STATE OF WYOMING   )   IN THE DISTRICT COURT
) ss.

COUNTY OF _____   )   _____ JUDICIAL DISTRICT

_____,   )

Plaintiff/Petitioner,   )

)   Civil Action Case No. _____

        vs.   )

)

_____,   )

Defendant/Respondent.   )

_____

OBJECTION TO CLAIM FOR CHILD SUPPORT ABATEMENT
(Pursuant to Wyoming Statute §20-2-305)

_____

OBJECTIONS MUST BE FILED WITHIN 30 DAYS OF THE DATE THE CLERK MAILED THE CLAIM AND NOTICE FOR CHILD SUPPORT ABATEMENT TO THE CUSTODIAL PARENT. OBJECTIONS THAT ARE NOT TIMELY FILED ARE BARRED WITHOUT FURTHER ORDER OF THE COURT.

      I, _____, the undersigned custodial parent, hereby object to the accuracy of the *Claim For Child Support Abatement* filed with the Court, and in support of this *Objection* state as follows:

1.   Date the *Claim* was filed: _____

2.   Date the *Claim* was mailed by the Clerk of District Court to the custodial parent: _____

3.   Reason(s) for Objection:

☐   Court has ordered that the child support will **NOT** abate.

☐   Non-custodial parent did not have child(ren) for fifteen (15) consecutive days excluding weekend or overnight visitation with custodial parent during the period for which abatement is claimed (set out dates of visitation): _____
_____
_____

☐   Computation is incorrect. The amount of the abatement should be as follows:

    A.   My daily support obligation is: $_____.
        (Monthly child support obligation times 12, divided by 365)

B.   One-half of the daily support obligation is: $_____.
     (Line "A" divided by 2)

C.   Number of days of consecutive visitation: $_____.
     (Must be 15 or more consecutive days)

D.   The amount of abatement should be: $_____.
     (Multiply Line "B" times Line "C")

OR

E.   Amount of Abatement Credit ordered by the Court
     in the *Decree* or other *Order* establishing or modifying
     child support: $_____.

☐   Other (set out specific reasons): _____

_____

_____

_____

_____.

4.   Is the non-custodial parent current in the child support payments?   ☐ Yes ☐ No

5.   ☐ I have attached the **$10.00 filing fee (cash, certified check, or money order)**.

     DATED this _____ day of _____, 20_____.

                              _____
                              Signature
                              Printed Name: _____
                              Address: _____
                              Phone Number:_____

NOTICE OF MAILING OBJECTION TO CLAIM FOR CHILD SUPPORT ABATEMENT

          The foregoing *Objection to Claim for Child Support Abatement* was mailed to the non-custodial
parent, whose address is _____

_____

_____this _____ day of _____, 20_____.

                              _____
                              Clerk of District Court

                              By: _____
                                   Deputy