

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

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

Plaintiff: \_\_\_\_\_, )  
 (Print name of person filing) )  
 )  
vs. )  
 )  
Defendant: \_\_\_\_\_ )  
 (Spouse) (Print name)

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

**CONFIDENTIAL**

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**CONFIDENTIAL STATEMENT FOR CHILD SUPPORT ORDER**

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Pursuant to the requirements of Wyo. Stat. §20-2-309(b), the following information is confidential and may only be accessed by the parties, their attorneys, or the Department of Family Services to the extent necessary to enforce the Child Support Enforcement Act and the Uniform Interstate Family Support Act. Other persons or entities may examine this statement only if permitted by court order.

1. Information for each parent:

**Name of Plaintiff:** \_\_\_\_\_

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

Plaintiff's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Plaintiff's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Name of Defendant:** \_\_\_\_\_

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

Defendant's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Defendant's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

2. Information for each child for whom child support has been ordered in this case:

**Child's Name:** \_\_\_\_\_

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

Child's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

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

Child's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

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

Child's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

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

Child's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Add additional sheets of paper if needed to provide information for more children.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

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