

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

IN THE DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, )  
(Print name of person filing) )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_ )  
(Print name of other party) )

Civil Action Case No. \_\_\_\_\_

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### PETITION TO MODIFY CUSTODY AND SUPPORT

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Petitioner respectfully requests this Court modify an order regarding child custody and support, and, if applicable, enter a judgment for arrears/back child support. In support of this petition, the petitioner states the following:

1. Petitioner is the  
 custodial parent; OR  
 non-custodial parent

and is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.

2. A child support order was

entered by this Court on \_\_\_\_\_; OR  
(date)

entered by the \_\_\_\_\_ Court, \_\_\_\_\_ County,  
State of \_\_\_\_\_.

3.  This Court made the original child support determination and has exclusive, continuing jurisdiction to modify the order and  the child(ren) OR the  Petitioner OR  Respondent reside in this state. (If this court did not enter the original order or if neither party or the child(ren) continues to reside in this state, seek the advice of an attorney.)

4. The most recent custody and child support decree or order concerned the following minor child(ren):

Child's initials: \_\_\_\_\_

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

Present address: \_\_\_\_\_

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

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____		
____/____		
____/____		
____/____		
____/____		
____/____		

Attach a separate sheet if necessary

Child's initials: \_\_\_\_\_

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

Present address: \_\_\_\_\_

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

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____		
____/____		
____/____		
____/____		
____/____		
____/____		

Attach a separate sheet if necessary

Child's initials: \_\_\_\_\_

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

Present address: \_\_\_\_\_

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

Dates (From/To)	Address (city and state) where child lived	Name and current address of person(s) child lived with
_____/present*		
_____/____		
_____/____		
_____/____		
_____/____		
_____/____		

Attach a separate sheet if necessary

5.  I have not participated as a party or a witness or in any other capacity in any other court case concerning the custody of the minor child(ren) and no other court proceedings concerning the minor child(ren) (including proceedings for enforcement, domestic violence protective orders, termination of parental rights or adoptions) are currently pending in the State of Wyoming or in any other state; OR

I have participated as a party or witness or in another capacity in another court proceeding concerning the custody, allocation of decision-making, or visitation/parenting time of the child(ren) listed in this *Petition for Modification* as follows: (Please be specific and include the case number, court, state and nature of case, date of child-custody determination, if any, and the initials of the child(ren) involved)\_\_\_\_

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

6.  I know of no person not a party to these proceedings who has physical custody of the minor child(ren) or who claims to have custody or visitation rights with respect to the minor child(ren); OR

The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical

custody, or visitation/parenting time with the child(ren): \_\_\_\_\_

(List Names and Addresses)

7. The Order or Decree establishing custody and support

has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR

was last modified with respect to the child support and/or medical insurance obligations by order of this Court on \_\_\_\_\_; OR  
(date)

was last modified with respect to the child support and/or medical insurance obligations by Order of the \_\_\_\_\_ Court, \_\_\_\_\_ County, State of \_\_\_\_\_, on \_\_\_\_\_.  
(date)

8.  Attached is a certified copy of the custody order to be modified as required by Wyo. Stat. §20-2-203(c). According to the terms of the most recent court order, custody and visitation was ordered as follows: \_\_\_\_\_

9. According to the terms of the most recent court order:

Child support was not ordered; OR

Child support was ordered as follows:

The non-custodial parent is required to pay \$\_\_\_\_\_ per month.

The non-custodial parent is:

In arrears (owes back child support).

The amount of back child support owed is \$\_\_\_\_\_ through the date of the filing of this Petition.

Attach a copy of the payment record obtained from the Clerk of District Court or the Child Support Enforcement Office.

A judgment should be entered against the non-custodial parent for this amount and any additional amounts which may accrue prior to entry of an order in this action; OR

Current and does not owe back child support; AND

The  custodial  non-custodial parent is required to provide medical insurance for the child(ren). Such insurance  has  has not been provided as ordered; OR

The non-custodial parent was  required  not required to pay for a percentage of medical expenses not covered by insurance. Such medical expenses  have  have not been paid as ordered. If the non-custodial parent has not paid medical expenses as ordered, the total amount owed is \$\_\_\_\_\_ through the date of the filing of this Petition (attach copies of bills/receipts, if available). A judgment should be entered against the non-custodial parent for this amount and any additional amounts that are owed prior to entry of an order in this action; OR

Neither party has been ordered to provide medical insurance. Petitioner is requesting this Court order  Petitioner OR  Respondent to provide medical insurance and that all medical expenses not covered by insurance be divided in the following manner: \_\_\_\_\_% to be paid by Mother and \_\_\_\_\_% to be paid by Father.

10. Since the date of the last order, a material change in circumstances has occurred which warrants modifying the child custody and/or child support obligations. The change in circumstances is: [Please describe] \_\_\_\_\_

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11. That because of the material change in circumstances, it is in the best interests of the child(ren) to have the following custody/visitation arrangements:

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**WHEREFORE**, Petitioner respectfully requests:

1. That the Court award:  
 The parties joint legal custody and Mother or  Father to have physical custody; **OR**  
 The parties joint legal and joint physical custody; **OR**  
 Mother or Father to have sole legal and physical custody; **OR**  
 Other (Please describe desired legal and physical custody arrangement in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. That the Court order the Respondent to pay child support in an amount determined by the Wyoming Child Support Guidelines;
3. If applicable, the Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance;
4. If applicable, the Court enter a judgment for child support arrears and for unpaid medical expenses not covered by medical insurance;
5. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. For such other and further relief as the Court deems necessary and just.

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

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notarial Officer

My commission expires:

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

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

Attorney's Address/Telephone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_