

INSTRUCTIONS FOR COMPLETING THE ANSWER AND COUNTERCLAIM FOR COMPLAINT FOR MODIFICATION CASE

NOTE: THE MAJORITY OF THE INFORMATION REQUIRED ON THIS DOCUMENT CAN BE FOUND ON THE COMPLAINT FOR MODIFICATION OF PARENTING PLAN THAT YOU WERE SERVED WITH.

If you are printing the Answer and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.

- Printing the form and handwriting the answers.
- Completing the form electronically.

HEADING:

- a. Choose the county in the drop down box below the first blank. This is where the original action was filed.
- b. Enter the first, middle and last names of the plaintiff in the original action.
- c. Enter the first, middle and last names of the defendant(s) in the original action.
- d. Enter the case number that was assigned to the original action.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county (county where Complaint filed)

b. _____ Plaintiff, d. Case No. CI _____
(your full name) (case number assigned by Clerk of Court)

vs.

c. _____ Defendant.
(name of other party)

ANSWER:

This paragraph does not have a number.

- a. Enter your full name in the first paragraph.
- b. Check the box indicating if you were the plaintiff or the defendant in the original action

COMES NOW, _____, the plaintiff
(your full name)

defendant in the above-captioned matter, and for the Answer to the other party's Complaint for

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

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

Paragraph 2. Enter the paragraph numbers, separated by commas, from the Complaint for Modification with which you disagree.

2. Denies Paragraph(s) _____ of
(paragraph number(s) with which you disagree)

COUNTERCLAIM:

This paragraph does not have a number.

- c. Enter your full name in the first paragraph.
- d. Check the box indicating if you were the plaintiff or the defendant in the original action

I _____, the plaintiff defendant in
(your full name)

the above entitled action, without assistance of an attorney, hereby state and allege as follows:

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

Paragraph 1. Enter your address. **NOTE:** If your address is confidential under Nebraska or Federal law, enter only the county and state on this line and provide an alternative address for mailing of notices)

1. I live at _____
(your street address; if confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice)
in _____
(city, county, and state where you live)

Paragraph 2. Enter the other party's address.

2. The other party's address is: _____
(street address)
in _____
(city, county and state where the other party lives)

Paragraph 5. Enter the name(s) and year(s) of birth for the child(ren) whose custody and welfare will be affected by this proceeding.

5. I am the biological parent of the following child(ren) whose custody and welfare will be affected by this proceeding. Their name(s) and year(s) of birth are:

(name of child) _____
(child's year of birth)

Paragraph 6. Check the appropriate box.

6. I am a Both parents are fit and proper person(s) to have the care, custody, and control of our minor child(ren) subject to the other party's right of parenting time.

Paragraph 7. (a). Enter the names, dates, and address(es) of person(s) that the child(ren) has/have lived with in the last 5 years.

(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

<u>DATES:</u>	<u>ADDRESS:</u>	<u>NAME and CURRENT ADDRESS OF PERSON(S) WITH WHOM THE CHILD(REN) HAVE LIVED:</u>
_____	_____	_____
_____	_____	_____

(b). Check the appropriate box.
i. IF you HAVE been a party or a witness in another proceeding concerning the custody or parenting time with the child(ren), enter the name of the court, the case number, and the date of the determination.

(b) Check the box that applies:
 I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).
OR
 I have been a party or a witness in another proceeding concerning the custody of or parenting time with the child(ren), as follows:

(name of court)

(case number)

(date of child custody determination, if any)

(c). Check the appropriate box.

i. IF you DO know of any other actions or proceedings that could affect this action, enter the name of the court, the case number, the type of case, and determination. (This includes actions about domestic violence, protection orders, termination of parental rights, and adoptions.)

(c) Check the box that applies:

I know of no other actions or proceedings that could affect this action. This includes actions or proceedings about domestic violence, protection orders, termination of parental rights, and adoptions.

OR

i. There is currently a proceeding which could affect this action.

(name of court)

(case number)

(date determination, if any)

(d). Check the appropriate box.

i. IF you DO know of any of any other person besides the other party in this action who has physical custody of the child(ren) or claims to have custody or parenting time rights, enter their name(s) and address(es).

(d) Check the box that applies:

I do not know the names and addresses of any persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

OR

i. The following is a list of the names and addresses of persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren):

<u>NAME:</u>	<u>ADDRESS:</u>
_____	_____
_____	_____

Paragraph 8. Enter either "I am" or "The other party is" to complete the statement.

8. _____ able to provide support for the child(ren).
("I am" or "The other party is")

Paragraph 9. Check the appropriate box.

i. IF there ARE existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties, provide the type of case, the name of the court, case number, and date of each.

9. Check the box that applies:

There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.

OR

i. There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details are as follows:

(a) Type(s) of order(s): restraining; protection;
 criminal no-contact.

(b) Name of court, case number, and date of order for each order:

(name of court, case number and date of each order)

Paragraph 10. Check the appropriate box.

10. A modified parenting plan has has not been developed.

Paragraph 11. Check the appropriate box for each statement.

11. Child custody is is not contested.
Parenting time is is not contested.
Child support is is not contested.

Paragraph 12. a. Enter the date of the most recent decree or order that included the current parenting plan.

b. Check the box next to what type of decree or order included the current parenting plan.

12. a. On _____ this court entered a decree of dissolution, (date of the most recent decree or order that included a parenting plan)
 order of modification OR order establishing paternity, a parenting plan, and child support. As part of that decree or order, the court ordered a parenting plan.

Paragraph 14. Describe what material change in circumstances has occurred since the date the decree or order was entered.

14. There has been a material change in circumstances since the date the decree or order was entered. Specifically, the following change(s) has (have) occurred:

CLOSING PARAGRAPH:

1. Enter the date of the most recent decree or order that included the current parenting plan.

1. WHEREFORE, I ask that this court modify the parenting plan entered on _____ and:
(date of the most recent order that included a parenting plan)

Paragraph A. Check the box that reflects the custody status to which you and the child(ren)'s other parent have agreed.

i. If either the first box or the second box is checked, enter the name of the parent that will have sole physical custody of the child(ren).

A. (If you are requesting a modification of custody, check the box that applies):
 Award _____ sole legal and sole physical custody of the child(ren).
(name of party)
 Award plaintiff and defendant joint legal custody of the child(ren) and award sole physical custody of the child(ren) to _____.
(name of party)
 Award plaintiff and defendant joint legal and joint physical custody of the child(ren).

SIGNATURE BLOCK:

FINAL SIGNATURE

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

- 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 email address, if any.
- g. Enter your telephone number, including the area code.

a. _____ c. _____ Date _____
 Signature (DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.)

b. _____ d. _____
 Name Street Address/P.O. Box

f. _____ e. _____
 E-mail Address City/State/ZIP Code

g. _____
 Phone

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.

- h. Enter the name of the county in which you are signing the document.
- i. In the blank following "I" print your first, middle, and last names.
- j. Check the appropriate box.
- k. In the presence of a Notary Public, sign your name and swear under oath that everything in the complaint is a true statement.

VERIFICATION

h. STATE OF NEBRASKA)
 COUNTY OF _____) SS
(county where signed)

i. I, _____, first being sworn upon oath, depose
(your full name)

j. and say that I am the plaintiff defendant in the above-entitled matter and have read the foregoing Complaint for the Modification of Custody or Parenting Plan and state that the facts contained therein are true.

k. _____
(Your Signature. DO NOT SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY)

CERTIFICATE OF SERVICE

- a. Print the date when you mailed the copy of the Answer and Counterclaim for Modification of Parenting Plan to the other party.
- b. Enter the other party's full address, including the street address, city, state and ZIP code.
- c. Sign your name.

CERTIFICATE OF SERVICE

I hereby certify that on _____ a. _____, a true copy of the
(date)
 foregoing Answer and Counterclaim for Modification of Parenting Plan was sent by first-class mail, postage prepaid, to the other party at _____ b. _____
(spouse's address, including street address, city, state, and ZIP code)

c. _____
(your name)