counterclaim.

**STEP 2: Fill out a Confidential Financial Affidavit****Documents to Complete:****Confidential Financial Affidavit with all required documents attached.**

Both parties must fill out and file a Confidential Financial Affidavit with the Court, along with any required documents. You must provide documents that prove your current and past earnings. For current earnings, include pay stubs, employer statements, or receipts and expenses if self-employed. Also, attach your most recent tax return to show your earnings over a longer period. Include income tax returns for the last two years and your latest pay stub(s) to show your current earnings. If you and the other party filed a joint tax return, and the other party has already submitted the required tax returns, you don't need to file them again. If you have health insurance, include copies of your insurance cards.

**File Your Documents:**

Bring the original and two copies of the Confidential Financial Affidavit to the Clerk of District Court to file.

**NOTE:** You must file the Confidential Financial Affidavit with the Clerk's office at the same time you file your Response or Response and Counterclaim.

**STEP 3: Initial Disclosures****DO NOT FILE INITIAL DISCLOSURES WITH THE CLERK OF DISTRICT COURT****Send Initial Disclosures to the Other Party:**

The law requires you to share certain information with the other party within **30 days after your Response is due**. You need to provide a list of financial assets, non-financial assets, all debts (individual and joint), locations of any safety deposit boxes, employment details, information about other income and retirement accounts, and a summary of facts supporting your claim for custody (if child custody is involved). Both parties must provide this information to ensure full financial disclosure for calculating child support. **Be sure to keep a copy of your Initial Disclosures for your records.**

**NOTE:** You must share the information you currently have available to you. You cannot delay your disclosures because you think the other party's information is incomplete or because they haven't provided their information yet.

**When to Provide:**

You need to give your **Initial Disclosures** to the Petitioner (or their lawyer) within 30 days after you are supposed to respond to the Response. Here's how to figure out the date:

1. Start with the date you were served with the **Response**: \_\_\_\_\_
2. Next, figure out when you have to file a **Response**: (Choose One)
  - a) If you were served in Wyoming, add 20 days to the date in #1: \_\_\_\_\_

**OR**

- b) If you signed an **Acknowledgment and Acceptance of Service**, add 20 days to the date in #1: \_\_\_\_\_

**OR**

- c) If you were served out-of-state, add 30 days to the date in #1: \_\_\_\_\_
3. Add 30 days to the date in #2(a), (b), or (c): \_\_\_\_\_

The date in #3 is when you and the Petitioner must send each other your completed Initial Disclosures.

**NOTE: DO NOT FILE THE INITIAL DISCLOSURES WITH THE COURT.** These forms are only given to the Petitioner (or their lawyer).

**STEP 4: Moving Your Case Forward**

Once the time for the Petitioner to respond to your Response and Counterclaim has passed and you have sent your Initial Disclosures, there are several options to move your case forward to get an **Order**. Choose the option that fits your situation best:

**Option A:** If you and the Petitioner both agree on everything, follow Option A.

**Option B:** If you and the Petitioner don't agree on everything, follow Option B.

**Tips:** Here are some important laws and helpful hints in completing the Order to Establish Custody, Visitation, and Support for all cases:

### **Custody and Visitation**

You and the Petitioner should try to agree on a custody and visitation plan. It is not common for the Court to deny visitation or to require supervised visits for the non-custodial parent.

If you are worried that the other parent might harm your child physically or emotionally, get advice from someone who understands parenting and child development, or get help from a domestic violence program. There may be local organizations that can help with visitation arrangements. You can also ask the leaders of parenting classes in your community for more ideas or resources (see below).

### **Considered Factors When Awarding Custody and Visitation:**

The Order contains several options for custody and visitation arrangements. Ideally, both parents will work together to select the proper custody and visitation plan depending upon the family circumstances. In awarding custody and setting forth a visitation plan, Wyoming law requires that the Court consider the following factors:

1. The quality of the relationship each child has with each parent.
2. The ability of each parent to provide adequate care for each child throughout each period of responsibility, including arranging for each child's care by others as needed.
3. The relative competency and fitness of each parent.
4. Each parent's willingness to accept all responsibilities of parenting, including a willingness to accept care for each child at specified times and to relinquish care to the other parent at specified times.
5. How the parents and each child can best maintain and strengthen a relationship with each other.
6. How the parents and each child interact and communicate with each other and how such interaction and communication may be improved.
7. The ability and willingness of each parent to allow the other to provide care without intrusion, respect the other parent's rights and responsibilities, including the right to privacy.
8. Geographic distance between the parents' residences.
9. The current physical and mental ability of each parent to care for each child
10. Either parent had a conviction that would require them to register as a sex offender under W.S 7-19-301- 7-19-10.
11. Any other factors you want the court to consider necessary and relevant.

### **Children's Best Interests Should Dictate Schedule**

Use a calendar to plan visitation. When creating a visitation plan, consider the parents' work schedules and the children's school and activities. This is especially important if parents don't have a traditional workweek. Visitation should be an enriching experience and is both an obligation and a responsibility, as well as a right and a privilege for both parents. Both parents must sincerely commit to creating and following a visitation plan. Focus on what schedule is in the children's best interest.

### **Parenting Classes**

The Court may require parents to attend parenting classes, especially to help reduce the effects on children. Usually, both parents must attend these classes when ordered.

**NOTE:** If you are required to take a class, you **MUST** file a **Certificate of Completion** with the Clerk's office. The class instructor will provide this certificate.

### **Child Support Payments**

You need to figure out how much child support is due based on the **Confidential Financial Affidavits** you and the Petitioner completed. You can use the **Child Support Computation Form** to help you calculate the support due or contact your local child support enforcement agency for help.

Another option is to go online to <https://childsupport.wyoming.gov/calculator/index.html> and use the online tool to calculate child support.

### **Important Points to Remember:**

- a) **You can't agree to no support:** You CANNOT agree that no child support will be paid. (The only time the Court will not order child support is when the noncustodial parent's income is less than the self-support reserve.) Wyoming law allows for a reduced amount of support if you agree on joint physical custody, each parent keeps the children overnight for more than 25% of the year, **and** both parents contribute significantly to the children's expenses in addition to paying child support.
- b) **Self-Support Reserve:** If the noncustodial parent's net income minus the self-support reserve is less than the support obligation calculated from the tables in W.S.

§ 20-2-304(a), the support obligation will be based on the difference between the noncustodial parent's net income and the self-support reserve. The "self-support reserve" is the current poverty line for one person and is updated annually in the Federal Register by the U.S. Department of Health and Human Services. See W.S. § 20-2-304(f). You can also find the current self-support reserve on the Wyoming Judicial Branch website. <https://www.wyocourts.gov/self-help-forms/#tabV3>

- c) **No Deviations Allowed:** There are NO DEVIATIONS from the presumed support amount unless the Court decides that the set amount is unjust or inappropriate in your specific case. The Court must include specific reasons for any deviation in the Order.
- d) **Government or State Benefits:** NO AGREEMENTS for less than the presumed support can be approved if government or state benefits (such as Title 19, Kid Care, Food Stamps, Personal Opportunities with Employment Responsibilities (POWER), etc.) are being provided on behalf of any child. This means the Court cannot lower the amount of child support calculated using the net income of you and the Respondent, even if both of you agree to a lower amount of support.

### **Medical Support**

The law requires that medical support for the children be included in any child support order. The Court may order one or both parents to provide medical insurance if it is available at a reasonable cost and can be used for the children. This includes dental, vision, or other health care needs.

Additionally, the Court will decide who pays for medical expenses not covered by insurance and any deductibles. If both parents must pay for these expenses, the Court will specify how much each parent is responsible for (for example, 50% to Petitioner and 50% to Respondent).

## **Option A. The following instructions apply if you both agree on all of the issues of your case.**

If you and the Petitioner agree on all the terms in the Order, the Order will need to be filled out completely, signed by both you and the Petitioner and both of your signatures must be notarized.

**In addition to signing the Order, you should also initial each page of the Order to verify that each page contains the terms you agreed upon.**

**When will your Order become final?**

Your Order is not final until the Judge signs the Order, and it is filed with the Clerk. This may take time if the Judge needs to make changes to the Order. Check with the Clerk to make sure the Order has been file-stamped before you can be sure your Order is final. You should receive a copy of the Order once it is final.

**Option B. If you and the Petitioner do NOT agree on all issues of your case, you will need to have a trial:**

**NOTE:** If there is no agreement, your case will have to be heard and decided by a Judge at a trial.

**CAUTION:** It is strongly recommended that you hire or find an attorney to represent you at trial, though you may represent yourself. If you choose to represent yourself, you proceed at your own risk and will be expected to know the laws and court rules.

**Documents to Complete:**

1. If the Petitioner has **NOT** done so, Complete the **Request for Setting**  
This form is a request to the court for a hearing. Write in “trial” where it asks the type of hearing. Indicate how much time you think it will take for you and the other party to present your evidence and write that in (usually one to three hours).
2. Complete the **Order Setting Trial**  
Fill out the top section of page one of the Order Setting Trial. This includes: the county, the judicial district, the names of the Petitioner and Respondent, and the civil action case number. The Clerk of District Court will complete the rest of the document.
3. Provide the Clerk with two addressed, stamped envelopes (one addressed to you, and one addressed to the Petitioner).
4. **Order for Income Withholding.** The Court is required by law to enter an Order for Income Withholding in every case where child support has been ordered.
5. **Income Withholding for Support.** Use this form if you want child support to be paid directly from the non-custodial parent's employer. If you need help filling out the form or collecting child support, contact the child support enforcement agency in your district. The

Clerk can give you their contact information or you can find it online at <https://childdsupport.wyo.gov/>.

**NOTE:** Any documents you file (except the Order) must be sent to the Petitioner on the same day you put the date on the Certificate of Service on each document.

**Due 30 Days Before Trial:**

1. Complete **Pretrial Disclosures**

Both parties must give their Pretrial Disclosures to each other and file them with the Court. These disclosures list the evidence that will be presented at trial. If you have questions, contact an attorney.

**Note:** Unless the Court says otherwise, they must be made at least 30 days before the trial.

2. Take the original and two copies to the Clerk for filing. Keep one copy for your records and send the other copy to the Petitioner (or his/her attorney).

**Trial Information:**

**Settlement before trial:**

If your case is settled before the trial, you must give the Court a completed and signed Order. The Court will only remove the trial from the schedule once this is done.

The trial date will not be changed or canceled based on phone calls. If you need to reschedule the trial, you must file a motion to continue or contact an attorney for assistance.

**Court Reporter:**

It is very difficult to appeal the Judge's decision if you do not get a court reporter to record everything that is said at the trial.

If you want a court reporter, you must notify the official court reporter as soon as possible, but no later than three working days before your hearing. You can do this by phone, email or by submitting a written request. If you send the request by mail, it must be received by the court reporter at least three working days before the hearing.

Contact information for each Court Reporter can be found on the Wyoming Judicial Branch website.

The Clerk can tell you which court reporter to contact. The Court will not waive the three-day notice requirement. This notice is required for all civil matters, including jury trials.

**Evidence and Witnesses:**

At the hearing, you will need to present your evidence and witnesses. If the **Order Setting Trial** is entered (signed by the Judge), you must follow the terms and provide the Court with the information requested in that document, including copies of exhibits you want to introduce at the trial and a list of your proposed witnesses and what their testimony is going to be about within the time frame ordered (usually three to five days prior to the trial). Under the law, the Judge cannot help you or assist you at trial. You are on your own without an attorney.

**NOTE:** If you choose to represent yourself and continue without an attorney, you proceed at your own risk and will be expected to know the laws

**Final Decision:**

After the trial, the Judge will make a decision or may need more time to think about it. If the Judge gives you instructions, you must type the decision into the Order.

**When Will Your Order Become Final:**

Your case is not final until the Judge signs the Order, and it is filed with the Clerk. This may take time if the Judge needs to make changes to the Order. Check with the Clerk to make sure the Order has been file-stamped before you can be sure your case is final. You should receive a copy of the Order once it is final.



## **CHECKLIST FOR RESPONDENT ESTABLISHMENT OF CUSTODY, VISITATION, AND CHILD SUPPORT**

**This checklist is for your convenience and is not a substitute for the detailed instructions. Please be sure to read the detailed instructions.**

### **STEP 1: Getting Started**

Not all the forms in this packet may be needed for your specific situation. It's important to go through them and read the instructions to know which ones you need.

Start by reviewing these three forms below:

- **Overview**
- **List of Forms - Respondent**
- **Respondent's Establish Custody, Visitation, and Child Support Information and Instructions**

### **STEP 2: Responding to the Petition**

If you received a **Summons and Petition to Establish Custody, Visitation, and Child Support** or if you signed an **Acknowledgement and Acceptance of Service**, you need to file one of the following:

☐ **Response;**

**OR**

☐ **Response and Counterclaim**

☐ Take the original and two copies of all forms to the Clerk of District Court for filing. Mail a copy to the Petitioner and keep one for yourself.

☐ Mail a copy to the Petitioner and keep a copy for your records.

### **STEP 3: Financial Disclosure**

File a **Confidential Financial Affidavit** along with the required attachments. This can be done simultaneously with Step 2.

☐ **Confidential Financial Affidavit**

☐ **If employed**, attach tax returns for past two years; and

☐ Attach statement of earnings for the current year; and

☐ Attach documentation about health insurance if applicable.

**OR**

☐ **If self-employed**, attach verified income and expense statements for past two years; and

☐ Attached tax returns for past two years.

☐ Attach documentation about health insurance if applicable.

#### **STEP 4: Initial Disclosure**

Send the Initial Disclosures to the Petitioner within 30 days after being personally served or signing the Acknowledgment and Acceptance of Service. **DO NOT** file these with the Court.

- ☐ Send **Initial Disclosures** to the Petitioner within **30 days** after you were personally served.

#### **STEP 5: Agreement on Order Terms**

If you and the Petitioner agree on all terms in the Order, sign it in front of a Notarial Officer or the Clerk. Each page should be initialed by both you and the Petitioner. The Judge will sign the Order, and a copy will be mailed to you.

- ☐ Sign the **Order Establishing Custody, Visitation, and Child Support (Unless the Court is preparing this for you.)**
- ☐ A copy will be mailed to you if the Judge signs the Order.

**Your case will be complete when the Judge signs the Order, and it is filed with the Clerk of District Court.**

#### **STEP 6: Trial Preparation (If you can't reach an agreement.)**

If you and the Petitioner don't agree on all issues the following steps are needed.

**CAUTION: It is strongly recommended that you hire or find an attorney to represent you at trial, though you may represent yourself. If you choose to represent yourself, you proceed at your own risk and will be expected to know the laws and court rules.**

##### **Request a Trial Date**

If the Petitioner has **NOT** requested a trial date, you must request one.

- ☐ **Request for Setting.**
- ☐ **Order Setting Trial** (Judge will fill out date and time.)
- ☐ Take original and two copies to the Clerk for filing.
- ☐ Take an envelope addressed to you with postage for the Clerk to mail a copy of the Order Setting Trial to you.
- ☐ Take an envelope addressed to the Petitioner with postage for the Clerk to mail a copy of the Order Setting Trial to the Petitioner.
- ☐ Mail a copy of the **Request for Setting** to the Petitioner and keep a copy for your records.

##### **Pretrial Disclosures**

- ☐ File at least **30 days** before the trial date, unless otherwise ordered by the court.
- ☐ Take original and two copies to the Clerk for filing.
- ☐ Mail copy to the Petitioner and keep a copy for your records.

### **Request a Court Reporter**

If you want the trial to be recorded by an official court reporter, provide notice to the court reporter as soon as possible, but no later than three working days before the trial. You can notify the court reporter by phone, email or by submitting a written request. If providing notice through the mail, the request must be received by the court reporter no later than three working days prior to the hearing.

- ☐ Request a court reporter.

### **Attend the Trial:**

Be on time, dress respectfully, and do the following:

- ☐ Tell the Judge about your case.
- ☐ Tell the Judge why the plans for the children that you are asking for are in the children's best interest.
- ☐ Present any evidence and witnesses to support what you are requesting.

### **Decision by Judge:**

The Court will tell you at the end of the trial if it will prepare the Order or if it wants you or the other party to prepare the Order and the terms to include in it. Have a blank Order ready to fill out in case the Judge asks you to prepare the Order. This way, you can fill it out as the Judge gives their ruling.

- ☐ **Order Establishing Custody, Visitation, and Child Support**  
(Unless the Court is preparing this for you.)
- ☐ **Order for Income Withholding.**

The Court may also require these additional forms (or others) depending on the county where your case is filed. **DO NOT COMPLETE THESE FORMS UNLESS REQUIRED.**

- ☐ **Certificate of Completion of a Parenting Class** (If you are required to complete a parenting class, the instructor for the class will give you this form for you to file with the Clerk.)

### **Copies and Envelopes:**

- ☐ Take an original and two copies of each form to the Clerk for filing.
- ☐ Take an envelope addressed to you with postage for the Clerk to mail a copy of the Order to you.
- ☐ Take an envelope addressed to the other party with postage for the Clerk to mail a copy of the Order to the other party.

- ☐ Mail a copy of the other forms to the Petitioner and keep a copy for your records.

**Your case will be complete when the Judge signs the Order and it is filed with the Clerk of District Court.**

STATE OF WYOMING ) IN THE DISTRICT COURT  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
Person listed as Petitioner on the Petition )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_.)  
Person listed as Respondent on the Petition )

---

**RESPONSE TO PETITION TO ESTABLISH  
CUSTODY, VISITATION, AND CHILD SUPPORT**

---

The Respondent provides the following answers and responses to Petitioner's Petition to Establish Custody, Visitation, and Child Support ("Petition"):

1. Respondent admits the statements in Paragraphs (list paragraph numbers that are correct statements) \_\_\_\_\_ of Petitioner's Petition.
2. Respondent denies the statements in Paragraphs (list paragraph numbers that are not correct statements) \_\_\_\_\_ of Petitioner's Petition.
3. Respondent does not have enough information to either admit or deny the statements in Paragraphs \_\_\_\_\_.

**Information About Children**

4. The Petitioner and I are the natural or adoptive parents of the following minor children:

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

☐ Attach copy of Acknowledgement of Paternity or Birth Certificate

☐ An Order Establishing paternity

☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
|------|-----|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
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☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

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- ☐ An Order Establishing paternity
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**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
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- ☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

- ☐ An Acknowledgement of Paternity (Father is on the birth certificate)
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- ☐ An Order Establishing paternity
- ☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |    | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
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☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

☐ Attach copy of Acknowledgement of Paternity or Birth Certificate

☐ An Order Establishing paternity

☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
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☐ I have attached additional pages.

5. Other Court Cases: (Select One)

☐ I have NOT been involved in any other court case related to the custody, visitation support, or decision-making of the children listed in the *Petition*, and I don't know about any other such cases related to these children in Wyoming or in any other state.

☐ I have been involved in other court cases concerning custody, visitation, support, or decision-making regarding the children listed in the *Petition*. (Complete the table below with all the information you have. If you are unsure leave the box blank. You can use the Comments section to add anything you would like the court to know about the case.)

| Case Number | Court | State | Nature of Case (unless confidential) | Date of Child-Custody Determination | Initials of Child | Comments |
|-------------|-------|-------|--------------------------------------|-------------------------------------|-------------------|----------|
|             |       |       |                                      |                                     |                   |          |
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☐ I have attached additional pages.

6. Physical Custody of Minor Children: (Select One)

☐ I am not aware of any person who is not involved in this case who has physical custody of the minor children or claims to have custody or visitation rights regarding the minor children (for example, juvenile court, guardian).

☐ There are people who are not part of this case who have physical custody of the children or claim parental responsibilities, legal custody, physical custody, or visitation/parenting time with the children. Please provide the information of those individuals in the table below.

| Name | Address | Relationship to Child |
|------|---------|-----------------------|
|      |         |                       |
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☐ I have attached additional pages.

**WHEREFORE**, Respondent respectfully requests that the Court find generally in Respondent's favor and against the Petitioner, that Petitioner take nothing by way of their Petition to Establish Custody, Visitation, and Child Support, and for such other and further relief as the Court deems just and proper.

**[The remainder of this page is intentionally left blank.]**

I, the Respondent, being first duly sworn upon my oath, state that I have read the above and foregoing information, and I believe the matters set forth are true and correct under penalty of perjury:

**DATED** \_\_\_\_\_, 20\_\_\_\_.

Signature of Respondent \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Email Address \_\_\_\_\_

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING       )  
                                          ) ss  
COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this \_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.  
Witness my hand and official seal.

\_\_\_\_\_  
CLERK OF COURT/NOTARIAL OFFICER

My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of District Court in \_\_\_\_\_ County, Wyoming.

I further certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: \_\_\_\_\_ (name)
- ☐ Faxed to this number: \_\_\_\_\_
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_  
Address of other party or other party's attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_

-----Fill in, if applicable-----  
Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court, the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

\_\_\_\_\_  
Attorney's Name

Attorney's Address/Telephone/Email Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF WYOMING ) IN THE DISTRICT COURT  
 ) ss  
 COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
 Person listed as Petitioner on the Petition )  
 )  
 vs. )  
 )  
 Respondent: \_\_\_\_\_.)  
 Person listed as Respondent on the Petition )

---

**RESPONSE AND COUNTERCLAIM**  
**TO PETITION TO ESTABLISH CUSTODY, VISITATION, AND CHILD SUPPORT**

---

The Respondent provides the following as the answers and responses to Petitioner's Petition to Establish Custody, Visitation, and Child Support ("Petition"):

1. Respondent admits the statements in Paragraphs (list paragraph numbers that are correct statements) \_\_\_\_\_ of Petitioner's Petition.
2. Respondent denies the statements in Paragraphs (list paragraph numbers that are not correct statements) \_\_\_\_\_ of Petitioner's Petition.
3. Respondent does not have enough information to either admit or deny the statements in Paragraphs \_\_\_\_\_.

**WHEREFORE**, Respondent respectfully requests that the Court find generally in Respondent's favor and against the Petitioner, that Petitioner take nothing by way of their Petition to Establish Custody, Visitation, and Child Support, and for such other and further relief as the Court deems just and proper.

---

## COUNTERCLAIM

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This Petition is to establish custody, visitation, and child support if you and the other parent were never married and both parents are listed on the birth certificate for each child, or a prior court order established paternity for each child. If paternity has not been acknowledged or established, please see your local child support agency for assistance.

**RESPONDENT** provides the following as the Counterclaim to Petitioner's Petition to Establish Custody, Visitation, and Child Support.

1. The Respondent is a resident of \_\_\_\_\_ County Wyoming and has lived in the State of Wyoming for more than sixty (60) days prior to the filing of this Counterclaim.

### Information About Children

2. The Petitioner and I are the natural or adoptive parents of the following minor children:

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

☐ Attach copy of Acknowledgement of Paternity or Birth Certificate

☐ An Order Establishing paternity

☐ Attach a copy of the Order

### Child's residence for the past 5 years:

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
|------|-----|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| From | To  |                                            |                                                                                                       |
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☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

☐ Attach copy of Acknowledgement of Paternity or Birth Certificate

☐ An Order Establishing paternity

☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
|------|-----|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
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☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

- ☐ An Acknowledgement of Paternity (Father is on the birth certificate)
  - ☐ Attach copy of Acknowledgement of Paternity or Birth Certificate
- ☐ An Order Establishing paternity
  - ☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
|------|-----|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| From | To  |                                            |                                                                                                       |
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☐ I have attached additional pages.

Child's initials (Do not write full name):

\_\_\_\_\_ (For example, John Bob Doe would be J.B.D.)

Child's year of birth: 20 \_\_\_\_\_

Paternity was established by:

- ☐ An Acknowledgement of Paternity (Father is on the birth certificate)
  - ☐ Attach copy of Acknowledgement of Paternity or Birth Certificate



☐ An Order Establishing paternity

☐ Attach a copy of the Order

**Child's residence for the past 5 years:**

| Date |     | City and State<br>where the child<br>lived | List the name and <u>current</u> address of each person<br>who lived with the child in that location. |
|------|-----|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| From | To  |                                            |                                                                                                       |
|      | now |                                            |                                                                                                       |
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|      |     |                                            |                                                                                                       |

☐ I have attached additional pages.

**3. The children named in this Counterclaim: (Select One)**

☐ Have lived in Wyoming for at least 6 months before the filing of this Counterclaim or, for children under 6 months of age, have lived in Wyoming since birth.

☐ Have not lived in Wyoming for at least 6 months before filing this Counterclaim. (If this is the case, you may want to speak to a lawyer before filing because the Court may not be able to address custody.)

**4. Other Court Cases: (Select One)**

☐ I have NOT been involved in any other court case related to the custody, visitation support, or decision-making of the children listed in the Counterclaim, and I don't know about any other such cases related to these children in Wyoming or in any other state.

☐ I have been involved in other court cases concerning custody, visitation, support, or decision-making regarding the children listed in this Counterclaim. (Complete the table below with all the information you have. If you are unsure leave the box blank. You can

use the Comments section to add anything you would like the court to know about the case.)

| <b>Case Number</b> | <b>Court</b> | <b>State</b> | <b>Nature of Case (unless confidential)</b> | <b>Date of Child-Custody Determination</b> | <b>Initials of Child</b> | <b>Comments</b> |
|--------------------|--------------|--------------|---------------------------------------------|--------------------------------------------|--------------------------|-----------------|
|                    |              |              |                                             |                                            |                          |                 |
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|                    |              |              |                                             |                                            |                          |                 |

5. Physical Custody of Minor Children: (Select One)

☐ I am not aware of any person who is not involved in this case who has physical custody of the minor children or claims to have custody or visitation rights regarding the minor children (for example, juvenile court, guardian).

☐ There are people who are not part of this case who have physical custody of the children or claim parental responsibilities, legal custody, physical custody, or visitation/parenting

time with the children. Please provide the information of those individuals in the table below.

| Name | Address | Relationship to Child |
|------|---------|-----------------------|
|      |         |                       |
|      |         |                       |
|      |         |                       |

6. Primary Care, Custody, and Control of Minor Children: (Select One)

- ☐ Both parties are fit and proper persons to share custody and control over the minor children.
- ☐ Respondent is a fit and proper person to have the primary care, custody, and control over the minor children subject to the other parent's right of reasonable visitation.
- ☐ Petitioner is a fit and proper person to have the primary care, custody, and control over the minor children subject to the other parent's right of reasonable visitation.
- ☐ Respondent is a fit and proper person to have sole care, custody, and control over the minor children.
- ☐ Petitioner is a fit and proper person to have sole care, custody, and control over the minor children.

7. Child Support: (Select One)

- ☐ Petitioner is capable of paying child support, and the Court should order Petitioner to pay child support.
- ☐ Respondent is capable of paying child support, and the Court should order Respondent to pay child support.

8. The Court should order the following individuals to provide medical insurance for the minor children if it can be obtained at a reasonable cost: (Select One)

- ☐ Petitioner.
- ☐ Respondent.
- ☐ Both Parents.

9. The Court should order the following to pay any medical expenses, including any deductible or co-pay that is not covered by insurance coverage: (Select One)

- ☐ Petitioner.
- ☐ Respondent.
- ☐ Both Parents.

**WHEREFORE**, the Respondent respectfully requests that the Court:

1. **Award Physical custody as follows:** (Select One)

- ☐ Petitioner will have primary physical custody.
- ☐ Respondent will have primary physical custody.
- ☐ The parties will share physical custody (for example, 50/50 or some other arrangement).
- ☐ Petitioner will have sole physical custody.
- ☐ Respondent will have sole physical custody.

2. **Award Legal custody as follows:** (Select One)

- ☐ The parties will have joint legal custody. (This means there will be shared responsibility for making major decisions about the children's welfare, education, non-emergency healthcare, discipline, and religious training.)

If there is a disagreement, then;

- ☐ Petitioner has final decision-making authority.
- ☐ Respondent has final decision-making authority.
- ☐ Petitioner will have sole legal custody.
- ☐ Respondent will have sole legal custody.
- ☐ Other: (Please describe desired legal and physical custody arrangement in detail)

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3. Order that: (Select One)

- ☐ Petitioner pay child support in an amount determined by the Court using the Wyoming Child Support Guidelines.
- ☐ Respondent pay child support in an amount determined by the Court using the Wyoming Child Support Guidelines.

4. Order that the following provide health insurance coverage for the minor children: (Select One)

- ☐ Petitioner.
- ☐ Respondent.
- ☐ Both parents.

5. Order that the following pay not-covered medical expenses for the minor children: (Select One)

☐ Petitioner.

☐ Respondent.

☐ Both parents.

6. Order such other and further relief as the Court deems just and equitable.

I, the Respondent, being first duly sworn upon my oath, state that I have read the above and foregoing information, and I believe the matters set forth are true and correct under penalty of perjury:

**DATED** \_\_\_\_\_, 20\_\_.

Signature of Respondent\_\_\_\_\_

Printed Name:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Home Address (Physical):\_\_\_\_\_

\_\_\_\_\_  
Mailing Address:\_\_\_\_\_

\_\_\_\_\_  
Email Address:\_\_\_\_\_

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING       )  
                                          ) ss  
COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_.  
Witness my hand and official seal.

\_\_\_\_\_  
CLERK OF COURT/NOTARIAL OFFICER

My commission expires: \_\_\_\_\_

-----Fill in, if applicable-----

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

\_\_\_\_\_  
Attorney's Name

Attorney's Address/Telephone/Email Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of District Court in \_\_\_\_\_ County, Wyoming.

I further certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

☐ Delivered by hand to: \_\_\_\_\_ (name)

☐ Faxed to this number: \_\_\_\_\_

☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_

Address of other party or other party's attorney: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

STATE OF WYOMING ) IN THE DISTRICT COURT  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
Person listed as Petitioner on the )  
Petition )  
vs. )  
 )  
Respondent: \_\_\_\_\_ )  
Person listed as Respondent on the )  
Petition )

---

**Initial Disclosures**  
**(DO NOT FILE THIS FORM WITH THE COURT)**

---

☐ These are the Petitioner's Initial Disclosures.

**OR**

☐ These are the Respondent's Initial Disclosures.

Attached are schedules containing my initial disclosures in accordance with Wyoming Rule of Civil Procedure 26(a)(1.1) for the case named above. I understand that I am required to give these disclosures to the opposing party or the opposing party's attorney within thirty days after the service of Respondent's Response to the Petition.

Dated: \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address (Physical): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

☐ A Wyoming Judicial Branch Court Navigator helped with this form.



## Instructions for Completing the Required Disclosures

This form uses lots of charts to help you organize and share the required information.

The charts are called “schedules.”

