STATE OF WYOMING) IN THE DISTRICT COURT
) ss
COUNTY OF _____) _____ JUDICIAL DISTRICT

Plaintiff/Petitioner:_____ ,) Civil Action Case No. _____
(Print name of person filing))
)
vs.)
)
Defendant/Respondent:_____.)
(Print name of other party)

NOTICE OF CHANGE IN EMPLOYMENT AND/OR DEPENDENT HEALTH INSURANCE COVERAGE

TO: Clerk of District Court
_____
_____

☐ The Payor/Employer in the above-captioned matter, hereby serves notice that the Obligor (person owing support) has terminated his/her employment with the below-signed employer. In support thereof, the employer hereby states:

1. The Obligor/Employee terminated his/her employment on the ____ day of _____ _____, 20___.

2. The last known address of the Obligor/Employee is:
_____
_____
_____

3. The name and address of the Employee's new Employer is: (if known)
_____
_____
_____

AND/OR

☐ The Payor/Employer in the above-captioned matter hereby serves notice that the obligor/employee has had a change in his/her dependent health care coverage. Please describe the change in coverage: _____

_____

_____

_____

_____

_____

Such change is/was effective as of the _____ day of _____, 20___.

RESPECTFULLY SUBMITTED this _____ day of _____, 20_____.

_____
Employer/Former Employer
Print Name:_____
Address:_____
Phone Number:_____

*File with the Clerk of District Court and mail a copy to the plaintiff/petitioner or the plaintiff/petitioner's attorney (if one) and to the defendant/respondent or the defendant/respondent's attorney (if one) at the last known address.