Packet 10

Miscellaneous Forms

Forms and Procedures

For Wyoming

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.

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MISCELLANEOUS FORMS

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Information about the Miscellaneous (Assorted) Forms

This packet contains additional forms that are not generally required but that may be useful in certain cases. You may need some of these forms if you are dealing with the following situations:

- If you are unable to have the Defendant/Respondent served by the Sheriff and you are unable to get the Defendant/Respondent to sign an Acknowledgment and Acceptance of Service, you may need to ask the Court for permission to serve the Defendant/Respondent in a different way. You can use the forms for **Alternative Methods of Service** to help you with this process. You can read the **Instructions for Alternative Methods of Service** for more information.
- If you cannot afford to pay the Court's fees for filing your documents or you cannot afford to pay the Sheriff's fees for serving your documents, you may choose to ask the Court to waive the fees. If the Court grants your request, you will not need to pay the fees. You can use the forms for **Waiver of Fees** to help you with this process. You can read the **Instructions for Waiver of Fees** for more information. Please note, however, that not all Sheriff's offices will waive service fees, even if the Court grants your fee waiver—be sure to check with the local Sheriff's office where service will take place.
- If you need to request something particular from the Court or you need to respond to a request made by the other party, you can use **Motion Forms**. There are a variety of situations when you might use these forms, including if you are seeking temporary custody or if the other party has not completed the required financial affidavits. You can also use these forms if a default judgment has been entered against you and you have valid reasons to ask the Court to reconsider the default. You can read the **Instructions for Motion Forms** for more information.
- If you want the Court to dismiss your case, and a final order has not been issued, you can use **Dismissal Forms**. You can read the **Instructions for Dismissal Forms** for more information.
- If you are an employer and you need to report a change in an employee's status in relation to child support payments or dependent insurance coverage, you can use the **Notice of Change of Employment or Insurance Forms**. You can read the **Instructions for Notice of Change of Employment or Insurance Forms** for more information.

Instruction sheets for all of the Miscellaneous Forms are available on the Wyoming Judicial Branch website at https://www.wyocourts.gov/self-help-forms/.

Instructions for Alternative Service:
How to request permission and complete service by email, social media, certified mail, newspaper publication, or other methods.

These forms are not generally required but they may be useful in certain cases.

If you are unable to have the Defendant/Respondent served by the Sheriff and you are unable to get the Defendant/Respondent to sign an Acknowledgment and Acceptance of Service, you may need to ask the Court for permission to serve the Defendant/Respondent in a different way. You can use the forms for **Alternative Service** to help you with this process.

These forms are available on the Wyoming Judicial Branch website at www.wyocourts.gov/self-help-forms/.
Before you fill out the forms, read the instructions carefully.

Alternative Service

Usually, you must serve (deliver) certain documents to the other party by paying someone (often the Sheriff's Office) to deliver the documents or by giving the documents to the other party and receiving a signed Acknowledgment and Acceptance of Service that proves the other party received the documents.
If neither of those options will work in your case, the Court might give you permission to use an alternative (different) method. The Court is not limited in the kinds of alternative service it can allow. The goal is to use a method that is highly likely to actually let the Defendant/Respondent know about the case. If you have an idea for a good way to serve the documents to the Defendant/Respondent, you can ask the Court for permission to use that method. This might be emailing, posting on social media, or some other method that would probably work well in your situation. If you know the Defendant/Respondent's current address, you might get permission to serve the documents using certified mail (also called registered mail). If you don't know any kind of communication that is likely to inform the Defendant/Respondent about the case, the Court might instruct you to complete service by putting the information in the local newspaper (which is called service by publication).

In family law cases (such as divorce, custody, visitation, and child support), you can ask the Court for permission to use an alternative method of service if at least one of the following is true:

- You have tried to serve the Defendant/Respondent, but they have purposely avoided being served.
- The Defendant/Respondent does not live in Wyoming.
- You do not know the Defendant/Respondent's address, and you have made a serious attempt to find out what it is.

If at least one of those situations is true, you can file a form called **Motion and Affidavit to Allow Alternative Service**.

How to Fill Out the Motion and Affidavit to Allow Alternative Service

(You will start here no matter what kind of alternative service you want to use.)

Top of the Page

Fill in the information exactly the way it is on your Complaint or Petition.

Sections 1 and 2 and 3.

These sections tell the Court who you are and why you are filing this document. Don't change anything in these sections. Don't add anything.

Section 4.

Check the correct box. If you do know the Defendant/Respondent's address, write it neatly on the lines.

Section 5.

Read the options carefully. Check the box for every statement that is true.
Important Note: You will be under oath when you sign this Motion and Affidavit. If the information you include is not true, you could be required to pay a fine and you might be sent to jail. Don't make claims that are not true.

Section 6.

Read the choices carefully.

If you do know the Defendant/Respondent's address, you can ask to have the Clerk of Court serve the documents by registered or certified mail. This option can be helpful if the Defendant/Respondent lives in another state or if the Defendant/Respondent is trying to avoid getting served. If you want permission to use this method for serving the documents, check the **first** box.
Farther below on these instructions, you will find instructions for Service by Registered (or certified) Mail.

If you do not know the Defendant/Respondent's address, you will need to think carefully about other ways that you could serve the necessary documents to the Defendant/Respondent. If you have any kind of recent, reliable communication with the Defendant/Respondent, you might have a way to serve them. This might be through email, text messaging, social media, communications apps, or any other method that would let you send or show the documents to the other party. If you have an idea that might work, you can tell the Court about it, and a Judge will decide whether to give you permission to attempt service that way.

If you think carefully about your situation, and you conclude you do not have any option that is likely to work, you will check the **second** box. By checking that box, you're asking the Court for permission to serve by publication. Service by publication takes time and money, and it isn't a very reliable way to let the Defendant/Respondent know about the case. For those reasons, it's the method of service that is used only if there are no better options. If the Court agrees that service by publication is the only choice you have, you will need to complete all the steps in the publication process. You can read instructions for Service by Publication later in these instructions.

If you have an idea for service that you believe will probably work, check the **third** box. Then fill in **subsection a**. In this subsection, you aren't limited to just one idea. Check the boxes and fill in the information for every method that you think will work.
On the long blank lines in **subsection b.**, explain why the methods you're suggesting are likely to work. It will be helpful to include how often the Defendant/Respondent communicates using those methods and when the Defendant/Respondent last communicated that way. For example: "The Defendant uses Facebook every day. He has already posted on there twice today."
In **subsection c.**, check the box to tell the Court what kind of electronic version of the documents you want to serve. (If your suggested method doesn't require the documents to be electronic, you can leave both boxes in this subsection blank.)

Important Note: No matter what kind of service you're asking permission for, you will need to wait until the Court gives you an Order. The Order will tell you what method of service you are expected to use. The Order may also have additional information on what you must do for the service to be considered complete and correct according to Wyoming law.

Signature Section – Important!

Do not sign this form until you are in front of a Notary. The Notary must witness you signing the form.

By signing the form, you are stating that everything you wrote on the form 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 Motion and Affidavit.

Next Steps

You will file the Motion and Affidavit with the Clerk of Court in the county where you filed your case. It's a good idea to also give the Clerk an Order on Alternative Service. You can find that form on the Wyoming Judicial Branch website family law forms page (in Packet 10): https://www.wyocourts.gov/self-help-forms/#tabV3
Fill in the top section of the Order (above the title) and leave the rest blank. After the Judge considers the information you shared on the Motion and Affidavit, the Clerk will give you a completed Order. Read the Order and make sure you understand what it says. It will have instructions you must follow in order to complete service (which is sometimes called "perfecting" service). If the Order tells you which Wyoming Court Rules you need to follow when serving the documents, you can read those rules in the Wyoming Rules of Civil Procedure on the Wyoming Judicial Branch website (https://www.wyocourts.gov/court-rules/wyoming-rules-of-civil-procedure/) or at your local library.

Summary:

- File the completed Motion and Affidavit, and give the Clerk a blank Order on Alternative Service.
- Wait until you receive the signed Order from the Court.
- Read the Order carefully.
- Follow the Court's instructions exactly to correctly serve the documents.

- Keep copies, screenshots, or photos of everything you need to prove you followed the instructions.
- File the required proof with the Clerk. You may need to file a "sworn statement" with your proof. You can use the form called Affidavit on Completion of Alternative Service as your sworn statement. That form is available on the Judicial Branch website in family law Packet 10: https://www.wyocourts.gov/self-help-forms/#tabV3

If the Court's Order tells you to serve by publication or by registered (certified) mail, you can find detailed instructions for those processes below.

More Instructions: Service by Publication

(Read farther below for more instructions about Service by Registered Mail.)

The following forms are required for Service by Publication:

- Motion and Affidavit to Allow Alternative Service.
- Order on Alternative Service.
- Notice by Publication.
- Affidavit Following Service by Publication.

Important things to know about Service by Publication:

- It takes time. The notice must be published once a week for four weeks and, after that, the Defendant/Respondent has 30 days to respond.

- There are additional steps. During the publication process, you will need to make arrangements and provide documents to the correct people at the correct times.

- There are special costs for this process. You will pay the newspaper to publish the Notice, and you may need to provide the Clerk with the correct kind of envelope, with the postage paid, plus copies of the newspaper page.

Process for Service by Publication:

If the Order on Alternative Service tells you to serve by publication:

- Fill out as much as you can on the Notice by Publication.
- Take two copies of the Notice to the Clerk of District Court.
- The Clerk will give you a filed Notice by Publication. You must make arrangements with a local newspaper to publish the Notice. Publishing notices is a regular part of what newspapers do so they will already have a process in place. Follow their instructions to provide them with the filed Notice by Publication and to pay their fees.
    - The newspaper you use must publish at least once per week, and they must publish in the county where you filed the Complaint or Petition. If there is no newspaper published in that county, you must use a newspaper that is published in Wyoming and that is usually sold and read in that county. Your Notice must be published once per week for four consecutive weeks (four weeks in a row).
- After the Notice is published the first time (Week 1), there is another step you must take **if** you know the Defendant/Respondent's address. If you know the address, you will take two copies of the **published** Notice to the Clerk. (Cut it out directly from the newspaper, or photocopy the newspaper page and cut the Notice out of the copies.) You will also need to take the Clerk an envelope for **certified** mail. You can get the correct documents at a post office. You will need to pay the postage costs for this special kind of mailing and address it to the Defendant/Respondent with a return address to the District Court Clerk's office.
- After the Notice is published the last time (Week 4), the newspaper will send you an Affidavit of Publisher. This is the newspaper's own form. It will probably have a copy of the Notice attached to it. The Affidavit of Publisher documents the newspaper's role in publishing the Notice, and it shows which dates the Notice was published in the newspaper. Keep the Affidavit of Publisher. You will need it soon.
- When 30 days have passed since the last publication (Week 4), you will need to file the Affidavit Following Service by Publication. Fill out the Affidavit completely and honestly. You will sign it in front of a Notary. When you file the Affidavit Following Service by Publication, you will attach to it the Affidavit of Publisher that the newspaper sent you.

After you have done all of the needed steps above, the process of Service by Publication is complete.

If you properly completed Service by Publication and the Defendant/Respondent did not file any document with the Court in the **30 days** following the **last** publication of the Notice, you can ask the Clerk for Entry of Default against the Defendant/Respondent. Forms for that process are available on the Wyoming Judicial Branch website family law forms page (in Packet 10): https://www.wyocourts.gov/self-help-forms/#tabV3

More Instructions: Service by Registered Mail

(Read above for more instructions about Service by Publication.)

The following forms are required for Service by Registered Mail:

- Motion and Affidavit to Allow Alternative Service.
- Order on Alternative Service.
- Certificate of Mailing.

Important things to know about Service by Registered Mail:

- There are additional steps. You will need to get mailing materials from a post office and fill them out correctly.

- There are special costs for this process. You will need to provide the Clerk with the correct kind of envelope, with the postage paid.

Process for Service by Registered Mail:

If the Order on Alternative Service tells you to serve by registered or certified mail:

- Fill out as much as you can on the Certificate of Mailing.
- Prepare an envelope for "registered mail, restricted delivery, return receipt requested." You can get the correct documents at a post office. This will usually be a colored piece of card paper that sticks to a regular envelope. The envelope will need to be large enough to hold the Complaint or Petition that you already filed, plus the Summons, plus all of the documents required according to the directions the Court included on the Order. You will

need to pay the postage costs for this special kind of mailing and address it to the Defendant/Respondent with a return address to the District Court Clerk's office.

- Give the Clerk the prepared envelope and copies of all of the documents required by the Order on Alternative Service.

After you have done the steps above, and after the Clerk has confirmed that their office will mail the documents, your role in the process of Service by Registered Mail is complete. The Clerk will receive and file the return receipt after the Defendant/Respondent signs it.

Important Note: If you don't get a document from the Clerk showing that the return receipt was received and filed, you will need to follow up with the Clerk's Office to find out what your next steps are.

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_____

MOTION AND AFFIDAVIT TO ALLOW ALTERNATIVE SERVICE

---

1. I am the Plaintiff/Petitioner in this case. Under penalty of perjury, I state that I believe the following to be true and correct:

2. Service of a Summons cannot be made on the Defendant/Respondent in Wyoming.

3. Wyoming Rule of Civil Procedure 4(k)(9) allows alternative service in this case. This is the Motion and Affidavit required by Rule 4(l)(1).

4. ☐ I know the Defendant/Respondent's current address. The address is

_____

_____

_____

OR

☐ I do not know the Defendant/Respondent's current address.

5. Alternative service is appropriate for this case because:

☐ The Defendant/Respondent does not live in Wyoming.

☐ I tried to have the documents served to the Defendant/Respondent's current physical address, but the Defendant/Respondent has been avoiding getting served. I have attached documents that show I tried to serve the Defendant/Respondent. I believe the Defendant/Respondent is staying "concealed in order to avoid service."

☐ I don't know the Defendant/Respondent's current physical address, and I have not been able to find out what it is. I tried the following things:

- ☐ I called each phone number that I have for the Defendant/Respondent and never talked to anyone who knows the Defendant/Respondent's current address.
- ☐ I tried to find other phone numbers or other ways to reach the Defendant/Respondent, but I didn't find any other options.
- ☐ I sent a letter to the last address I had for the Defendant/Respondent, and the letter was returned to me. The letter and returned envelope are attached to this Motion and Affidavit.
- ☐ I contacted people I know who are related to the Defendant/Respondent, but no one could give me the Defendant/Respondent's current address.
- ☐ I also tried_____

6. ☐ By filing this Motion and Affidavit, I am asking the Clerk of District Court to serve the Complaint or Petition, along with the Summons, to the Defendant/Respondent at the

address listed above using certified or registered mail. This will be done instead of service by any other alternative method. This is allowed by Wyoming Rule of Civil Procedure 4(r)(2). I understand that I cannot ask for this kind of service unless I provided the Defendant/Respondent's current address above.