You’ll see them on the pages after your signature and the Certificate of Service.

Fill in the schedules as completely as you can.

If you have no information to provide on a schedule, be sure to check the box labelled "Not Applicable" in the upper left-hand corner of the page. This will let the other party know that there is no information on that schedule that applies to you.

In several of the schedules, you'll be asked to list property, other assets, and debt in two different categories: marital (joint) and non-marital (separate).

- If property, assets, and debt are marital, they usually will be divided between you and your spouse during the divorce process.
- If property, assets, and debt are non-marital, they usually are not divided and instead remain with the owner.

It can be hard to know which property and debts are marital and which are not. Here are some guidelines to help you make your determinations:

The term "during the marriage" means the period starting on the wedding date and ending on the separation date.

Marital property and debt generally include assets (what you have) and liabilities (what you owe) obtained during the marriage for the benefit of the married couple and their shared family; it usually doesn't matter who has legal ownership or who makes payments. Property that either party got before the marriage may also be considered marital if both spouses treated it as their joint property during the marriage.

Gifts and inheritances received by one party are typically non-marital property, even if they were received during the marriage. But gifts or inheritances that benefited the couple, such as household appliances, may be considered marital even if they were given to only one party.

It is common for parties to disagree about what is marital and what is non-marital. You might find it helpful to read more information about divorce and property division on the Wyoming Judicial Branch website.

**Important Note:** Everything you write on these schedules will be carefully considered, but you might not get exactly the results you are seeking. The Judge will make the final decisions for your case, including deciding what is marital, how property and debt will be divided, and how custody will be granted.

**Schedule A: Financial Assets.** In this chart, you must list all financial assets owned individually (just you or the other party) or jointly (you, the other party, other people), including savings or checking accounts, stocks, bonds, cash equivalents, and other investments. Fill in each column with the required information. Note that you must include a detailed explanation for each asset you list as non-marital. (See attached Schedule A at the end of these instructions.)

**Schedule B: Non-Financial Assets.** In this chart, you must list all non-financial assets owned individually (just you or the other party) or jointly (you, the other party, other people). This will include houses, buildings, land, vehicles, household items such as furniture and jewelry, and any interests that you have in businesses. Fill in each column with the required information. Note that you must include a detailed explanation for each asset you list as non-marital. (See attached Schedule B at the end of these instructions.)

**Schedule C: Debts.** In this chart, you must list all debts that are owed individually (just you or the other party) or jointly (you, the other party, other people). Be sure to list all debts, including any that are just in the name of the other party. Fill in each column with the required information. Note that you must include a detailed explanation for each debt you list as non-marital. (See attached Schedule C at the end of these instructions.)

**Schedule D: Safe Deposit Boxes.** In this chart, you must list all safe deposit boxes that you or the other party have access to. Fill in each column with the required information. (See attached Schedule D at the end of these instructions.)

**Schedule E: Employment.** In this chart, you will provide information about your employment, pay, and benefits. Include jobs where you are employed by others, gig work, and self-employment. Fill in each column with the required information. It will be helpful to have your recent pay stubs (also known as “pay advice”) with you when you complete this chart. (See attached Schedule E at the end of these instructions.)

**Schedule F: Other Income.** In this chart, you must list all other income that you receive. Fill in each column with the required information. (See attached Schedule F at the end of these instructions.)

**Schedule G: Retirement Accounts and Other Investment Accounts.** In this chart, you must list all your retirement and investment accounts. This will include 401Ks, IRAs, and pension plans. Fill in each column with the required information. (See attached Schedule G at the end of these instructions.)

**Schedule H: Custody.** If you want primary custody of your children, you must provide facts that show you would be the better party to have custody. Fill in each section with the required information. If you are requesting a new custody arrangement, you must also provide the facts that show there has been a material change in circumstances (that means that something has changed and the change matters); attach documents that show this change. (See attached Schedule H at the end of these instructions.)

**Important Note:** You are required to update, correct, and add to the information in these schedules so the other party has complete and accurate information. This is what the law says:

***Supplementation of disclosures and responses.*** Wyoming Rules of Civil Procedure 26(e)(1): A party who has made a disclosure or responded to a request for discovery with a disclosure or response is under a duty to supplement or correct the disclosure or response to include information thereafter acquired, if ordered by the court or in the following circumstances:

A party is under a duty to supplement, at appropriate intervals, its disclosures if the party learns that in some material respect the information disclosed is incomplete or incorrect and if the additional or corrective information has not otherwise been made known to the other parties during the discovery process or in writing.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: \_\_\_\_\_ (name)
- ☐ Faxed to this number: \_\_\_\_\_
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_

Address of other party or other party's attorney: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

**This document should not be filed with the Clerk of the District Court.**

**SCHEDULE A**  
**Financial Assets**

☐ Not Applicable

| <b>Type of Account</b><br>Checking, Savings, Stocks, Bonds, Cash, Cash Equivalents, Other Financial Assets. | <b>Name and Address of Depository</b><br>Bank, credit union, brokerage, or other location where the financial asset is held. Include the City and State in the address. | <b>Date Account Opened</b><br>List at least the month and year. | <b>Present Market Value</b><br>Talk to someone at your bank or brokerage for help giving an accurate value. | <b>Last 4 Digits of Account Number</b> | <b>Record Ownership</b><br>Who is the owner listed on official paperwork?                                                                            | <b>Source of Funds</b><br>Where did the money in this account come from?                                                                                                                                   | <b>Claimed as Marital or Non-Marital Asset</b><br>Attach additional pages if you need more room to explain. See the instructions above for guidance. |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| a.                                                                                                          |                                                                                                                                                                         |                                                                 |                                                                                                             |                                        | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                         |
| b.                                                                                                          |                                                                                                                                                                         |                                                                 |                                                                                                             |                                        | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                         |
| c.                                                                                                          |                                                                                                                                                                         |                                                                 |                                                                                                             |                                        | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                         |
| d.                                                                                                          |                                                                                                                                                                         |                                                                 |                                                                                                             |                                        | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                         |
| e.                                                                                                          |                                                                                                                                                                         |                                                                 |                                                                                                             |                                        | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                         |

☐ I have attached additional pages.

## SCHEDULE B

### Non-Financial Assets – Part 1

☐ Not Applicable

| Description of Asset<br>Note the instructions as you work down through this column. They will tell you where to list which kinds of property. | Purchase Price | Date Acquired, Received, or Purchased<br>List at least the month and year. | Present Market Value | Amount of Debt Related to This Asset<br>If none, write \$0. | Record Ownership<br>Who is the owner listed on official paperwork?                                                                                   | Official Record<br>List the County and State where this asset is recorded or registered. If this does not apply, write NONE. | Location<br>List the County and State where this asset is located now. | How Acquired<br>Where did this property (or the money used to buy this property) come from?<br>If you got a loan, where did the money for payments come from?                                              | Claimed as Marital or Non-Marital Asset<br>Attach additional pages if you need more room to explain.<br>See the instructions above for guidance. |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| List Personal Property such as furniture, jewelry, antiques, guns, and collectables.                                                          |                |                                                                            |                      |                                                             |                                                                                                                                                      |                                                                                                                              |                                                                        |                                                                                                                                                                                                            |                                                                                                                                                  |
| a.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| b.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| c.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| d.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| e.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| f.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |

☐ I have attached additional pages.

## SCHEDULE B

### Non-Financial Assets – Part 2

☐ Not Applicable

| Description of Asset<br>Note the instructions as you work down through this column. They will tell you where to list which kinds of property. | Purchase Price | Date Acquired, Received, or Purchased<br>List at least the month and year. | Present Market Value | Amount of Debt Related to This Asset<br>If none, write \$0. | Record Ownership<br>Who is the owner listed on official paperwork?                                                                                   | Official Record<br>List the County and State where this asset is recorded or registered. If this does not apply, write NONE. | Location<br>List the County and State where this asset is located now. | How Acquired<br>Where did this property (or the money used to buy this property) come from?<br>If you got a loan, where did the money for payments come from?                                              | Claimed as Marital or Non-Marital Asset<br>Attach additional pages if you need more room to explain.<br>See the instructions above for guidance. |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| List Each Vehicle, giving its year, make, model, and VIN.                                                                                     |                |                                                                            |                      |                                                             |                                                                                                                                                      |                                                                                                                              |                                                                        |                                                                                                                                                                                                            |                                                                                                                                                  |
| a.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| b.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| c.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| List Real Property such as houses or land, including an address or general description.                                                       |                |                                                                            |                      |                                                             |                                                                                                                                                      |                                                                                                                              |                                                                        |                                                                                                                                                                                                            |                                                                                                                                                  |
| a.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| b.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |

☐ I have attached additional pages.

## SCHEDULE B

### Non-Financial Assets – Part 3

☐ Not Applicable

| Description of Asset<br>Note the instructions as you work down through this column. They will tell you where to list which kinds of property. | Purchase Price | Date Acquired, Received, or Purchased<br>List at least the month and year. | Present Market Value | Amount of Debt Related to This Asset<br>If none, write \$0. | Record Ownership<br>Who is the owner listed on official paperwork?                                                                                   | Official Record<br>List the County and State where this asset is recorded or registered. If this does not apply, write NONE. | Location<br>List the County and State where this asset is located now. | How Acquired<br>Where did this property (or the money used to buy this property) come from?<br>If you got a loan, where did the money for payments come from?                                              | Claimed as Marital or Non-Marital Asset<br>Attach additional pages if you need more room to explain.<br>See the instructions above for guidance. |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe Any Business Interests.                                                                                                              |                |                                                                            |                      |                                                             |                                                                                                                                                      |                                                                                                                              |                                                                        |                                                                                                                                                                                                            |                                                                                                                                                  |
| a.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| b.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| Describe Any Other Non-Financial Assets.                                                                                                      |                |                                                                            |                      |                                                             |                                                                                                                                                      |                                                                                                                              |                                                                        |                                                                                                                                                                                                            |                                                                                                                                                  |
| a.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| b.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| c.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |
| d.                                                                                                                                            |                |                                                                            |                      |                                                             | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ |                                                                                                                              |                                                                        | <input type="checkbox"/> Marriage Assets<br><input type="checkbox"/> Pre-Marriage Assets<br><input type="checkbox"/> Inheritance<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because: _____<br>_____<br>_____                                        |

☐ I have attached additional pages.



