

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. \_\_\_\_\_

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**AFFIDAVIT IN SUPPORT OF DEFAULT**

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

The Plaintiff \_\_\_\_\_, who is of lawful age  
 (print name)  
and being first duly sworn deposes and states as follows:

1. Plaintiff has filed a *Complaint for Divorce* in this case.
2. Defendant was served with a copy of the *Complaint for Divorce* and *Summons* by one of the following methods:

The Defendant was served with a copy of the *Complaint for Divorce* and *Summons* by a duly authorized Deputy or the Sheriff of \_\_\_\_\_ County, State of \_\_\_\_\_ on \_\_\_\_\_.  
 (insert date)

**OR**

The Defendant filed an *Acknowledgment and Acceptance of Service* acknowledging that on \_\_\_\_\_ he/she received a  
 (insert date)  
copy of the *Complaint for Divorce* and the *Summons*.

**OR**

An *Affidavit to Allow Service by Publication* was filed and the Defendant was served by publication in the \_\_\_\_\_ Newspaper on the following dates: \_\_\_\_\_.

**OR**

The Defendant was served with a copy of the *Complaint for Divorce* and *Summons* by Certified Mail, Restricted Delivery, Return Receipt requested on \_\_\_\_\_, as evidenced by the green postal  
(insert date)  
signature card (attached).

3. More than  20 days (if served in Wyoming);  30 days (if served outside of Wyoming, by publication or by Certified Mail), excluding the day of service, have elapsed since the date of service.

4. That the Defendant failed to answer or otherwise plead as required by law. The Defendant is not a minor or incompetent and is not in the military service of the United States. This Affidavit is executed for the purpose of enabling Plaintiff to obtain an *Entry of Default* against the Defendant.

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

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

Witness my hand and official seal.

\_\_\_\_\_  
Notarial Officer

My Commission Expires: