

COMPLETING THE ANSWER AND COUNTERCLAIM TO COMPLAINT FOR MODIFICATION (Child Support)

Use this form to tell the court which items you agree with, and which items you do not agree with in the Complaint that you were served with.

Much of the information needed to complete this form can be found on the Complaint.

The plaintiff, defendant, county, and case number are the same as they are on the original Complaint.

You must provide proof of the reason you are asking for an increase or a decrease.

Choose the county from the drop-down list.

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Enter the name of the plaintiff.

Enter the case number.

Enter the name of the defendant.

Enter your name and check the box for your title in the original case.

List the paragraph numbers you agree with, and the paragraph numbers you do not agree with, separated by commas.

List the date of the most recent order setting child support, the name of the person ordered to pay, the name of each child and their year of birth.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the court

Case No. _____

(name of plaintiff in original action) Plaintiff,

VS.

(name of defendant in original action) Defendant.

ANSWER AND COUNTERCLAIM TO COMPLAINT FOR MODIFICATION (Child Support)

ANSWER

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

☐ defendant in the above-captioned matter, and for the Answer to the other party's Complaint for Modification, hereby admits, denies, and alleges as follows:

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

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

COUNTERCLAIM

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

above-captioned action, without assistance of an attorney, hereby state and allege as follows:

1. On _____ the court ordered
(date of the most recent order setting child support) (name of payor)
to pay child support for the below listed child(ren):

_____ <small>(name of child)</small>	_____ <small>(child's year of birth)</small>
_____ <small>(name of child)</small>	_____ <small>(child's year of birth)</small>
_____ <small>(name of child)</small>	_____ <small>(child's year of birth)</small>

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Check the box if there are more children than will fit in the spaces, and add them on another page.

Enter the name of the person ordered to pay child support.

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

☒ Additional children are listed on a separate page.

Pursuant to the Nebraska Child Support Guidelines, child support payments were to begin on the 1st day of , and continue on the first (month and year the most recent order setting child support became effective) day of each subsequent month thereafter in the amounts set forth:

per month for children
(support amount) (number of children)

per month for children
(support amount) (number of children)

per month for children
(support amount) (number of children)

per month for one child
(support amount)

☐ Additional children are listed on a separate page.

2. There has been a material change in circumstances since the date the Order was entered.

3. is eligible for a Modification of (name of payor) the Child Support Order within the meaning of the Nebraska Child Support Guidelines and Nebraska Statutes.

4. Application of the Nebraska Child Support Guidelines to the party(ies) current income would ☐ increase ☐ decrease the monthly child support obligation by 10% or more, and by not less than \$25 per month.

5. The material change in the party(ies) circumstances since the date of the most recent order setting child support is as follows: (check all that apply)

☐ 's employment income has substantially increased. (name of party)

☐ 's employment income has substantially decreased. (name of party)

Enter the information from the most recent order setting child support.

Check all of the boxes that apply, and the name of the person the statement refers to. **You must have proof of the reasons checked.**

Enter the date of the most recent order setting the child support and check the box for either increase or decrease.

Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

6. The change in the party(ies) financial circumstances has lasted for three months and can reasonably be expected to last for an additional six months.

WHEREFORE, I ask that this court modify the child support obligation entered on _____, and ☐ increase ☐ decrease the monthly child support obligation to an amount consistent with the Nebraska Child Support Guidelines, and for such other relief as the court deems appropriate.

Signature: _____ Date: _____
Printed Name: _____
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
*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: _____

Sign and date the form. Enter your printed name, your address, telephone number, and your email address.

Enter the date you mailed a copy of the Answer and Counterclaim to the other party and the address you mailed it to.

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CERTIFICATE OF SERVICE

I hereby certify that on _____, a true copy of the
(date)
foregoing Answer and Counterclaim for Modification of Child Support was sent
by first-class mail, postage prepaid, to the other party at _____

(address, including street address, city, state, and ZIP code)

(your name)