## SCHEDULE C

☐ Not Applicable

### Debts (All Debts, Whether Individual or Joint)

| Description of Debt<br>Give a short title, the name of the creditor,<br>and the last four digits of the account<br>number or loan number. | When was<br>this debt<br>taken on?<br>List at least<br>the month<br>and year. | Who took on<br>this debt?                                                                                                                                       | How much<br>money is<br>currently<br>owed on<br>this debt? | How much<br>is the<br>regular<br>payment on<br>this debt? | What is the reason for this<br>debt?<br>Explain why you owe someone<br>this money.<br>If you are repaying borrowed<br>money, explain what you used<br>the borrowed money for. | What secures this debt?<br>This is what the creditor gets<br>if you don't pay the debt.<br>If the debt is a car loan or<br>home loan, the car or home<br>is usually the security. | Claimed as Marital or<br>Non-Marital Asset<br>Attach additional pages if<br>you need more room to<br>explain.<br>See the instructions<br>above for guidance. |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ex. Car Loan<br>Creditor: Maple Street Bank<br>Account Number Ending: 4321                                                                | June 2018                                                                     | <input type="checkbox"/> Petitioner<br><input checked="" type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____ | \$2,358                                                    | \$150<br>every<br>month                                   | Borrowed money to buy a<br>2016 Toyota Camry                                                                                                                                  | 2016 Toyota Camry                                                                                                                                                                 | <input checked="" type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                      |
| a.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |
| b.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |
| c.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |
| d.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |
| e.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |
| f.<br>Creditor:<br>Account Number Ending:                                                                                                 |                                                                               | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both<br><input type="checkbox"/> Other: _____            |                                                            | \$_____<br>every<br>_____                                 |                                                                                                                                                                               |                                                                                                                                                                                   | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br>_____<br>_____<br>_____                                                 |

☐ I have attached additional pages.

**SCHEDULE D**  
**Safe Deposit Boxes**

☐ Not Applicable

| <b>Where is the box?</b><br>List the name of the institution and its address, including the City and State. | <b>What is the Box Number?</b> | <b>Who is the box registered to?</b><br>List individuals' names and their relationships to you. | <b>Who has access to the box?</b><br>List the name and current address of each person who has access to the box. | <b>What is in the box?</b><br>List each item separately. | <b>How much money is it worth?</b><br>For personal documents, write \$0. |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
| a.                                                                                                          |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
| b.                                                                                                          |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
| c.                                                                                                          |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |
|                                                                                                             |                                |                                                                                                 |                                                                                                                  |                                                          | \$                                                                       |

☐ I have attached additional pages.

# SCHEDULE E

## Employment, Gig Work, Self-Employment

☐ Not Applicable

| Employer's Name and Address | <b>Monthly Wage and Payroll Deductions</b><br>If you don't get paid once each month, see the Note at the bottom of this page.<br>Most of this information is on your pay stub (pay advice).<br>You may need to ask your employer or human resources department if you have questions. | <b>Other Benefits and Amount Received</b><br>List things such as employer contributions to health care, employer contributions to your retirement account, and transportation vouchers. |    | <b>Outstanding Bonuses</b><br>List pay bonuses that you expect to receive but that have not been paid to you yet. |                                |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------|--------------------------------|
| a.                          | Gross Amount (before taxes):<br><br>Federal Tax:<br>FICA (Social Security):<br>Medicare:<br>Children's Health Ins. Premiums:<br>Total Deductions:<br><br>Net Amount (after taxes):                                                                                                    | Type:                                                                                                                                                                                   | \$ | Amount you expect to receive:                                                                                     | Date you expect to receive it: |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |
| b.                          | Gross Amount (before taxes):<br><br>Federal Tax:<br>FICA (Social Security):<br>Medicare:<br>Children's Health Ins. Premiums:<br>Total Deductions:<br><br>Net Amount (after taxes):                                                                                                    | Type:                                                                                                                                                                                   | \$ | Amount you expect to receive:                                                                                     | Date you expect to receive it: |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |
|                             |                                                                                                                                                                                                                                                                                       | Type:                                                                                                                                                                                   | \$ | \$                                                                                                                |                                |

☐ I have attached additional pages.

**Important Note:** This chart uses the amount per month. You might need to calculate to find the monthly amount.

If you receive money every week:

Multiply the weekly amount by 52 and divide by 12.

If you receive money every two weeks:

Multiply the bi-weekly amount by 26 and divide by 12.

If you receive money twice each month (for example, on the 1<sup>st</sup> and 15<sup>th</sup> of each month):

Multiply the semi-monthly amount by 24 and divide by 12.

Use the same calculation to figure out your monthly deductions.

# SCHEDULE F

☐ Not Applicable

## All Other Income Not Previously Listed in This Document

| <b>What type of income is it?</b><br>If you don't receive income of a particular type, write "none" in the space. | <b>Who pays you this money?</b><br>For example, the federal government, your employer, or an individual. | <b>How much do you receive?</b> | <b>How often do you receive this payment?</b> | <b>What is the date of the last time you received this payment?</b> |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| a. Disability (include what type it is, for example Temporary Total, Permanent Partial, etc.)                     |                                                                                                          | \$                              |                                               |                                                                     |
| b. Unemployment                                                                                                   |                                                                                                          | \$                              |                                               |                                                                     |
| c. Worker's Compensation                                                                                          |                                                                                                          | \$                              |                                               |                                                                     |
| d. Retirement                                                                                                     |                                                                                                          | \$                              |                                               |                                                                     |
| e. Other: _____                                                                                                   |                                                                                                          | \$                              |                                               |                                                                     |
| f. Other: _____                                                                                                   |                                                                                                          | \$                              |                                               |                                                                     |

☐ I have attached additional pages.

**SCHEDULE G**  
**Retirement Accounts and Other Investment Accounts**  
(Including Pensions, IRAs, 401Ks, etc.)

☐ Not Applicable

| Name and Address of the Institution or Carrier or Administrator that holds the Account | Owner of the Account                                                                                        | Last 4 Digits of Account or ID Number | Type of Account | Date the Account was Opened or Acquired | Value of the Account on the Day You and the Other Party Married | Value of the Account Now | When do expect to begin receiving payments from this account? | How much do you expect to receive in each payment? | Have you taken loans against this account?                                                             | Claimed as Marital or Non-Marital Asset<br>Attach additional pages if you need more room to explain.<br>See the instructions above for guidance. |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|-----------------------------------------|-----------------------------------------------------------------|--------------------------|---------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| a.                                                                                     | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both |                                       |                 |                                         |                                                                 |                          |                                                               | \$                                                 | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes, and they are listed in Schedule C above. | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br><hr/> <hr/> <hr/>                                           |
| b.                                                                                     | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both |                                       |                 |                                         |                                                                 |                          |                                                               | \$                                                 | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes, and they are listed in Schedule C above. | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br><hr/> <hr/> <hr/>                                           |
| c.                                                                                     | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both |                                       |                 |                                         |                                                                 |                          |                                                               | \$                                                 | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes, and they are listed in Schedule C above. | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br><hr/> <hr/> <hr/>                                           |
| d.                                                                                     | <input type="checkbox"/> Petitioner<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Both |                                       |                 |                                         |                                                                 |                          |                                                               | \$                                                 | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes, and they are listed in Schedule C above. | <input type="checkbox"/> Marital<br><input type="checkbox"/> Non-Marital because:<br><hr/> <hr/> <hr/>                                           |

☐ I have attached additional pages.

## SCHEDULE H

### Custody

☐ Not Applicable

I am asking for primary custody of the child(ren). In this schedule, I will explain why I believe I am the correct party to have primary custody.

a. I have been the primary caretaker of the child(ren). These are examples:

b. I have a good relationship with the child(ren). These are examples:

c. I have the ability to take care of the child(ren). These are examples:

d. I am the more fit and competent parent to have custody. These are examples:

e. I am willing to support the child(ren) maintaining a relationship with the other party. These are examples:

f. I have the physical ability to care for the child(ren). These are examples:

g. These are other reasons I believe I am the correct party to have primary custody:

h. ☐ There is already a custody order for the child(ren) but something important has changed, and I think the custody arrangement should be modified. This is what changed and why it matters:

☐ I have attached additional pages.

|                                          |      |                            |
|------------------------------------------|------|----------------------------|
| STATE OF WYOMING                         | )    | IN THE DISTRICT COURT      |
|                                          | ) ss |                            |
| COUNTY OF _____                          | )    | _____ JUDICIAL DISTRICT    |
| Plaintiff/Petitioner:                    | )    | Case Number _____          |
| _____                                    | )    |                            |
| Person listed as Plaintiff or Petitioner | )    |                            |
| on the Complaint or Petition             | )    |                            |
| vs.                                      | )    | <b><u>CONFIDENTIAL</u></b> |
|                                          | )    |                            |
| Defendant/Respondent:                    | )    |                            |
| _____                                    | )    |                            |
| Person listed as Defendant or Respondent | )    |                            |
| on the Complaint or Petition             | )    |                            |

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### CONFIDENTIAL FINANCIAL AFFIDAVIT

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Each parent is required to fill out a Confidential Financial Affidavit. You will also need to attach certain financial documents to this form. A checklist of the documents is provided at the end of this form. If you are one of the people whose name is listed above (the Plaintiff/Petitioner or the Defendant/Respondent) you **must** complete this form and submit the required documents, whether you are employed, unemployed, or self-employed.

I, \_\_\_\_\_, hereby swear or affirm, under penalty of perjury, that the following information is correct and complete.

#### **My Personal Information**

Name (first, middle, last): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date I moved to this address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Carrier (for example, AT&T or Verizon): \_\_\_\_\_

Landline Phone Number: \_\_\_\_\_

The best number to call to leave me a message: \_\_\_\_\_

**Information About My Education**

I completed \_\_\_\_\_ years of high school. I completed \_\_\_\_\_ years of college.

I completed \_\_\_\_\_ years of graduate school. I completed \_\_\_\_\_ years of trade school.