OR

☐ By filing this Motion and Affidavit, I am telling the Court that I do not know of any method of alternative service that I could use to give the Defendant/Respondent actual notice of the documents that I need to serve. I do not have reliable, consistent interactions with the Defendant/Respondent through email, text messaging, social media platforms, or other communication applications. Because I don't have other ways to give the documents to the Defendant/Respondent, I am asking the Court to allow me to complete service by publication.

OR

☐ By filing this Motion and Affidavit, I am asking the Court to allow me to serve the Defendant/Respondent using a different method of alternative service. I will fill out the sections below to explain my request.

a. These are the methods I believe are likely (reasonably calculated) to give the Defendant/Respondent actual notice of the Summons and the Complaint/Petition:

☐ Email at this address: _____

☐ Text message at this number: _____

☐ Social media post on this platform (Facebook, Instagram, etc.): _____

☐ Message on this communication app (WhatsApp, Discord, etc.): _____

☐ This other method: _____

_____

[The rest of this page is left blank intentionally. This section continues on the next page.]

b. This is why I believe it is likely the Defendant/Respondent will get the information if I use one of the methods I selected above: _____
_____
_____

c. I have a plan for serving an electronic version of the documents:
   ☐ I have access to a document scanner (personally or at a public library), so I can create an electronic file of the documents that must be served.
   ☐ I do not have access to a document scanner, so I would like to use digital photos of the documents that must be served.

DATED _____, 20___.

Signature: _____
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: _____

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_____

ORDER ON ALTERNATIVE SERVICE

This Matter came before the Court on the Plaintiff/Petitioner's Motion and Affidavit to Allow Alternative Service.

The Court having reviewed the Motion and Affidavit and being otherwise fully advised, finds and orders as follows:

☐ Service of a Summons as stated in Wyoming Rule of Civil Procedure 4(e) cannot be made on the Defendant/Respondent.

☐ The Plaintiff/Petitioner's request to allow alternative service is **DENIED**. The Plaintiff/Petitioner is expected to complete personal service according to the standard method as stated in Wyoming Rule of Civil Procedure 4(c) and (d). The Court arrives at this decision for the following reason(s): _____

_____

_____
_____
_____
_____
_____

☐ The Plaintiff/Petitioner's request to allow alternative service by certified or registered mail is **GRANTED**. Service is expected to be completed according to the method stated in Wyoming Rule of Civil Procedure 4(r)(2).

These are the documents that must be served by certified or registered mail:

☒ Summons

☐ Complaint

☐ Petition

☐ Motion and Affidavit to Allow Alternative Service

☐ Order on Alternative Service

☐ Other: _____

☐ No other method of service is reasonably likely to provide actual notice to the Defendant/Respondent. Therefore, the Plaintiff/Petitioner's request to allow alternative service by publication is **GRANTED**. The Plaintiff/Petitioner is expected to complete service by publication according to the method stated in Wyoming Rule of Civil Procedure 4(l)(3)(B).

[The rest of this page is left blank intentionally. The Order continues on the next page.]

☐ The Plaintiff/Petitioner's request to allow alternative service by a different method is **GRANTED**. Service under this Order is reasonably likely to provide actual notice to the Defendant/Respondent.

This is the alternative service method that must be used:

☐ Email at this address: _____

☐ Text message at this number: _____

☐ Social media post on this platform: _____

☐ Message on this communication app: _____

☐ Other: _____

These are the documents that must be served:

☒ Summons

☐ Complaint

☐ Petition

☐ Motion and Affidavit to Allow Alternative Service

☐ Order on Alternative Service

☐ Other: _____

☐ The Plaintiff/Petitioner is required to follow the procedures and instructions provided on the attached addendum, which is titled _____

☐ The Plaintiff/Petitioner is required to follow the procedures and instructions provided below.

The documents must be served in the following format:

☐ Clear, legible, electronic files (such as PDF) showing every page of the required documents.

☐ Clear, legible, digital photographs showing every page of the required documents.

☐ Other: _____

The Plaintiff/Petitioner is expected to complete service according to these additional requirements: _____

_____

_____

_____

Service is considered complete when: _____

_____

_____

_____

To prove that service is complete, the Plaintiff/Petitioner must file the following with the Court:

☒ Alternative Service Affidavit or other notarized statement that service was accomplished according to this Order.

☒ Other evidence: _____

_____

_____

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 _____)

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_____

AFFIDAVIT ON COMPLETION OF ALTERNATIVE SERVICE

I am the Plaintiff/Petitioner in this case. Under penalty of perjury, I state that I completed alternative service to the Defendant/Respondent according to the requirements in the Order on Alternative Service issued by this Court on _____, 20___.

Copies or printouts of the required proof are attached to this Affidavit.

DATED _____, 20___.

Signature: _____

Printed Name:_____

☐ A Wyoming Court Navigator helped with this form.

Phone Number:_____

STATE OF WYOMING)
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: _____

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 BY PUBLICATION

NOTICE TO THE DEFENDANT/RESPONDENT:

_____

DEFENDANT/RESPONDENT'S CURRENT ADDRESS:

_____

_____

You are notified that a case, Case Number _____ has been filed in the Wyoming District Court for the _____ Judicial District located at: _____

_____

The nature of the case is:

☐ Complaint for Divorce.
☐ Petition for Modification of Child Support and Judgment for Arears (If Any).
☐ Petition to Modify Custody and Support.
☐ Petition to Establish Custody, Visitation, and Support.

The Plaintiff is seeking:

☐ A Divorce and a Decree of Divorce.
☐ Modification of child support and an Order Modifying Child Support and Judgment for Arrears (If Any).
☐ Modification of custody and child support and Order Modifying Custody and Support.
☐ Establishment of custody, visitation, and child support and Order Establishing Custody, Visitation and Support.

Unless you file an Answer or Response or otherwise respond to the Complaint or Petition referenced above within 30 days following the last day of publication of this notice, a default judgment may be taken against you and the Court may grant to the Plaintiff/Petitioner:

☐ A Decree of Divorce.
☐ An Order Modifying Child Support and Judgment for Arrears (If Any).
☐ An Order Modifying Custody and Support.
☐ An Order Establishing Custody, Visitation and Support.

DATED this _____ day of _____, 20_____.

BY CLERK OF COURT:

_____
Clerk of District Court/Deputy

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_____

AFFIDAVIT FOLLOWING SERVICE BY PUBLICATION

I am the Plaintiff/Petitioner in this case. I make the following statements under penalty of perjury.

Below, check the box for either Section 1 or Section 2. Then, in the section you marked, check all of the boxes that apply.

1. ☐ When I filed the Motion and Affidavit to Allow Alternative Service, I knew the Defendant/Respondent's address and included it on the Affidavit.
   - ☐ Notice by Publication was published once per week for four consecutive weeks, and more than 30 days have passed since the fourth publication.
   - ☐ A copy of the Notice by Publication was sent by the Clerk of District Court to the Defendant/Respondent using registered/certified mail, restricted delivery, return receipt requested.
   - ☐ The Clerk received the signed return receipt, and the receipt (or a copy of it) is included in the Court's file.

☐ The Clerk did not receive a signed return receipt, and the returned envelope is in the Court's file.

☐ A copy of the Affidavit of Publisher, which was provided by the newspaper, is attached to this Affidavit.

2. ☐ When I filed the Motion and Affidavit to Allow Alternative Service, I did not know the Defendant/Respondent's address and it was not included on the Affidavit.

