

STATE OF WYOMING )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

IN THE DISTRICT COURT  
\_\_\_\_\_  
JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_, )  
(Print name of person filing) )  
)  
vs. )  
)  
Respondent: \_\_\_\_\_ )  
(Print name of other party) )

Civil Action Case No. \_\_\_\_\_

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**AFFIDAVIT FOR MODIFICATION OF CUSTODY AND SUPPORT WITHOUT  
APPEARANCE OF PARTIES**

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(Only use if the parties have reached an agreement and both have signed the *Order Modifying Custody and Support* **or** if either party defaulted and all default paperwork has been presented to the court and an *Entry of Default* issued.)

STATE OF WYOMING )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, deposes and says:  
(Print Name)

1. I am the  Petitioner OR  Respondent in the case.
2. Petitioner is currently a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.
3. Respondent is currently a resident of \_\_\_\_\_ County, 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: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

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Child's Initials: \_\_\_\_\_ Year 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: \_\_\_\_\_

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6. The *Order Modifying Custody and Support* sets forth provisions for child custody, visitation, parental decision-making and child support that I believe is in our child(ren)'s best interest(s). In support of this statement, I provide the following evidence, under oath 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 *Order* serves the child(ren)'s best interests:

(i) The quality of the relationship each child has with each parent: \_\_\_\_\_

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(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: \_\_\_\_\_

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(iii) The relative competency and fitness of each parent: \_\_\_\_\_

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(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 relinquish care to the other parent at specified times: \_\_\_\_\_

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(v) How the parents and each child can best maintain and strengthen a relationship with each other: \_\_\_\_\_

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(vi) How the parents and each child interact and communicate with each other and how such interaction and communication may be improved: \_\_\_\_\_

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(vii) The ability and willingness of each parent to allow the other to provide care without intrusion, respect the other parent's rights and responsibilities, including the right to privacy: \_\_\_\_\_

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(viii) Geographic distance between the parents' residences: \_\_\_\_\_

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(ix) The current physical and mental ability of each parent to care for each child: \_\_\_\_\_

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(x) Any other factors you want the court to consider necessary and relevant: \_\_\_\_\_

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(xi) The law requires the court to consider evidence of spousal abuse (domestic violence) or child abuse as being contrary to the best interest of the children. Please state whether or not there has been any domestic violence or abuse in the relationship and whether the Decree adequately makes arrangements for visitation that best protects the child(ren) and the abused party from further harm: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notarial Officer / Court Clerk

My Commission Expires:

**CERTIFICATE 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 party 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:

(Print Respondent/Respondent's Attorney's Name and Address)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print name