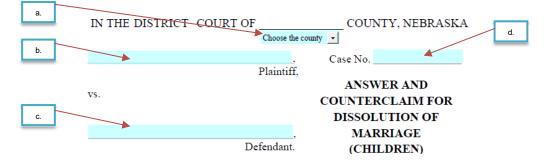
INSTRUCTIONS FOR COMPLETING THE ANSWER AND COUNTERCLAIM FOR DISSOLUTION OF MARRIAGE (With Children)

HEADING

- a. Choose the county in the drop down box below the first blank. This is where your spouse filed the Complaint.
- b. Enter your spouse's first, middle, and last names. Your spouse is the plaintiff.
- c. Enter your first, middle, and last names. You are the defendant.
- d. The clerk of the district court gave your spouse a case number when the Complaint was filed. You must include the case number on any papers you file.



ANSWER

This paragraph does not have a number.

a. Enter your full name.

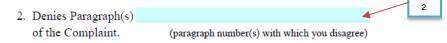
a.	COMESNON		, the defendant in the
	COMES NOW,		. the defendant in the
		(your full name)	

The numbers below give instructions for completing the paragraphs with the same numbers in the Answer to Complaint for Dissolution of Marriage.

Paragraph 1. Enter the paragraph numbers, separated by commas, from the Complaint with which you agree.

1. Admits Paragraph(s)	
of the Complaint.	(paragraph number(s) with which you agree)

Paragraph 2. Enter the paragraph numbers, separated by commas, from the Complaint with which you do not agree.



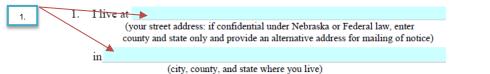
COUNTERCLAIM

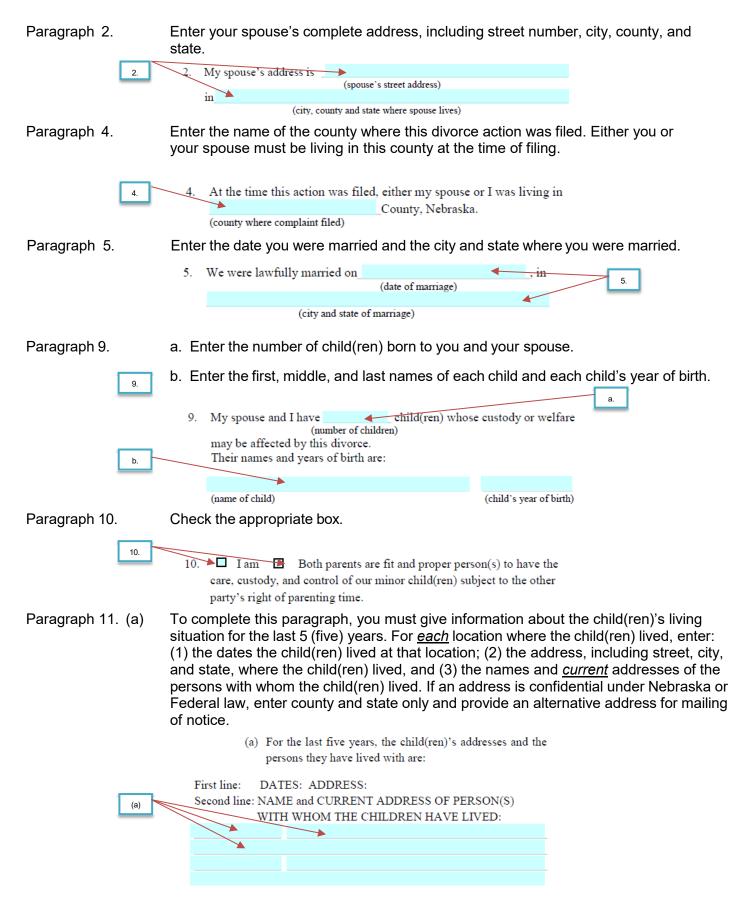
This paragraph does not have a number.

b. Enter your full name in the first paragraph.

The numbers below give instructions for completing the paragraphs with the same numbers in the Counterclaim.

Paragraph 1. Enter your complete address, including street number, city, county, and state. If you do not want your spouse to know your exact address because you are concerned about your safety, you can put only the county and state where you are living.