I also completed \_\_\_\_\_ years of training in these fields: \_\_\_\_\_

I have these degrees and certifications \_\_\_\_\_

**[Remainder of page intentionally left blank]**



## Information About the Children

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |         |                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child's Name:<br>(First, Middle, Last)                                                                                                                                                                                           |                                                                                                                                                                                                          |         |                                                                                                                                                                                                                        |
| Date of Birth:                                                                                                                                                                                                                   | Age:                                                                                                                                                                                                     | Gender: | Social Security Number:                                                                                                                                                                                                |
| This child lives with me<br><br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Never                                                                                       | I am this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above |         | The other party is this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above |
| <input type="checkbox"/> This child receives the following government benefits:<br>(Name each benefit and the state that pays it.)                                                                                               |                                                                                                                                                                                                          |         |                                                                                                                                                                                                                        |
| <input type="checkbox"/> There is a child support order for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Pay: _____ Amount per Month: _____<br>Amount that is Past Due (Arrears): _____ |                                                                                                                                                                                                          |         |                                                                                                                                                                                                                        |
| <input type="checkbox"/> There is a Court order requiring health insurance for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Provide Health Insurance: _____                             |                                                                                                                                                                                                          |         |                                                                                                                                                                                                                        |
| <input type="checkbox"/> This child has health insurance.<br>Person Who Pays for Insurance: _____<br>Monthly Premium to Cover Children Only: \$_____                                                                             |                                                                                                                                                                                                          |         | <input type="checkbox"/> This child does <u>not</u> have health insurance.                                                                                                                                             |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child's Name:<br>(First, Middle, Last)                                                                                                                                                                                           |                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                        |
| Date of Birth:                                                                                                                                                                                                                   | Age:                                                                                                                                                                                                     | Gender:                                                                    | Social Security Number:                                                                                                                                                                                                |
| This child lives with me<br><br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Never                                                                                       | I am this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above |                                                                            | The other party is this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above |
| <input type="checkbox"/> This child receives the following government benefits:<br>(Name each benefit and the state that pays it.)                                                                                               |                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                        |
| <input type="checkbox"/> There is a child support order for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Pay: _____ Amount per Month: _____<br>Amount that is Past Due (Arrears): _____ |                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                        |
| <input type="checkbox"/> There is a Court order requiring health insurance for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Provide Health Insurance: _____                             |                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                        |
| <input type="checkbox"/> This child has health insurance.<br>Person Who Pays for Insurance: _____<br>Monthly Premium to Cover Children Only: \$ _____                                                                            |                                                                                                                                                                                                          | <input type="checkbox"/> This child does <u>not</u> have health insurance. |                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Child's Name:<br>(First, Middle, Last)                                                                                                                                                                                           |                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                         |
| Date of Birth:                                                                                                                                                                                                                   | Age:                                                                                                                                                                                                     | Gender:                                                                                                                                                                                                                | Social Security Number: |
| This child lives with me<br><br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Never                                                                                       | I am this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above | The other party is this child's<br><br><input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Adoptive Parent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> None of the Above |                         |
| <input type="checkbox"/> This child receives the following government benefits:<br>(Name each benefit and the state that pays it.)                                                                                               |                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                         |
| <input type="checkbox"/> There is a child support order for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Pay: _____ Amount per Month: _____<br>Amount that is Past Due (Arrears): _____ |                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                         |
| <input type="checkbox"/> There is a Court order requiring health insurance for this child.<br>Name of the Court: _____ Date of the Order: _____<br>Person Ordered to Provide Health Insurance: _____                             |                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                         |
| <input type="checkbox"/> This child has health insurance.<br>Person Who Pays for Insurance: _____<br>Monthly Premium to Cover Children Only: \$ _____                                                                            |                                                                                                                                                                                                          | <input type="checkbox"/> This child does <u>not</u> have health insurance.                                                                                                                                             |                         |

☐ I am attaching additional pages with information about more children.

**Information About My Work**

(You must choose at least one of the following.)

- ☐ I am employed, and I will fill out the **Employed** section below.
- ☐ I am self-employed, and I will skip to the **Work History** section below.
- ☐ I am unemployed, and I will skip to the **Work History** section below.

**Employed**

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Current Employer (Job 1):                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                             | Address of Current Employer:                                                                                                                                                                                                                                 |  |
| Phone Number of Current Employer:                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |  |
| My title or a description of my work:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             | <input type="checkbox"/> I earn \$ _____ per hour<br><b>OR</b><br><input type="checkbox"/> I earn \$ _____ per month                                                                                                                                         |  |
| Number of hours I work each week:<br><br>Regular Hours: _____<br>Overtime Hours: _____<br>Total Hours: _____                                                                                                                                                                                                                                 | I get paid for my Regular Hours:<br><br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year | I get paid for my Overtime Hours:<br><br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year |  |
| Date of my last pay increase:                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             | Date of my last pay decrease:                                                                                                                                                                                                                                |  |
| Is health insurance available through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how much is the monthly premium to cover <u>only</u> the children: \$ _____<br>Do the children in this matter have health insurance through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |  |

|                                                               |                                                                                                                         |                                                                                                                          |  |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| Name of Current Employer (Job 2):                             |                                                                                                                         | Address of Current Employer:                                                                                             |  |
| Phone Number of Current Employer:                             |                                                                                                                         |                                                                                                                          |  |
| My title or a description of my work:                         |                                                                                                                         | <input type="checkbox"/> I earn \$ _____ per hour<br><b>OR</b><br><input type="checkbox"/> I earn \$ _____ per month     |  |
| Number of hours I work each week:<br><br>Regular Hours: _____ | I get paid for my Regular Hours:<br><br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks | I get paid for my Overtime Hours:<br><br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks |  |

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Overtime Hours: _____<br>Total Hours: _____                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year | <input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year |
| Date of my last pay increase:                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | Date of my last pay decrease:                                                                                                    |
| Is health insurance available through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how much is the monthly premium to cover <u>only</u> the children: \$ _____<br>Do the children in this matter have health insurance through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                  |                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Current Employer (Job 3):                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         | Address of Current Employer:                                                                                                                                                                                                                             |
| Phone Number of Current Employer:                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |
| My title or a description of my work:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         | <input type="checkbox"/> I earn \$ _____ per hour<br><b>OR</b><br><input type="checkbox"/> I earn \$ _____ per month                                                                                                                                     |
| Number of hours I work each week:<br><br>Regular Hours: _____<br>Overtime Hours: _____<br>Total Hours: _____                                                                                                                                                                                                                                 | I get paid for my Regular Hours:<br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year | I get paid for my Overtime Hours:<br><input type="checkbox"/> Every week<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Twice each month<br><input type="checkbox"/> Once each month<br><input type="checkbox"/> Once each year |
| Date of my last pay increase:                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         | Date of my last pay decrease:                                                                                                                                                                                                                            |
| Is health insurance available through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how much is the monthly premium to cover <u>only</u> the children: \$ _____<br>Do the children in this matter have health insurance through this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |

☐ I am attaching additional pages with information about more current jobs.

### **Information About My Work History**

Fill in the chart with information about your jobs for the last three years.

| Company Name | Company Location | Dates                             | Title or Job Description | Salary or Wage   | Reason You Left |
|--------------|------------------|-----------------------------------|--------------------------|------------------|-----------------|
| Example Inc. | Casper, WY       | From: July 2022<br>To: Sept. 2023 | Assistant Manager        | \$18.00 per Hour | moving          |

|  |  |       |  |     |  |
|--|--|-------|--|-----|--|
|  |  | From: |  | \$  |  |
|  |  | To:   |  | per |  |
|  |  | From: |  | \$  |  |
|  |  | To:   |  | per |  |
|  |  | From: |  | \$  |  |
|  |  | To:   |  | per |  |
|  |  | From: |  | \$  |  |
|  |  | To:   |  | per |  |
|  |  | From: |  | \$  |  |
|  |  | To:   |  | per |  |

☐ I am attaching additional pages with information about more work history.

### **Information About My Income**

Fill in the chart with information about all income you received in the last 12 months.

Important Note: This chart uses the amount per month. You might need to calculate to find the monthly amount.

If you receive money every week:

Multiply the weekly amount by 52 and divide by 12.

If you receive money every two weeks:

Multiply the bi-weekly amount by 26 and divide by 12.

If you receive money twice each month (for example, on the 1<sup>st</sup> and 15<sup>th</sup> of each month):

Multiply the semi-monthly amount by 24 and divide by 12.

| Income Source                     | Amount per Month                                   | Income Source                  | Amount per Month |
|-----------------------------------|----------------------------------------------------|--------------------------------|------------------|
| Gross Wages<br>(before taxes)     | \$ _____ Job 1<br>\$ _____ Job 2<br>\$ _____ Job 3 | Profit from<br>Self-Employment | \$ _____         |
| Unemployment                      | \$ _____                                           | Annuity                        | \$ _____         |
| Workers' Compensation             | \$ _____                                           | Spousal Support                | \$ _____         |
| Social Security ( <u>Not</u> SSI) | \$ _____                                           | Contract Receipts              | \$ _____         |
| Retirement                        | \$ _____                                           | Rental Income                  | \$ _____         |
| Interest or Dividends             | \$ _____                                           | Benefits or Bonuses            | \$ _____         |
| Veteran Disability                | \$ _____                                           | Reimbursements                 | \$ _____         |
| Other:                            | \$ _____                                           | Other:                         | \$ _____         |

**Information About My Taxes and Expenses**

(You must choose at least one of the following.)

- ☐ I am employed, and I will fill out the **Employed** section below.
- ☐ I am self-employed, and I will fill out the **Self-Employed** section below.
- ☐ I am unemployed, and I will skip to the **What Must Be Attached** section below.

| Complete this chart if you are EMPLOYED                |                     |
|--------------------------------------------------------|---------------------|
| A. Gross Income (from all sources before deductions)   | \$ <b>per month</b> |
| B. Federal Income Tax                                  | \$ per month        |
| C. State Income Tax                                    | \$ per month        |
| D. Social Security Tax                                 | \$ per month        |
| E. Medicare Tax                                        | \$ per month        |
| F. Mandatory Retirement / Pension                      | \$ per month        |
| G. Premium Paid for <b>Children's</b> Health Insurance | \$ per month        |
| H. Child Support Obligation (already in place)         | \$ per month        |
| I. Total Mandatory Deductions (add lines B through H)  | \$ <b>per month</b> |
| Net Income (line A minus line I)                       | \$ per month        |
| Income Tax Filing Status:                              |                     |
| Number of Dependents Claimed for Tax Purposes:         |                     |

| Complete this chart if you are SELF-EMPLOYED           |                     |
|--------------------------------------------------------|---------------------|
| A. Gross Income (from all sources before deductions)   | \$ <b>per month</b> |
| B. Federal Income Tax                                  | \$ per month        |
| C. State Income Tax                                    | \$ per month        |
| D. Social Security Tax                                 | \$ per month        |
| E. Medicare Tax                                        | \$ per month        |
| F. Unreimbursed Business Expenses                      | \$ per month        |
| G. Premium Paid for <b>Children's</b> Health Insurance | \$ per month        |
| H. Child Support Obligation (already in place)         | \$ per month        |
| I. Total Mandatory Deductions (add lines B through H)  | \$ <b>per month</b> |
| Net Income (line A minus line I)                       | \$ per month        |
| Income Tax Filing Status:                              |                     |
| Number of Dependents Claimed for Tax Purposes:         |                     |

**Information About My Ability to Pay**

On these lines, describe the kind of work you usually do. List the skills and abilities you need to do that work.

