

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

Plaintiff/Petitioner: _____ ,)
(Print name of person filing))

Civil Action Case No. _____

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.