☐ I exercised reasonable diligence to find out the Defendant/Respondent's address. I tried the following things:

☐ I called each phone number that I have for the Defendant/Respondent and never talked to anyone who knows the Defendant/Respondent's current address.

☐ I tried to find other phone numbers or other ways to reach the Defendant/Respondent, but I didn't find any other options.

☐ I sent a letter to the last address I had for the Defendant/Respondent, and the letter was returned to me. The letter and returned envelope are attached to this Affidavit.

☐ I contacted people I know who are related to the Defendant/Respondent, but no one could give me the Defendant/Respondent's current address.

☐ I also tried _____

☐ Notice by Publication was published once per week for four consecutive weeks, and more than 30 days have passed since the fourth publication.

☐ A copy of the Affidavit of Publisher, which was provided by the newspaper, is attached to this Affidavit.

DATED this ____ day of _____, 20___.

_____
Signature of Plaintiff/Petitioner

☐ A Wyoming Court Navigator helped with this form.

Printed Name: _____

Phone Number:_____

STATE OF WYOMING)
COUNTY OF _____)

SIGNED AND SWORN to before me this _____day of _____, 20___.
Witness my hand and official seal.

_____
CLERK OF COURT / NOTARIAL OFFICER

My commission expires: _____

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_____

CERTIFICATE OF MAILING

I certify that on _____ day of _____, 20_____, I caused a true and correct copy of the _____

_____

to be mailed via US Mail Certified Return Receipt Requested to:

_____
_____
_____

BY CLERK OF COURT:

_____

Clerk of District Court/Deputy

Copies to:

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

_____

_____

_____

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

_____

_____

_____

Instructions for Seeking Waiver of Fees
(Asking the Court to Not Charge You Fees)

These forms are not generally required but they may be useful in certain cases.

If you cannot afford to pay the Court's fees for filing your documents or you cannot afford to pay the Sheriff's fees for serving your documents, you may choose to ask the Court to waive the fees. If the Court grants your request, you will not need to pay the fees. You can use the forms for **Waiver of Fees** to help you with this process.

These forms are available on the Wyoming Judicial Branch website at www.wyocourts.gov/self-help-forms/.
Before you fill out the forms, read the instructions carefully.

Waiver of Fees

There are two words you need to know before you begin this process.

- Waiver. Getting a "waiver of fees" or "having fees waived" means being excused from paying fees. You can think of it as not being charged fees that are usually required.

- Indigency. This is an old word that's still used in some legal processes, including the Waiver of Fees. For these cases, being found "indigent" just means the Court has concluded you can't afford to pay your fees.

When you file paperwork to start a case in court, you will be charged a filing fee. These fees help to fund important services in the Judicial Branch. People who can afford to pay the fees are expected to, and most people do not get the fees waived.

If you cannot afford to pay the filing fees (and other court costs), you can ask the Court to waive the fees by filing an **Affidavit of Indigency and Request for Waiver of Fees and Cost**. There is no fee to file this Affidavit.

The form is long, and it will take some time to fill it out. You need to be complete, accurate, and honest. On the form, you will tell the Court all the details about your financial situation so a Judge

can make a fair conclusion about whether or not you can afford to pay fees. You will be under oath when you sign the Affidavit. If the information you include is not true, you could be required to pay a fine and you might be sent to jail. Don't make claims that are not true.

After you file the Affidavit, a Judge will review it and decide whether to grant or deny your request for a waiver. There is no guarantee that you will get the waiver, and the Judge doesn't have to explain the decision they make. If the Judge denies the request (does not give you a waiver), you will need to pay the filing fees and other court costs that are required.

The following forms are required for seeking a waiver of fees:

- Affidavit of Indigency and Request for Waiver of Fees and Cost.
- Order on Request for Waiver of Fees and Cost.

Important Note: Some of the charts on the Affidavit might be the same as charts you have filled out on other forms. Looking at those forms may make it faster and easier to fill out this Affidavit, and that can be helpful. However, you must make sure the information you write on the Affidavit is correct and true now; don't copy old information from a different form. Also, this Affidavit must be filled out completely. Do not tell the Judge to look at other forms to get the information.

How to Fill Out the Affidavit

Top of the Page

Fill in the information exactly the way it is on your Complaint or Petition.

Section Under the Title

Write your name on the line.
Read this section carefully. It's important to understand that, when you sign and file the Affidavit, you will be giving the Court permission to check whether the information you shared is true.

Section for Personal Information

In this section, you'll give the Court current general information about yourself.

Section About Address & Housing

In this section, you'll tell the Court about where you live now and where you lived most recently before that.

Section About Employment

In this section, you'll tell the Court about your current job. Select the correct box at the beginning of this section, and then fill in the chart for your situation.
Be sure to select every box that is true for you and fill in the required information.

Section About Public Assistance

In this section, check the box next to each type of public assistance you currently receive.

Section About Other Income

Fill in this chart completely with information about your other sources of income.

Section About Expenses

Fill in this chart completely with information about your monthly expenses.

Section About Dependents

This section is about people you claim as dependents on your tax returns. Do not list anyone here who is not a dependent according to your tax returns.

Section About Bank Accounts

Fill in this chart completely with information about your bank accounts.

Section About Assets

This section is for information about your assets (money and valuable things that you own). Fill in the charts and blank lines in this section as completely as you can.

Section About Debts

This section is for information about debts that you owe and other money that you have to pay regularly. Fill in the charts in this section as completely as you can.

Section About Capacity to Barrow

This section is for information about your ability to get other money to help pay for your court case. Fill in the blank lines in this section as completely as you can.

Section About Special Circumstances

This section is for information about any circumstances that would limit your ability to support you and and your family if you are required to pay the fees associated with your case. Be as detailed as possible.

Section About Perjury

Read the information in this section very carefully. It is important to understand that if you lie on this Affidavit, or if you are intentionally inaccurate, you may face serious consequences.

Signature Section – Important!

Do not sign this form until you are in front of a Notary. The Notary must witness you signing the form.

By signing the form, you are stating that everything you wrote on the form 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 Affidavit.

Next Steps

Prepare the Order. The Order on Request for Waiver of Fees and Cost is available on the Wyoming Judicial Branch website's forms page. Fill in the top of the Order (above the title) and leave the rest blank.

File the Affidavit and Submit the Order. Take the completed Affidavit and the Order to the Clerk of District Court. You will file the Affidavit and submit the Order for the Judge to use later.

Serve the Affidavit. You must serve a copy of the Affidavit to the other party (the Defendant/Respondent). You do not have to hire anyone to serve this document. The easiest way to serve it will probably be by sending it in the mail. You can also fax it.
The document can be hand-delivered directly to the other party, but it is important to consider whether this appropriate in your situation. If there is an Order of Protection in your case, or you and the other party do not get along, delivering the document by hand may be prohibited or unwise.

Complete the Certificate of Service and file it with the Clerk.

Receive and Read the Order. After considering your Affidavit, a Judge will decide whether to grant or deny your request for a waiver. The Clerk will send you the completed Order. Read it carefully and make sure you understand whether your fees have been waived or not.

If your request is granted, the Order will explain which fees are waived. This may include filing fees and/or sheriff's service fees. However, not all costs are covered—for example, fees for publication or other types of case-related expenses are typically not waived.

If your request was denied, you will be required to pay the usual filing fees and other associated court fees for your case.

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.	)	**CONFIDENTIAL**
	)	
Defendant/Respondent:	)	
_____	)	
Person listed as Defendant or Respondent on the Complaint or Petition	)	

AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER OF FEES AND COSTS

My name is _____.

I am the Plaintiff/Petitioner in this case. I respectfully request that the Court waive the filing fees and costs associated with service by a Wyoming Sheriff. I further authorize (give permission to) the Court to verify any or all of the information provided in this document in support of my request.

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

1. Personal Information:

Date of Birth:	
Home Phone:	

Cell Phone:	
Work Phone:	
E-Mail Address:	

2. Address and Housing Information:

	Residential Address	**Mailing Address**	**Home**
Street			☐ I own my home. ☐ I do not own my home.
City and State			I owe $_____ per month mortgage
Zip Code			I owe $_____ per month for rent

3. Employment:

I am employed:	☐ Full Time ☐ Part Time ☐ Not Employed	☐ Retired ☐ Disabled
Name of your Employer		
Employer's Address		
Employer's Phone Number		
I make: $ _____ per hour.		
My last paycheck was received on:		
My last paycheck was in the amount of $		
Spouse's Employer		
Spouse's Income	$	
Does anyone other than your spouse help pay the expenses of your household? ☐ yes ☐ no If so, what is that person's name and relationship to you?		

4. Public Assistance: Please mark the box for each type of assistance you currently receive:

☐ Temporary Assistance for Needy Families (TANF)

☐ Emergency Aid to Elderly, Disabled and Children (EAEDC)

☐ Poverty related veteran's benefits

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Medicaid
☐ Supplemental Security Income (SSI)
☐ Social Security Disability Insurance (SSDI)

5. Other Income: List all income you receive from any other source including (child support, spousal support, unemployment, workers compensation, disability, retirement, etc.).

Source	Frequency (weekly, monthly)	Amount

☐ I am attaching additional pages

6. Expenses: List all of your monthly bills (rent, utilities, internet, phone, food, child support, spousal support, etc.).

Bill or Expense	Amount

☐ I am attaching additional pages

7. Dependents: List everyone that you claim as a dependent on your tax returns.

Name	Relationship

☐ I am attaching additional pages

8. Bank Accounts:

I have a checking account: ☐ yes ☐ no	Bank Name:	My Balance is: $
I have a savings account: ☐ yes ☐ no	Bank Name:	My Balance is: $

☐ I am attaching additional pages

9. Assets: List all valuables that you own (automobiles, guns, jewelry, furniture, tools, bank accounts, land, etc.)

Item or Account	Value

☐ I am attaching additional pages

10. Debts: List all debts that you currently owe (credit cards, medical, court fines, etc.).

Entity Owed	Total Amount Owed	Monthly Payment

☐ I am attaching additional pages

11. Capacity to Borrow: I can borrow money to pay for my case in the amount of $_____.

12. Special Circumstances: Explain any special circumstances that will limit your ability to support yourself and your family if you are required to pay fee associated with your case.

_____
_____
_____
_____
_____
_____

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, correct, and complete. 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 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 Affidavit (including attachments) contains a true, correct, and complete disclosure of my income from all sources and that all the representations made 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: _____

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.

_____
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___

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_____

ORDER ON REQUEST FOR WAIVER OF FEES AND COSTS

This Matter comes before the Court on the Affidavit of Indigency and Request for Waiver of Fees and Costs. The Court having reviewed the Affidavit and being otherwise fully advised, finds and orders as follows:

☐ The request for waiver of filing fees and costs associated with service by a Wyoming Sheriff, is **GRANTED**.

☐ The request for waiver of filing fees and costs is **DENIED**.

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:
_____
_____
_____

Instructions for Motion Forms

These forms are not generally required but they may be useful in certain cases.

If you need to request something particular from the Court or you need to respond to a request made by the other party, you can use **Motion Forms**. There are a variety of situations when you might use these forms, including if you are seeking temporary custody or if the other party has not completed the required financial affidavits. You can also use these forms if a default judgment has been entered against you and you have valid reasons to ask the Court to reconsider the default.

These forms are available on the Wyoming Judicial Branch website at www.wyocourts.gov/self-help-forms/.
Before you fill out the forms, read the instructions carefully.

Motions

Filing a Motion (also called "moving") means asking the Court to do something specific in your case. The most common reasons to file a Motion in a divorce or custody case are:

- To ask the Court to give you temporary custody until a final decision on custody is made.
- To ask the Court to award you temporary financial support until a final decision on financial support is made.
- To ask the Court to order the other party to provide a Confidential Financial Affidavit and other required financial documents.

This is not a complete list. You can file a Motion to ask for other actions from the Court. It is important to understand that you cannot use a Motion instead of filing a different required document. For example, you cannot file a Motion in place of a Complaint, Petition, or Response.

If a Default Judgment has been entered against you (because you did not respond to a Complaint or Petition in time), you may choose to file a Motion to Set Aside Entry of Default. The Wyoming Judicial Branch website's forms page has a separate form for this kind of Motion. The instructions are farther below.

Filing a Motion

1. Fill out the **Motion** form completely and honestly.
2. Fill out a **Request for Setting** form. This is how you will tell the Court how long you expect a hearing (meeting) about your Motion to last. You will also tell the Court what the hearing will be about.
    - If your Motion is about the other party's financial documents, you do not need a Request for Setting.
3. Fill out the top part (above the title) of an **Order Setting Hearing**. The Court will fill out the rest.
    - If your Motion is about the other party's financial documents, do not use an Order Setting Hearing. Instead, fill out the top part (above the title) of an **Order Requiring Completion of Confidential Financial Affidavits**.
4. Prepare envelopes. For each form you fill out, you will need two envelopes – one addressed to you and one addressed to the other party. Write the addresses out completely, including apartment numbers and zip codes. Put a stamp on each envelope.
5. Take the completed forms and prepared envelopes to the Clerk of District Court. The Clerk will file the Motion and the Request and will keep the Order for the Judge to complete later. The Clerk will use the envelopes to mail documents to you and the other party.

Filing a Motion to Set Aside Entry of Default

1. Fill out the **Motion to Set Aside Entry of Default** form completely and honestly. It is important to include any documents that support your request (for example, papers that show you were not able to respond before the deadline).
2. Fill out the top part (above the title) of an **Order on Motion to Set Aside Entry of Default**. The Court will fill out the rest.
3. Prepare envelopes. For each form you fill out, you will need two envelopes – one addressed to you and one addressed to the other party. Write the addresses out completely, including apartment numbers and zip codes. Put a stamp on each envelope.
4. Take the completed forms and prepared envelopes to the Clerk of District Court. The Clerk will file the Motion and will keep the Order for the Judge to complete later. The Clerk will use the envelopes to mail documents to you and the other party.

Filing a Response to a Motion

- Filing a Response is important. If the other party filed a Motion and you do not file a written Response, you may not be allowed to explain your side of things during a hearing (meeting) about the Motion. The Court may give the other party what they asked for without knowing what you think about it.
- There will be deadlines for responding to a Motion. Usually, you have 20 days from the date the Motion was mailed or served to you. You must file your Response at least 3 days before a hearing on the Motion. (If a hearing is coming up soon, you may not have 20 days to respond. You must file your Response at least 3 days before the hearing even if 20 days have not passed since the Motion was filed.)

1. Fill out the **Response to Motion** form completely and honestly. It is important to include any documents that support your response.
2. Prepare envelopes. For each form you fill out, you will need two envelopes – one addressed to you and one addressed to the other party. Write the addresses out completely, including apartment numbers and zip codes. Put a stamp on each envelope.
3. Take the completed forms and prepared envelopes to the Clerk of District Court. The Clerk will file the Response. The Clerk will use the envelopes to mail documents to you and the other party.