---

---

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---

On these lines, explain any special job skills, training, or certifications you have.

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On these lines, describe any special challenges you have that could make it hard for you to become or stay employed. Some examples might be disability, poor health, criminal history, lack of literacy, or lack of education.

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On these lines, list jobs you have applied for in the last year and explain the status of your application. For example: “warehouse manager at ABC Store, interviewed but not hired.” If you have not applied for any jobs in the last year, write None.

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On these lines, list your assets and the value of those assets. For example: “checking account with \$280.00, pickup truck worth \$4000, and insurance settlement worth \$1500.”

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## What Must Be Attached

When you submit this Confidential Financial Affidavit,  
you must attach the following documents:

### If you provide health insurance for your children:

- ☐ Written proof from the insurance company that lists the name of each person covered under your policy.

### If you are employed:

- ☐ Copies of your income tax returns for the last two years.  
**NOTE:** If both parties filed joint tax returns and the other party has already submitted a copy, you do not need to include another copy.
- ☐ Copies of your W-2 Forms for the last two years.
- ☐ Copies of a statement of earnings from each employer showing your cumulative pay for this year.

### If you are self-employed:

- ☐ Verified income and expense statements for your business for the two most-recent years.
- ☐ Copies of your personal income tax returns for the last two years.
- ☐ Copies of your business income tax returns for the last two years.

**NOTE:** Please submit documents to the court printed on one side only.

## Warning About Perjury

By signing the Affidavit, you are telling the Court that everything you wrote on the form and everything you attached to it is true. If the information is not true, you might be criminally charged with perjury. Perjury is a felony punishable by imprisonment or a fine or both. Review your answers carefully before you sign the Confidential Financial Affidavit.

## Perjury Statute

Wyoming Statute 6-5-301 about Perjury provides:

- (a) A person commits perjury if, while under a lawfully administered oath or affirmation, he knowingly testifies falsely or makes a false affidavit, certificate, declaration, deposition or statement, in a judicial, legislative or administrative proceeding in which an oath or affirmation may be required by law, touching a matter material to a point in question.

(b) Perjury is a felony punishable by imprisonment for not more than five (5) years,  
a fine of not more than five thousand dollars (\$5,000.00), or both.

### OATH

**I have read and understand the provisions of the above perjury statute.** I affirm that this Confidential Financial Affidavit (including attachments) contains a complete disclosure of my income from all sources and that the representations made herein concerning my income are accurate to the best of my knowledge. I am aware that the court may punish as perjury any materially false statements knowingly made with intent to defraud or mislead.

**DATED** \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING       )  
                                          ) ss  
COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Witness my hand and official seal.

\_\_\_\_\_  
NOTARIAL OFFICER

My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of District Court in \_\_\_\_\_ County, Wyoming.

I further certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: \_\_\_\_\_ (name)
- ☐ Faxed to this number: \_\_\_\_\_
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_

Address of other party or other party's attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING ) IN THE DISTRICT COURT  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
Person listed as Petitioner on the Petition )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_.)  
Person listed as Respondent on the Petition )

---

### REQUEST FOR SETTING

---

(Select One)

- ☐ I am the Petitioner.
- ☐ I am the Respondent.

I request a time and date for a hearing/trial in the District Court. The hearing/trial will take approximately \_\_\_\_\_ hours and \_\_\_\_\_ minutes and will address the following issues:

(Select only one: Option 1, 2, 3, or 4)

- 1 ☐ The Parties have reached an agreement (both parties have signed the Order Establishing Custody, Visitation, and Child Support and this Court requires a hearing before it will enter an Order).

**NOTE:** Submit the **Order Setting Hearing** if this option is selected.

- 2 ☐ Default was entered against the

☐ Petitioner

OR

☐ Respondent

AND this Court requires a hearing before it will enter an Order.

**NOTE:** Submit the **Order Setting Hearing** if this option is selected.

3 ☐ The Parties are not able to agree on all of the terms of the this action and a hearing is needed on the following issues:

- ☐ Allocation (division) of parental responsibilities
- ☐ Child support
- ☐ Motion for \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**NOTE:** Submit the **Order Setting Hearing** if this option is selected.

4 ☐ The Parties are not able to agree on any issues and a trial is needed to establish custody, visitation and child support.

**NOTE:** Submit the **Order Setting Trial and Requiring Pretrial Statements. DO NOT** submit the **Order Setting Hearing**.

5 If you want the court reporter to record a specific matter during a hearing, you must request it as soon as possible, but at least **three working days** before the hearing. You can do this by calling, emailing, or sending a written request to the court reporter. If you send a request by mail, it must reach the court reporter no later than three working days before the hearing. The Clerk of District Court can tell you which court reporter to contact. The Court won't waive the three-day notice requirement. This notice rule applies to all civil matters, including jury trials. If a hearing isn't recorded by a court reporter, there won't be a transcript available. It's challenging to appeal the Judge's decision without a transcript of everything said during the trial. This rule is based on Rule 904 of the Uniform Rules of the District Courts of the State of Wyoming.

**DATED** \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

☐ A Wyoming Court Navigator helped with this form.

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of the District Court in \_\_\_\_\_ County, Wyoming.

I further certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: \_\_\_\_\_ (name)
- ☐ Faxed to this number: \_\_\_\_\_
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_  
Address of other party or other party's attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_

|                                                                                                                                                                                                                                                                    |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| STATE OF WYOMING )<br>) ss<br>COUNTY OF _____ )                                                                                                                                                                                                                    | IN THE DISTRICT COURT<br><br>_____ JUDICIAL DISTRICT |
| Plaintiff/Petitioner: _____ )<br>_____ )<br>Person listed as Plaintiff or Petitioner )<br>on the Complaint or Petition )<br>vs. )<br>)<br>Defendant/Respondent: _____ )<br>_____ )<br>Person listed as Defendant or Respondent )<br>on the Complaint or Petition ) | Case Number _____                                    |

---

### ORDER SETTING HEARING

---

**THIS MATTER** having come before the Court upon a Request for Setting, and the Court being generally advised in the premises, said request having been made by:

☐ Plaintiff/Petitioner

**OR**

☐ Defendant/Respondent

**IT IS HEREBY ORDERED** that a hearing on \_\_\_\_\_ (or other items indicated in the **Request for Setting**) is hereby scheduled for Courtroom Number \_\_\_\_ of the \_\_\_\_\_ County Courthouse, \_\_\_\_\_, Wyoming on the \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, 20\_\_ at \_\_\_\_\_ ☐ AM/☐ PM. \_\_\_\_ days \_\_\_\_ hours \_\_\_\_ minutes  
has been set aside for the trial of this matter.

There will be no continuances or canceling of the hearing date based on telephone calls.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
DISTRICT COURT JUDGE

Copies to:

Plaintiff/Petitioner's or Attorney's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant/Respondent's or Attorney's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



STATE OF WYOMING )  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, ) Case Number \_\_\_\_\_  
Person listed as Petitioner on the Petition )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_.)  
Person listed as Respondent on the Petition )

---

**ORDER SETTING TRIAL AND REQUIRING PRETRIAL STATEMENTS**

---

**THIS MATTER** having come before the Court upon the ☐ Petitioner **OR** ☐ Respondent's Request for Setting, and the Court being generally advised in the premises;

**IT IS HEREBY ORDERED** that a trial of the above matter is hereby scheduled for Courtroom Number \_\_\_\_ of the \_\_\_\_\_ County Courthouse, \_\_\_\_\_, Wyoming on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ ☐AM/☐PM. \_\_\_\_ days \_\_\_\_ hours \_\_\_\_ minutes has been set aside for the trial of this matter.

**IT IS FURTHER ORDERED** that each party shall file and serve a sworn statement on the opposing party or their attorney at least 5 days before the trial, or as required in the scheduling order. This statement should include all the facts, to the best of their knowledge and belief, listed in Section "A" of the attached information list. Additionally, the party's attorney, if they have one,

should provide a statement about the client’s position and any evidence, as outlined in Section “B.” By providing this information, the goal is to simplify the issues, prevent surprises, and reduce unnecessary evidence during the trial. The information can be presented as a narrative but must cover all the points mentioned in this order. To avoid repetition, the parties or their attorneys can submit a joint statement for items not in dispute.

### **Important Information about Court Reporters**

A court reporter is a person who makes a transcript (official written record) of everything that is said during a trial or hearing. If you know that you want (or think you might want) a transcript of your trial or hearing, **you** must arrange for the court reporter to be there.

You must contact the court reporter **at least three working-days before** your trial or hearing to make these arrangements. (You can learn more by reading Rule 904 of the Wyoming Uniform Rules for District Court.)

### **Do You Need a Reporter?**

There may be many reasons to choose to have a court reporter at your trial or hearing. One important thing to consider is that it’s very difficult to appeal a judge’s decision if you do not have a transcript of the trial. That means: If the judge makes decisions you believe are incorrect, and you want another Court to look at whether the decisions were fair decisions, it will be very helpful to have a transcript. If you don’t arrange for a court reporter to record the trial or hearing, there will be no transcript.

If you want to arrange for a court reporter, the Clerk of District Court can tell you which court reporter to contact.

If the case gets resolved, the Court won't make any changes to the schedule until the settlement is put into writing and presented to the Court as a written agreement. The trial date will not be postponed or canceled based on phone calls.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

DISTRICT COURT JUDGE

Copies to:

Plaintiff/Petitioner's or Attorney's Name and Address:

---

---

---

Defendant/Respondent's or Attorney's Name and Address:

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---

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SECTION "A"  
**SWORN STATEMENT OF PARTY**

Include everything listed here (unless it does not apply to your situation):

**NOTE:** Item 1 calls for a brief but complete statement of the party's personal history as it may relate to this situation. This information can be in a list or a narrative (sentences).

