| STA   | TE OF WYOMING                                                                                                                                                                                                                                                                                                               | )                      | IN THE DISTRICT COURT                                                                                           |  |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|
| COU   | JNTY OF                                                                                                                                                                                                                                                                                                                     | ) ss<br>_ )            | JUDICIAL DISTRICT                                                                                               |  |  |
| Petit | (Print name of person filing                                                                                                                                                                                                                                                                                                |                        | Civil Action Case No                                                                                            |  |  |
| vs.   |                                                                                                                                                                                                                                                                                                                             | )                      |                                                                                                                 |  |  |
| Resp  | ondent:(Print name of other party)                                                                                                                                                                                                                                                                                          | .)                     |                                                                                                                 |  |  |
| AF    |                                                                                                                                                                                                                                                                                                                             |                        | CUSTODY AND SUPPORT WITHOUT OF PARTIES                                                                          |  |  |
| Mod   | •                                                                                                                                                                                                                                                                                                                           | <u>r</u> if either par | reement and both have signed the <i>Order</i> rty defaulted and all default paperwork has <i>fault</i> issued.) |  |  |
| STA   | TE OF WYOMING                                                                                                                                                                                                                                                                                                               | )                      |                                                                                                                 |  |  |
| COI   | JNTY OF                                                                                                                                                                                                                                                                                                                     | ) ss.                  |                                                                                                                 |  |  |
| COC   |                                                                                                                                                                                                                                                                                                                             | ,                      |                                                                                                                 |  |  |
| (Pr   | int Name)                                                                                                                                                                                                                                                                                                                   | ,                      | being first duly sworn, deposes and says:                                                                       |  |  |
| 1.    | I am the Petitioner OR                                                                                                                                                                                                                                                                                                      | Responde               | ent in the case.                                                                                                |  |  |
| 2.    | Petitioner is currently a resident of County, State of                                                                                                                                                                                                                                                                      |                        |                                                                                                                 |  |  |
| 3.    | Respondent is currently a resident ofCounty, State of                                                                                                                                                                                                                                                                       |                        |                                                                                                                 |  |  |
| 4.    | Petitioner and Respondent are the parents, either natural or adoptive, of child(ren) who are either under 18 years of age, between the ages of 18 and 20 years and still in high school or a program equivalent to high school, or prevented from supporting him/herself due to a mental, emotional or physical impairment. |                        |                                                                                                                 |  |  |
|       | Child's Initials:                                                                                                                                                                                                                                                                                                           | Y                      | ear of Birth:                                                                                                   |  |  |
|       | Child's Initials:                                                                                                                                                                                                                                                                                                           |                        | ear of Birth:                                                                                                   |  |  |
|       | Child's Initials:                                                                                                                                                                                                                                                                                                           |                        | ear of Birth:                                                                                                   |  |  |
|       | Child's Initials:                                                                                                                                                                                                                                                                                                           |                        | ear of Birth:                                                                                                   |  |  |

| 5. A material change in circumstances exists and it is in the best interest of the child(ren) to modify custody. Please describe the material change in circumstances:                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. The <i>Order Modifying Custody and Support</i> sets forth provisions for child custody visitation, parental decision-making and child support that I believe is in our child(ren)' best interest(s). In support of this statement, I provide the following evidence, under oatl and to the best of my information and belief. Please address as many of the following factors as possible in your explanation of why the <i>Order</i> serves the child(ren)'s best interests: |
| (i) The quality of the relationship each child has with each parent:                                                                                                                                                                                                                                                                                                                                                                                                             |
| (ii) The ability of each parent to provide adequate care for each child throughout each period of responsibility, including arranging for each child's care by others as needed:                                                                                                                                                                                                                                                                                                 |
| (iii) The relative competency and fitness of each parent:                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (iv) Each parent's willingness to accept all responsibilities of parenting including a willingness to accept care for each child at specified times and to relinquisl care to the other parent at specified times:                                                                                                                                                                                                                                                               |
| (v) How the parents and each child can best maintain and strengthen relationship with each other:                                                                                                                                                                                                                                                                                                                                                                                |

| (vi) How the parents and each child interact and communicate with each oth and how such interaction and communication may be improved:                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (vii) The ability and willingness of each parent to allow the other to provious care without intrusion, respect the other parent's rights and responsibilities, including the right to privacy:                                                                                                                                                                                                         |
| (viii) Geographic distance between the parents' residences:                                                                                                                                                                                                                                                                                                                                             |
| (ix) The current physical and mental ability of each parent to care for each child:                                                                                                                                                                                                                                                                                                                     |
| (x) Any other factors you want the court to consider necessary and relevant:                                                                                                                                                                                                                                                                                                                            |
| (xi) The law requires the court to consider evidence of spousal abuse (domest violence) or child abuse as being contrary to the best interest of the children. Please sta whether or not there has been any domestic violence or abuse in the relationship ar whether the Decree adequately makes arrangements for visitation that best protects the child(ren) and the abused party from further harm: |
|                                                                                                                                                                                                                                                                                                                                                                                                         |

I request the Court order a modification of custody and support.

|                                     | Signature       |                                          |  |  |
|-------------------------------------|-----------------|------------------------------------------|--|--|
|                                     | Printed Nar     | ne:                                      |  |  |
|                                     | Address:        |                                          |  |  |
|                                     | Phone Number:   |                                          |  |  |
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| day of                              |                 | on this                                  |  |  |
| day of                              | , 20            |                                          |  |  |
| Witness my hand and offic           | ial seal.       |                                          |  |  |
|                                     |                 | Notarial Officer / Court Clerk           |  |  |
| My Commission Expires:              |                 |                                          |  |  |
| viy Commission Expires.             |                 |                                          |  |  |
|                                     |                 |                                          |  |  |
| CERTII                              | FICATE O        | F SERVICE                                |  |  |
| I certify that on                   |                 | (date) the original of this document     |  |  |
| was filed with the Clerk of Distric | t Court: and, a | true and accurate copy of this document  |  |  |
| _                                   | _               | ery OR  Faxed to this number             |  |  |
| _                                   |                 |                                          |  |  |
| OR by placing                       | ng it in the Ui | nited States mail, postage pre-paid, and |  |  |
| addressed to the following:         |                 |                                          |  |  |
|                                     |                 |                                          |  |  |
| (Print Respondent/Respondent's A    | ttorney's Nam   | ne and Address)                          |  |  |
|                                     | •               | ,                                        |  |  |
| TO:                                 |                 |                                          |  |  |
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|                                     |                 | Your signature                           |  |  |
|                                     |                 | Tour signature                           |  |  |
|                                     |                 |                                          |  |  |
|                                     |                 | Print name                               |  |  |

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