| 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 |
| | ng/trial will t | equests a time and date for a hearing/trial ake approximately hours/ring issues: |
| Modifying Child Support and Ju | ıdgment 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 | Petitioner OR Respondent and this an Order Modifying Child Support and order Setting Hearing if this option is |
| a hearing is needed on the following Child support Medical support | ng issues: ort pport | on all of the terms of the modification and his option is selected); OR |
| Child Support Modification (NO | TE: submit th | on any issues and a trial is needed for a see <i>Order Setting Modification Trial and</i> ox is checked in paragraph 2, also submit |
| court reporter shall make a reque | est to the appr | ing of a particular matter by the official copriate official court reporter as soon as days 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 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 |
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| | | | Signature Printed Name: |
| | | | Printed Name:Address: |
| | | | radioss. |
| | | | Phone Number: |
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| | <u>C</u> | ERTIF | ICATE OF SERVICE |
| | I certify that on | | (date) the original of this document |
| was f | | | Court; and, a true and accurate copy of this document |
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| was s | erved 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 |
| addre | essed to the followin | g: | |
| | | | |
| (Inse | rt Other Party's/Oth | er Party's A | Attorney's Name and Address) |
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