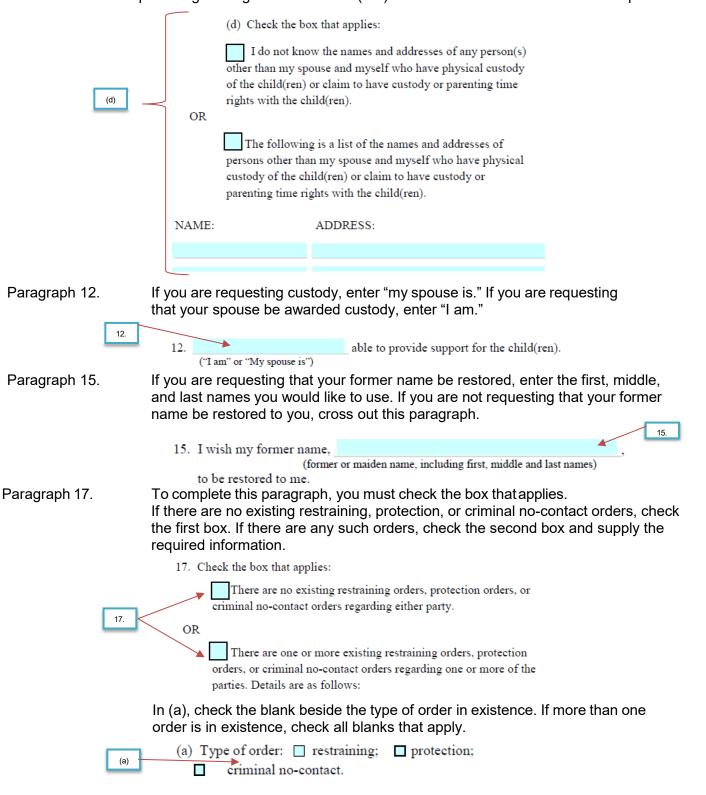
(b) To complete this paragraph, you must check the box that applies. If you have not participated in any other court proceedings in this state or any other state concerning custody of or parenting time with the child(ren), check the first box. If you have participated in any other court proceedings in this state or any other state concerning custody of or parenting time with the child(ren), check the second box and enter the name of the court (for example, District Court of Douglas County, or Lancaster County Juvenile Court), the case number, and the date that any custody determination was made.

	(b) Check the box that applies:	
(b) OR	I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).	
	(name of court)	
	(case number)	
	(date of child custody determination, if any)	

(c) To complete this paragraph, you must check the box that applies. If you are not aware of any court proceedings that could affect this divorce, check the first box. If you know of any other court proceedings in this state or any other state (such as lawsuits about domestic violence, protection orders, termination of parental rights, and adoptions) that could affect this divorce, check the second box and enter the name of the court (for example, District Court of Douglas County, or Lancaster County Juvenile Court), the case number, and the date that any custody determination was made.

		(c) Che	neck the box that applies:	
(c)	OR	I know of no other actions or proceedings that co affect this action. This includes actions or proceeding domestic violence, protection orders, termination of p rights, and adoptions.		
	OR			
		The action.	There is currently a proceeding which could affect this action.	
			(name of court)	
			(case number)	
			(date of determination, if any)	

(d) To complete this paragraph, you must check the box that applies. If you do not know the names of any persons other than you or your spouse who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren), check the first box. If you know the names of persons other than you or your spouse who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren) enter the name and address of each person.

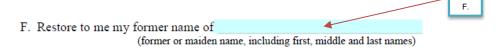


In (b), provide the name of the court (i.e., Lancaster County District Court), the case number, and the date the order was entered for **each** order in existence.

(b) Name of court, case number, and date of order for each order:
(name of court, case number and date of each order)
Paragraph 18. Check the appropriate box.
18. A Parenting Plan has has not been developed.
Paragraph 19. Check the appropriate box.
19. Child custody, parenting time, or other access, and child support are not contested.
CLOSING PARAGRAPH
Paragraph C. If you are requesting physical custody, enter "me." If you are requesting that your spouse be awarded physical custody, enter "my spouse."

C. C. Award custody of the children of this marriage. ("me" or "my spouse")

If you are requesting that your former name be restored, in "F", enter the complete former name to be restored including first, middle, and last names. If you are not requesting that your former name be restored to you, cross out this paragraph.



FINAL SIGNATURE

DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.

- a. Wait to sign your name until it can be notarized.
- b. Print your first, middle, and last names.
- c. Enter the date
- d. Enter your mailing address.
- e. Enter the city, state, and ZIP code of your mailing address.
- f. Enter your telephone number, including the area code.
- g. Enter your email address, if any.

а.	Signature:	Date:	b.
с.	Printed Name:		
	(of defendant)		d.
	Street Address/P.O. Box:		е.
	City/State/ZIP Code:		
f.	Telephone Number:		g.
	*Email address:		

*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a Change of Contact Information Form.



By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is:

VERIFICATION

This form must be signed and sworn to in the presence of a notary public. You must bring a photo identification for the notary to verify your identity.

CERTIFICATE OF SERVICE

- a. Enter the date when you mailed the copy of the Answer and Counterclaim for Dissolution of Marriage to your spouse.
- b. Enter the full address, including the street address, city, state and ZIP code where you mailed the Answer and Counterclaim to your spouse.
- c. Sign your name.

CERTIFICATE OF SERVICE

a.		
	I hereby certify that on , a true, a true	ue copy of the
	(date)	anaa oo ahaa ahaa ahaa
	foregoing Answer and Counterclaim for Dissolution of Marriage	e was sent by b.
	first-class mail, postage prepaid, to my spouse at	
	(spouse's address, including street address, city, state, and ZIP co	b.
	*	
	(your name)	