STATE OF WYOMING	)	IN THE DISTRICT COURT		
COUNTY OF	) ss _ )	JUDICIAL DISTRICT		
Petitioner:	,)	Civil Action Case No		
(Print name of person filing)	)			
Vs.  Respondent: (Print name of other party)	) ) )	SUMMONS		
(Print name of other party)				
To the above named Respondent: Print Respondent's Name:				
Home Address:Phone:		<del></del>		
Phone: Employer Name & Address:				
Support and Judgment for Arrears ('service of this Summons upon you, e of the state of Wyoming, you are re	'Petition") what we will write to file ou, exclusive	and, an Answer to the <i>Petition for Modification of Child</i> hich is herewith served upon you, within 20 days after the day of service. (If service upon you is made outside and serve your answer to the <i>Petition</i> within 30 days of the day of service.) If you fail to do so, judgment by anded in the <i>Petition</i> .		
Dated	, 2	.0		
(Seal of District Court)				
	_	Clerk of Court		
	B D	y:eputy Clerk		
Petitioner's Name				
Address				
Phone Number				

## **RETURN**

STATE OF WY	YOMING	)								
COUNTY OF _	) ss ) TO BE USED BY WYOMING SHERIFF, UNDER SHERIFF OR DEPUTY									
I,, Sheriff in and for said County, in the State aforesaid, do hereby certify that I received the within Summo together with a copy of the Petition for Modification of Child Support and Judgment for Arrea										
("Petition") and matter, and t	Confidential Ashat I served , 20_ential State	Statement of the sam by deliement of	f the Parties for e in the C ivering a copy f the	r <i>Chil</i> ounty	d Support Ord aforesaid	der filed in the above	e entitled day of			
				By:	Sheriff					
ci :cc c	G :	Ф	D .	•	Deputy She	eriff				
Sheriff's fees:	Service,	\$	; Return	\$						
	Mileage	\$	; Total	\$						
		AFJ	FIDAVIT OF	SERV	<u> ICE</u>					
STATE OF		) )s )	SHERIFF, U	JNDEI	R SHERIFF O					
service of said	Summons in by of the same,	the County, together wi	the foregoing aforesaid on ith a copy of the	g action the _ ne <i>Peti</i>	n or interested day of ition for Modi	ath deposes and says d therein, and that s/s f, 20_s fication of Child Support Order, to:	he made			
Name:										
Address:										
				By:			_			
Subscri	bed and sworn	to before m	e this	da	ay of	, 20				
			Notaria	l Offic	eer					
My Commission	n Evnires:									

My Commission Expires: