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 )

**NOTICE OF**

**CHANGE IN EMPLOYMENT AND/OR**

**DEPENDENT HEALTH INSURANCE COVERAGE**

TO: Clerk of District Court

Address:

1. My name is

|  |
| --- |
| An Obligor is a person who is required by a Court to do something.  This form is about an Obligor who is required to  provide money or health insurance in a family law case. |

1. I am filing this Notice about an Obligor, who is a party in this case. The name of the Obligor is .
2. The Obligor currently works for me.

**OR**

The Obligor recently worked for me but does not anymore.

**OR**

The Obligor never worked for me, but I am a Payor (someone who pays the Obligor) because:

1. The Obligor doesn’t work for me anymore.

The Obligor’s employment with me ended on ­ , 20 .

The most recent address I have for the Obligor is:

I think the Obligor is now employed by and their address is:

1. The Obligor’s dependent health care coverage (health insurance) has changed. The

starting date of the change is , 20 . This is an

explanation of what changed:

1. I will do all of the following:

* File this Notice with the Clerk of District Court.
* Mail a copy of this Notice to the Plaintiff/Petitioner or their attorney at the most recent address I have for them.
* Mail a copy of this Notice to the Defendant/Respondent or their attorney at the most recent address I have for them.

**DATED** , 20 .

Signature of Payor:

Printed Name:

Phone Number:

Home Address (Physical):

Mailing Address:

Email Address: