

STATE OF WYOMING)) ss COUNTY OF _____)	IN THE DISTRICT COURT _____ JUDICIAL DISTRICT
Plaintiff/Petitioner: _____) _____) 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)	Case Number _____

**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.

2. I am filing this Notice about an Obligor, who is a party in this case. The name of the Obligor is _____.

3. ☐ 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: _____

4. ☐ 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:

5. ☐ 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:

6. 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: _____