Attend the Hearing – for any Motion or Response

If a hearing is scheduled, you must attend. It is important to arrive early and dress appropriately. Be prepared to present your arguments and your supporting evidence to the Judge.

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_____

MOTION FOR _____
(Describe what you are requesting from the Court.)

My name is _____.

1. In this case, I am the

   ☐ Plaintiff or Petitioner.

   ☐ Defendant or Respondent.

2. I am requesting that: (Describe what you would like the Court to do for you)

   _____

   _____

   _____

_____
_____
_____
_____
_____
_____

☐ I have attached additional pages with more information.

3. My reasons for this request are:

_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ I have attached additional pages with more information.

DATED _____, 20_____.

_____
Signature

Printed Name:_____
Phone Number:_____
Home Address (Physical):_____
_____
Mailing Address:_____
_____
Email Address:_____

☐ 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___

----------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)
) 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_____

REQUEST FOR SETTING

☐ I am the Plaintiff or Petitioner.

OR

☐ I am the Defendant or Respondent.

I request a time and date for a hearing in the District Court. The hearing will take approximately _____ hours and _____ minutes and will address the following issue:

_____

The Parties are not able to agree, and a hearing is needed on the Motion for:

_____

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.

DATED _____, 20____.

_____
Signature

☐ A Wyoming Court Navigator helped with the completion of 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	)	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	)	

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 _____)

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_____

RESPONSE TO MOTION FOR _____
(Include the title of the Motion you are responding to.)

My name is _____.

1. In this case, I am the

   ☐ Plaintiff or Petitioner.

   ☐ Defendant or Respondent.

2. I respond to the allegations in the motion as follows: (Describe why you disagree with what is stated in the motion and what you would like the Court to do instead.)

   _____

   _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ I have attached additional pages with more information.

DATED this _____ day of _____, 20_____.

_____
Signature

Printed Name:_____
Phone Number:_____
Home Address (Physical):_____
_____
Mailing Address:_____
_____
Email Address:_____

☐ 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___

----------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)
) 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_____

ORDER ON MOTION FOR _____

(Insert title of Motion)

THIS MATTER, having come before the Court on ☐ Plaintiff/Petitioner's ☐ Defendant/Respondent's Motion for _____; and the Court having considered the same and being otherwise fully advised, hereby FINDS AS FOLLOWS:

_____

_____

_____

IT IS THEREFORE ORDERED:

_____

_____

_____

_____

THE MOTION IS ☐ **Denied** ☐ **Granted** ☐ **Other**

_____

_____

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	)	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	)	

ORDER REQUIRING COMPLETION OF CONFIDENTIAL FINANCIAL AFFIDAVITS

An action seeking establishment of a child support order pursuant to Wyo. Stat. §20-2-301 et seq., as amended has been filed;

NOW THEREFORE IT IS HEREBY ORDERED that the parties complete and sign under oath a "Confidential Financial Affidavit" in accordance with Wyo. Stat. §20-2-308 in a form

substantially conforming to that approved by the Wyoming Supreme Court and available through the clerk of this court.

IT IS FURTHER ORDERED THAT the financial affidavits of the parties shall be supported with documentation of both current and past earnings. Suitable documentation of current earnings includes but is not limited to pay stubs, employer statements, or receipts and expenses if self-employed. Documentation of current earnings shall be supplemented with copies of the most recent tax return to provide verification of earnings over a longer period.

IT IS FURTHER ORDERED that, attached to the financial affidavit, each party shall file with the clerk of this court and supply to the other party the following information:

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:

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

If you are self-employed:

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

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

IT IS FURTHER ORDERED that the completed Confidential Financial Affidavit be returned within 30 days from the date of this order to the other party or his/her attorney and to the following:

Clerk of District Court
Address: _____
_____
_____

IT IS FURTHER ORDERED that after the parties have exchanged financial information they shall either jointly or separately complete a Child Support Computation form in an attempt to settle child support issues. The parties are encouraged to agree to a temporary and a final support order set according to the Wyoming Child Support Guidelines.

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:
_____
_____
_____

Instructions for Dismissal Forms

These forms are not generally required but they may be useful in certain cases.

Sometimes people who are already involved in a case decide not to continue with it. If you do not want to continue this case, you might be able to ask the Court to formally end it. When a Court ends a case and does not take any more actions in it, that is called "dismissal." This can only happen in cases where a final order hasn't been issued yet.
If you can honestly check all of the requirements in the list below, you can use **Dismissal Forms**.

- You are the Plaintiff/Petitioner or the Defendant/Respondent.
- A final order has not been issued in this case.
- You want the Court to formally end the case and not take any other actions in this case.
- You and the other party both want to ask for dismissal and will both sign the request. OR You are the Plaintiff/Petitioner, and you want to ask for dismissal, and the Defendant/Respondent never filed an Answer or Response or Counterclaim or any other document in this case.

Important Note: If you are the Defendant/Respondent, you cannot ask for dismissal of a family law case without the Plaintiff/Petitioner's agreement.

These forms are available on the Wyoming Judicial Branch website at www.wyocourts.gov/self-help-forms/.
Before you fill out the forms, read the instructions carefully.

Asking for Dismissal

1. Fill out the **Motion to Dismiss Action** form completely and honestly.
   Notice that if you select box b or box c on Section 3, both parties must sign the form.
2. Fill out the top part (above the title) of an **Order on Dismissal**. The Court will fill out the rest.
3. Prepare envelopes. For each form you fill out, you will need two envelopes – one addressed to you and one addressed to the other party. Write the addresses out completely, including apartment numbers and zip codes. Put a stamp on each envelope.

4. Take the completed forms and prepared envelopes to the Clerk of District Court. The Clerk will file the Motion to Dismiss and will keep the Order for the Judge to complete later. The Clerk will use the envelopes to mail documents to you and the other party.
5. When you receive the Order on Dismissal from the Court, read it carefully. If your request was denied, the case will continue. Make sure you understand any instructions the Judge has given you.

Important Note: If a case is dismissed **without prejudice**, that means the parties are allowed to start a new case based on the same situation in the future.

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_____

MOTION TO DISMISS ACTION

My name is _____.

1. In this case, I am the

   ☐ Plaintiff or Petitioner.

   ☐ Defendant or Respondent.

2. Pursuant to Wyoming Rule of Civil Procedure 41, I am asking the Court to dismiss this action for the following reasons:

_____

_____

_____

3. I can show the following in support of my request: (Select one)

   a) ☐ The Defendant/Respondent has NOT filed an Answer or Response.

   b) ☐ The Defendant/Respondent filed an Answer or Response, but both parties agree in writing to the dismissal of this action. (Both parties will need to sign this document if box b is selected.)

   c) ☐ The Defendant/Respondent filed an Answer and Counterclaim or Response and Counterclaim but has agreed in writing, as verified by both parties' signatures on this document, to the dismissal of the Counterclaim together with the dismissal of the:

      ☐ Complaint for Divorce.
      ☐ Petition for Modification of Child Support and Judgment Arears (If Any).
      ☐ Petition to Modify Custody and Support.
      ☐ Petition to Establish Custody, Visitation, and Support.

   (Both parties will need to sign this document if box c is selected.)

4. I request that the Court dismiss without prejudice Plaintiff/Petitioner's:

   ☐ Complaint for Divorce.
   ☐ Petition for Modification of Child Support and Judgment Arears (If Any).
   ☐ Petition to Modify Custody and Support.
   ☐ Petition to Establish Custody, Visitation, and Support.

5. ☐ I further request that the Court dismiss without prejudice Defendant/Respondent's Counterclaim. (Only check this box if the Defendant/Respondent has filed a Counterclaim and has agreed to dismiss the action. Both parties will need to sign this document if this is selected.)

DATED _____, 20_____.

_____
Signature, Plaintiff/Petitioner

Printed Name:_____
Phone Number:_____
Home Address (Physical):_____
_____
Mailing Address:_____
_____
Email Address:_____

☐ A Wyoming Court Navigator helped with this form.

Defendant/Respondent must sign if an **Answer** or **Response** or **Counterclaim** was filed:

_____
Signature, Defendant/Respondent

Printed Name:_____
Phone Number:_____
Home Address (Physical):_____
_____
Mailing Address:_____
_____
Email Address:_____

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___

----------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)
) 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_____

ORDER OF DISMISSAL

This Matter came before the Court on:

☐ Plaintiff/Petitioner's Motion to Dismiss.

☐ Defendant/Respondent's Motion to Dismiss.

The Court having reviewed the Motion and being otherwise fully advised, finds and orders as follows:

☐ The Motion to Dismiss is **GRANTED** without prejudice. All further hearings scheduled in this matter are hereby **VACATED**.

☐ The Motion to Dismiss is **DENIED** for the following reasons:

_____
_____
_____
_____
_____

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 _____)

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_____

MOTION TO SET ASIDE ENTRY OF DEFAULT
(Request for the Court to Cancel a Default)

---

1. Mark one:
   ☐ I am the Plaintiff or Petitioner in this case.
   ☐ I am the Defendant or Respondent in this case.

2. The Clerk of District Court, entered a default against me on the date _____ _____, 20___.

3. ☐ No Default Judgment was issued after the entry of default in this action.
   Note: If a final judgment has been ordered, the process for asking the Court to set it aside is more complicated than this form can address. This form is for use in cases where no final judgment has been ordered.

4. I ask the Court to set aside (cancel) the entry of default pursuant to Wyoming Rule of Civil Procedure 55(c). I believe there is good cause for the default to be set aside.

The reasons the default should be set aside are:

_____
_____
_____
_____
_____
_____
_____
_____
_____

DATED _____, 20___.

Signature: _____
Printed Name:_____
Phone Number:_____
Home Address (Physical):_____
_____
Mailing Address:_____
_____
Email Address:_____

☐ A Wyoming Court Navigator helped with this form.

STATE OF WYOMING)
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 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: _____

☐ Both Emailed to this address _____ and

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)
) 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_____

ORDER ON MOTION TO SET ASIDE ENTRY OF DEFAULT

This Matter came before the Court on:

☐ Plaintiff/Petitioner's Motion to Set Aside Entry of Default.

☐ Defendant/Respondent's Motion to Set Aside Entry of Default.

The Court having reviewed the Motion and being otherwise fully advised, finds and orders as follows:

☐ Good cause exists and the Motion to Set Aside Entry of Default is **GRANTED**.

☐ The Motion to Set Aside Entry of Default is **DENIED** for the following reason(s):

_____
_____
_____
_____
_____
_____

DATED this _____ day of _____, 20_____.

_____
DISTRICT COURT JUDGE

Copies to:
Plaintiff/Petitioner's Attorney's Name and Address:

_____
_____
_____

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

_____
_____
_____

Instructions for the Notice of Change of Employment or Insurance Form

These forms are not generally required but they may be useful in certain cases.

If you are an employer and you need to report a change in an employee's status in relation to child support payments or dependent insurance coverage, you can use the **Notice of Change of Employment or Insurance Form**.

This form is available on the Wyoming Judicial Branch website at www.wyocourts.gov/self-help-forms/.
Before you fill out the form, read the instructions carefully.

How to Fill Out the Notice

Top of the Page

Fill in the information exactly the way it is on other documents you have received from this case.

Write the address of the Clerk of District Court on the lines. You can find this information on the Wyoming Judicial Branch website.

Section 1.

Write your name on the line.

Section 2.

The person you are filing this Notice about is the Obligor. Write that person's name on the line.

Section 3.

Select the box that is correct for your situation. If you select the last box, fill in the blank line.

Section 4.

If the Obligor does not work for you anymore, check the box and fill in the information for this section. If you don't have information about the Obligor's new employer, you can leave that part blank.

Section 5.

If the Obligor's health insurance has changed, check the box and fill in the blank lines. This section might apply whether the Obligor currently works for you or not.

Section 6.

Read this section carefully. You should complete all three items on the list.

Last Section.

Review the information you provided and make sure it's accurate. Write the date, sign the form, and fill in the rest of your contact information.

Next Steps

After you finish filling out the form, do the three actions listed in Section 6: file the Notice with the Clerk, mail a copy to the Plaintiff/Petitioner, and mail a copy to the Defendant/Respondent. It is a good idea to keep a copy of the Notice for yourself too.

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:_____

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 OF ADDRESS

All parties are required to notify the Clerk of District Court of any change in mailing address. Failure to keep your address up to date may result in missed notices or delays in your case. It is your responsibility to ensure the Court has your current contact information at all times.

TO: Clerk of District Court
Address: _____
_____

1. My name is _____

2. In this case I am the:
   ☐ Plaintiff/Petitioner
   ☐ Defendant/Respondent

3. My new home address (Physical Address) is:

   _____

   _____

4. My new mailing address is: (If different from your home address)

   _____

   _____

5. 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

Printed Name:_____

Phone Number:_____

Email Address:_____

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:

- Tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- All child support orders initially issued in the state on or after January 1, 1994
- All child support orders initially issued (or modified) in the state before January 1, 1994, if arrearages occur

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

Please note:

- For the purpose of this IWO form and these instructions, "state" is defined as a state or territory.
- Dos and don'ts on using this form are found at www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

I. Sender Information: (Completed by the Sender) Check one box for fields 1a–1d.

1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.

1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the Amounts to Withhold section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

- The OMB expiration date is printed on the IWO form.
  - However, the IWO sent on a case does not expire on the OMB expiration date—once the IWO has been sent to the employer, then the IWO is in effect until it is terminated by the Issuing Agency.
  - The Issuing Agency must make any system updates to implement the currently approved IWO form as soon as possible. In the interim, OMB extended the expiration date of the previously approved form to allow child support agencies to issue an IWO until programming for the currently approved form is complete.

1e. **Date.** Date this form is completed and/or signed.

1f. **Child Support Agency (CSA), Court, Attorney, Private Individual/Entity (Check one box).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSA, the sender should contact the CSA (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements) to determine if the CSA needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER: This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994, or the **order was issued by a tribal CSA, the employer/income withholder must follow the payment instructions on the form.**
- After processing an IWO, the payment is returned to income withholder because the order information is not on the child support system and the SDU could not process the payment. The income withholder should return the payment to employee.

- Form does not contain all information necessary for the employer to comply with the withholding such as, missing Remittance Identifier, invalid case identifier, or missing sender contact information.
- Form is altered or contains invalid information such as “step-down” provisions or other future events that an employer is not required to monitor.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included. If you receive this document from an attorney or private individual/entity, a copy of the underlying support order containing a provision authorizing income withholding must be attached.

1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a government entity of the state or a tribal organization authorized by a tribal government to operate a child support program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.

1h. **Remittance ID (include w/payment).** Identifier for the SDU/Tribal Payee designated in the Remittance Information section, field 22, that the employers/income withholders must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

1i. **City/County/Dist./Tribe.** ***Optional*** field for the name of the city, county, or district sending this form. If entered, this must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a child support program for which this form is being sent. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.

1j. **Order ID.** ***Optional*** unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.

