STATE OF WYOMING)) ss _)	IN THE DISTRICT COURT		
		JUDICIAL DISTRICT		
Petitioner:(Print name of person filing)		Civil Action Case No		
VS.)			
Respondent:(Print name of other party)))			
REQUEST FOR SETTING				
in the District Court. The heari minutes and will add 1) The parties have a Modifying Custody and Support Order) (NOTE: submit the Order 2) Default was entered	ng/trial will tak ress the followin reached an agre and this Court r Setting Hearin ed against Pe enter an Order	ement (both parties have signed the <i>Order</i> requires a hearing before it will enter the <i>g</i> if this option is selected); OR etitioner OR Respondent and this Court <i>Modifying Custody and Support.</i> (NOTE:		
hearing is needed on the following Allocation Child suppo Motion for Other: (NOTE: submit the <i>Order Setting</i> 4) The parties are not a	g issues: of parental respo ort g <i>Hearing</i> if this able to agree on			
 <i>Requiring Pretrial Statements</i>). 5) Any party request court reporter shall make a request 	ing the reportin est to the approp	g of a particular matter by the official priate official court reporter as soon as us before the matter is set for hearing.		

You can provide notice to the court reporter by phone or by submitting a written request. Please note that if providing notice through the mail, the request must be received by the court reporter no later than three working days prior to the hearing. The Clerk will be

CN CCMR08 Request for Setting July 2014 Page 1 of 2 able to inform you which court reporter to contact. The three-day notice requirement will not be waived by the Court. The notice is required for all civil matters including jury trials. If a hearing is not recorded by an official court reporter, a transcript of the hearing will not be available. It is very difficult to appeal the Judge's decision if you do not have a transcript of everything that is said at the trial. Rule 904 of the Uniform Rules of the District Courts of the State of Wyoming.

DATED this ______ day of ______, 20____.

Signature	
Printed Name:	
Address:	

Phone Number:

CERTIFICATE OF SERVICE

I certify that on	(date) the original of this document
was filed with the Clerk of District Court;	and, a true and accurate copy of this document
was served on the other party by 🗌 Hand I	Delivery OR 🗌 Faxed to this number
OR 🗌 by placing it in t	he United States mail, postage pre-paid, and
addressed to the following:	

(Insert Other Party's/Other Party's Attorney's Name and Address)

TO: _____

Your signature

Print name