STATE OF WYOMING)	IN THE DISTRICT COURT	
COUNTY OF) ss)	JUDICIAL DISTRICT	
Petitioner:(Print name of person filing	,)	Civil Action Case No	
vs.)		
Respondent: (Print name of other party))		
RE	QUEST FOR	SETTING	
	ing/trial will t	equests a time and date for a hearing/trial ake approximately hours/ving issues:	
Modifying Child Support and Ju	udgment of Ar	ement (both parties have signed the <i>Order</i> rears and this Court requires a hearing the <i>Order Setting Hearing</i> if this option	
Court requires a hearing before it	will enter an I	Petitioner OR Respondent and this Modifying Child Support and Judgment of aring if this option is selected); OR	
a hearing is needed on the following Child support Medical sure Motion for Other:	ing issues: ort pport	on all of the terms of the modification and	
(NOTE: submit the <i>Order Setting</i>	g Hearing if th	nis option is selected); OR	
Child Support Modification. (NC	OTE: submit th	on any issues and a trial is needed for a ne <i>Order Setting Modification Trial and</i> ox is checked in paragraph 2, also submit	
, , , , , , , ,	•	ing of a particular matter by the official copriate official court reporter as soon as	

possible, but not less than three (3) working days before the matter is set for hearing. You can provide notice to the court reporter by phone or by submitting a written request.

CN CSMP16 Request for Setting Effective: July 1, 2023. Page 1 of 2

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 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.

DATED this	day of _	, 20
		Signature Printed Name:
		Address:
		Phone Number:
<u>C</u>	ERTIFI	CATE 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 p	arty by [Hand Delivery OR Faxed to this number
OR [by placing	it in the United States mail, postage pre-paid, and
addressed to the following	g:	
(Insert Other Party's/Other	er Party's A	attorney's Name and Address)
TO:		
		Your signature
		Print name