1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal child support organization sending this form.

1l. **Case ID.** Unique identifier assigned to a state or tribal CSA case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSA Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

II. Employer and Case Information: (Completed by the Sender)

2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.

2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address, including street/PO box, city, state, and zip code. (This may differ from the employee/obligor’s work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information.

2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

3a. **Employee/Obligor’s Name.** Employee/obligor’s last name and first name. A middle name is ***optional***.

3b. **Employee/Obligor’s Social Security Number.** Employee/obligor’s Social Security number or other taxpayer identification number.

3c. **Employee/Obligor’s Date of Birth.** Employee/obligor’s date of birth is ***optional***.

3d. **Custodial Party/Obligee’s Name.** Custodial party/obligee’s last name and first name. A middle name is ***optional***. Enter one custodial party/obligee’s name on each IWO form. Multiple custodial parties/ obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case, as defined at 45 CFR 305.1.

3e. **Child(ren)'s Name(s).** Child(ren)'s last name(s) and first name(s). A middle name(s) is ***optional***. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section, field 33). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.

3f. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

3g. **Blank box.** Space for court stamps, bar codes, or other information.

III. Order Information: (Completed by the Sender)

The first field identifies which state or tribe issued the order. The other fields identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

4. **State/Tribe.** Name of the state or tribe that issued the support order.

5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.

7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

11a-c. **Other.** Miscellaneous obligations' dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).

12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER: An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in Action Transmittal 16-04, Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles (https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles).

IV. Amounts to Withhold: (Completed by the Sender)

Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.

13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.

14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used only when field 1c is checked.

15. **Document Tracking ID**. ***Optional*** unique identifier for this form assigned by the sender.

Please Note: Employer/Income Withholder's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page 2 and subsequent pages.

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" checkbox, field 25. Fields 26-29 are completed only if required by state or tribal law.)

Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994, and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSA. **If the order was issued by a tribal CSA, the employer/income withholder must follow the remittance instructions on the form in the Supplemental Information Section.**

16. **State/Tribe.** Name of the state or tribe sending this document.

17. **Days**. Number of days after the effective date noted in field 18 in which withholding must begin, according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

18. **Date.** Implementation date of this IWO, expressed as date of "service," "receipt," or "mailing." Only one of the three word choices is to be entered in the blank line.

19. **Business Days.** Number of business days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.

20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold. Senders must enter a specific percentage and not a range of percentages.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction).

If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit on the IWO.

State-specific withholding limitations, time requirements, and any allowable employer fees are available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

Depending on applicable state or tribal law, you may need to consider amounts paid for health care premiums to determine disposable income and apply appropriate withholding limits.

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

21. **State/Tribe.** Name of the state or tribe sending this document.

NOTE TO SENDER: The Sender must designate the correct SDU. In certain cases, the Sender may be required to designate an SDU (field 22), corresponding SDU Address (field 23), and if required Locator Code (field 24) that is different than the Sender's SDU (see the OCSS AT-17-07: Interstate Child Support Payment Processing, https://www.acf.hhs.gov/css/resource/interstate-child-support-payment-processing). The Remittance ID in field 1h must correspond with the SDU identified in field 22.

22. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

23. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

24. **Locator Code.** ***Optional*** code of the SDU/Tribal Order payee state where payment is being remitted. Geographic Locator Codes are standard codes for states, counties, cities, and territories issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face, as indicated on page 1 of these instructions.

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO if required by state or tribal law.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO if required by state or tribal law.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO if required by state or tribal law.

29. **Date of Signature.** Date the judge/issuing official signs this IWO if required by state or tribal law.

30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

32. **Anti-discrimination**. Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information**. Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer. The employer/income withholder may report new payment sources such as workers' compensation, if known.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

35. Termination Date. If applicable, the date employee/obligor was terminated.

36. Last Known Telephone Number. Last known (home/cell/other) telephone number of the employee/ obligor.

37. Last Known Address. Last known home/mailing address of the employee/obligor.

38. Final Payment Date. Date employer sent final payment to SDU/Tribal Payee.

39. Final Payment Amount. Amount of final payment sent to SDU/Tribal Payee.

40. New Employer's or Income Withholder's Name. Name of employee's/obligor's new employer or income withholder (if known).

41. New Employer's or Income Withholder's Address. Address of employee's/obligor's new employer or income withholder (if known).

VIII. Contact Information: (Completed by the Sender)

42. Sender Contact for Employer/Income Withholder. Name of the person that the employer/income withholder can call for information regarding this IWO. If the sender is a victim of family or domestic violence, rather than including direct contact information, enter contact information for someone else who will communicate for you.

43. Sender Telephone Number. Telephone number of the contact person.

44. **Sender Fax Number.** ***Optional*** fax number of the contact person.

45. Sender Email/Website. ***Optional*** email or website of the contact person.

46. Sender Address (Termination/Income Status and Correspondence Address). Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.

47. Sender Contact for Employee/Obligor. Name of the person that the employee/obligor can call for information.

48. Sender Telephone Number. Telephone number of the contact person.

49. Sender Fax Number. ***Optional*** fax number of the contact person.

50. **Sender Email/Website.** ***Optional*** email or website of the contact person.

Encryption Requirements:
You must take precautions to secure data when transmitting the IWO electronically. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995 (Pub.L. 104-13): Public reporting burden for this mandatory collection of information [42 U.S.C. §§ 66(a)(1), (a)(8) and 666(b)(6)] is estimated to average two to five minutes per response. Information collected for this program is subject to the subject to the federal confidentiality requirements [45 CFR 303.21]. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov

OMB 0970-0154
Expiration Date: 08/31/2026

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)

Date: _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** ☐ **AMENDED IWO**

☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** ☐ **TERMINATION OF IWO**

☐ Child Support Agency (CSA) ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances, you must reject this IWO and return it to the sender (see IWO instructions acf.gov/css/form/income-withholding-support-iwo-form-instructions-sample). If you receive this document from someone other than a state or tribal CSA or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory _____
City/County/Dist./Tribe _____
Private Individual Entity _____

Remittance ID (include w/payment) _____
Order ID _____
Case ID _____

II. Employer and Case Information: (Completed by the Sender)

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Employee/Obligor's Date of Birth

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN _____

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).
You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$_____ Per _____ current child support
$_____ Per _____ past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐ No
$_____ Per _____ current cash medical support
$_____ Per _____ past-due cash medical support
$_____ Per _____ current spousal support
$_____ Per _____ past-due spousal support
$_____ Per _____ other (must specify) _____

for a **Total Amount to Withhold** of **$** _____ per _____ .

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ _____ per weekly pay period
$ _____ per semimonthly pay period (twice a month)
$ _____ per biweekly pay period (every two weeks)
$ _____ per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender, except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs ____ days after the date of _____ of the order/notice. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at acf.gov/css/contact-information/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at acf.gov/css/training-technical-assistance/tribal-child-support-agency-contacts or bia.gov/service/tribal-leaders-directory.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at dol.gov/agencies/whd/fact-sheets/30-cppa. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at acf.gov/css/contact-information/state-income-withholding-contacts-and-program-requirements.

Remit payment to _____ (SDU/Tribal Order Payee)
at _____ (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/**Tribal order payee** _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at acf.gov/css/contact-information/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. _____

_____

_____

_____

_____

Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

_____

_____

_____

_____

Supplemental Information: _____

_____

_____

_____

_____

_____

_____

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

_____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____ , by fax: _____ , by email, or website: _____.

Send termination/income status notice and other correspondence to _____

_____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____ .

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).