1. **Personal Background:**

- Your name and age.
- The initials (not full names) of all minor children who are the biological or adopted children of you and the other party.
- The present living situation of you, the other party, and the minor children. State where each party lives, state with whom the children live, and describe any childcare arrangements.

2. **Current Job:**

- Describe your current job. Include where you work, what you do, and how long you've worked there.
- State your income (gross and net amounts).
- State all deductions that are taken from your salary or wages.
- Describe benefits such as health insurance, accident insurance, or life insurance; and state whether those benefits can be changed to a non-group plan in the event of loss of employment.
- Describe any retirement plans you own or contribute to.
- Describe your prospects for continued employment (for example, whether your company is conducting layoffs or you plan to change jobs).

3. **Work History and Skills:** Describe your past jobs, education, training, and any skills that might help you find work.

4. **Other Income:** Provide information about any money you get from sources other than your job.

5. **Anything Else:** Include anything else you think is important for the case.

**SECTION "B"**  
**STATEMENT OF COUNSEL**

If you are not represented by an attorney, you do not need to provide the information in section B.

Statement of the case by counsel of the client's position with respect to:

1. Amount of child support:
  - a. Amount called for by the child support guidelines;
  - b. Why, if it is requested, there should be departure from the guidelines.
2. If superior suitability for primary custody of children is claimed and disputed, reasons for the claim.
3. Reasons, if any, for departure from "standard rules for custody and visitation."
4. List of witnesses and specific summary of expected testimony.
5. Exhibits.

|                                          |      |                   |                       |
|------------------------------------------|------|-------------------|-----------------------|
| STATE OF WYOMING                         | )    |                   | IN THE DISTRICT COURT |
|                                          | ) ss |                   |                       |
| COUNTY OF _____                          | )    | _____             | JUDICIAL DISTRICT     |
| Plaintiff/Petitioner:                    | )    | Case Number _____ |                       |
| _____                                    | )    |                   |                       |
| Person listed as Plaintiff or Petitioner | )    |                   |                       |
| on the Complaint or Petition             | )    |                   |                       |
| vs.                                      | )    |                   |                       |
|                                          | )    |                   |                       |
| Defendant/Respondent:                    | )    |                   |                       |
| _____                                    | )    |                   |                       |
| Person listed as Defendant or Respondent | )    |                   |                       |
| on the Complaint or Petition             | )    |                   |                       |

---

## PRETRIAL DISCLOSURES

---

**NOTE:** Under Wyoming law, these disclosures must be made **at least 30 days before trial**.

The Court may issue an order, such as a Scheduling Order, that states different deadlines. If the Court has given you different deadlines, you must follow the specific timelines provided in that order.

The information in the next paragraph is complicated and might be difficult to understand. Read it carefully. For more information you can refer to the follow rules:

- Wyoming Rules of Civil Procedure Rule 26(a)(3)(B)
- Wyoming Rules of Civil Procedure Rule 26(a)(3)(C)
- Wyoming Rules of Civil Procedure Rule 32(a)

- Wyoming Rules of Evidence Rule 402
- Wyoming Rules of Evidence Rule 403

**Within 14 days after the filing of the other party's Pretrial Disclosures**, unless a different time is specified by the Court, a party may serve **and file with the Clerk of District Court** a list disclosing (i) any objections to the use under Rule 32(a) of a deposition designated by another party under Rule 26(a)(3)(B), and (ii) any objection, together with the grounds therefore, that may be made to the admissibility of materials identified under Rule 26(a)(3)(C). Objections that are not made as required, other than objections under Rules 402 and 403 of the Wyoming Rules of Evidence, are waived unless excused by the court for good cause.

**Pretrial Disclosures:**

☐ I am the Plaintiff/Petitioner.

**OR**

☐ I am the Defendant/Respondent.

I submit the following pretrial disclosures, pursuant to Wyoming Rule of Civil Procedure 26(a)(3). I am aware that this information must be provided to the opposing party or the opposing party's counsel and to the Court at least 30 days before the trial unless the Court has ordered a different deadline.

A. List the name and, if not already given, the address and telephone number of each witness. Separate them into two groups and clearly label: those you plan to call and those you might call if the need arises.

B. Identify which witnesses' testimony will be introduced through a deposition. If the deposition wasn't recorded by a court reporter, provide a transcript of the important parts of the deposition.

C. Clearly identify every document or exhibit you plan to present. Separate them into two groups and clearly label: those you intend to use and those you might use if necessary.

Include summaries of evidence if you have them.

***Requirement to update disclosures and responses***

Wyoming Rule of Civil Procedure 26(e)(1) requires a party who has made a disclosure or responded to a request for discovery with a disclosure or response to supplement (update or add to) or correct the disclosure or response to include information the party received after the disclosure or response. This includes updating their disclosures as ordered by the Court or whenever they find out that something important in the information they provided is missing or wrong, and if they haven't already told the other parties during the discovery process or in writing.

**DATED** \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

☐ A Wyoming Court Navigator helped with this form.

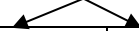
(check one)



| Name of Witness | Address and Telephone Number | Expect to call witness to testify | <i>May</i> call witness to testify if the need arises |
|-----------------|------------------------------|-----------------------------------|-------------------------------------------------------|
|                 |                              | <input type="checkbox"/>          | <input type="checkbox"/>                              |
|                 |                              | <input type="checkbox"/>          | <input type="checkbox"/>                              |
|                 |                              | <input type="checkbox"/>          | <input type="checkbox"/>                              |
|                 |                              | <input type="checkbox"/>          | <input type="checkbox"/>                              |

☐ I have attached additional pages.

(check one)



| Document or Exhibit | Summary of Evidence | Expect to offer          | <i>May</i> offer if the need arises |
|---------------------|---------------------|--------------------------|-------------------------------------|
|                     |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
|                     |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
|                     |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
|                     |                     | <input type="checkbox"/> | <input type="checkbox"/>            |

☐ I have attached additional pages.



**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of the District Court in \_\_\_\_\_ County, Wyoming.

I further certify that on \_\_\_\_\_, 20\_\_\_\_, a true and accurate copy of this document was served on the other party in the following manner:

- ☐ Delivered by hand to: \_\_\_\_\_ (name)
- ☐ Faxed to this number: \_\_\_\_\_
- ☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party's attorney: \_\_\_\_\_  
Address of other party or other party's attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_

## List of Addresses for the Clerk of District Court Offices

**First Judicial District,  
Laramie County**

Clerk of District Court  
P.O. Box 787  
Cheyenne, Wyoming 82003  
(307) 633-4270

**Second Judicial District,  
Albany County**

Clerk of District Court  
525 Grand Avenue, Ste. 305  
Laramie, Wyoming 82070  
(307) 721-2508

**Second Judicial District,  
Carbon County**

Clerk of District Court  
P.O. Box 67  
Rawlins, Wyoming 82301  
(307) 328-2628

**Third Judicial District,  
Lincoln County**

Clerk of District Court  
P.O. Drawer 510  
Kemmerer, Wyoming 83101  
(307) 877-2053

**Third Judicial District,  
Sweetwater County**

Clerk of District Court  
P.O. Box 430  
Green River, Wyoming 82935  
(307) 872-3820

**Third Judicial District,  
Uinta County**

Clerk of District Court  
P.O. Box 1906  
Evanston, Wyoming 82931  
(307) 783-0401

**Fourth Judicial District,  
Johnson County**

Clerk of District Court  
620 W. Fetterman St., Ste. 208  
Buffalo, Wyoming 82834  
(307) 684-7271

**Fourth Judicial District,  
Sheridan County**

Clerk of District Court  
224 S. Main Street,  
Room B-11  
Sheridan, Wyoming 82801  
(307) 674-2960

**Fifth Judicial District,  
Big Horn County**

Clerk of District Court  
P.O. Box 670  
Basin, Wyoming 82410-0670  
(307) 568-2381

**Fifth Judicial District,  
Hot Springs County**

Clerk of District Court  
415 Arapahoe Street  
Thermopolis, Wyoming 82443  
(307) 864-3323

**Fifth Judicial District,  
Park County**

Clerk of District Court  
P.O. Box 1960  
Cody, Wyoming 82414  
(307) 527-8690

**Fifth Judicial District,  
Washakie County**

Clerk of District Court  
P.O. Box 862  
Worland, Wyoming 82401  
(307) 347-4821

**Sixth Judicial District,  
Campbell County**

Clerk of District Court  
P.O. Box 817  
Gillette, Wyoming 82716  
(307) 682-3424

**Sixth Judicial District,  
Crook County**

Clerk of District Court  
P.O. Box 406  
Sundance, Wyoming 82729  
(307) 283-2523

**Sixth Judicial District,  
Weston County**

Clerk of District Court  
1 West Main St.  
Newcastle, Wyoming 82701  
(307) 746-4778

**Seventh Judicial District,  
Natrona County**

Clerk of District Court  
115 N. Center St., Ste. 100  
Casper, Wyoming 82601  
(307) 235-9243

**Eighth Judicial District,  
Converse County**

Clerk of District Court  
1201 Mesa Dr., Ste. F  
Douglas, Wyoming 82633  
(307) 358-3165

**Eighth Judicial District,  
Goshen County**

Clerk of District Court  
P.O. Box 818  
Torrington, Wyoming 82240-0818  
(307) 532-2155

**Eighth Judicial District,  
Niobrara County**

Clerk of District Court  
P.O. Box 1318  
Lusk, Wyoming 82225  
(307) 334-2736

**Eighth Judicial District,  
Platte County**

Clerk of District Court  
P.O. Box 158  
Wheatland, Wyoming 82201  
(307) 322-3857

**Ninth Judicial District,  
Fremont County**

Clerk of District Court  
P.O. Box 370  
Lander, Wyoming 82520  
(307) 332-1134

## **List of Addresses for the Clerk of District Court Offices**

### **Ninth Judicial District,**

#### **Sublette County**

Clerk of District Court

P.O. Box 764

Pinedale, Wyoming 82941

(307) 367-4376

### **Ninth Judicial District,**

#### **Teton County**

Clerk of District Court

P.O. Box 4460

Jackson, Wyoming 83001

(307) 733-2533