

# INSTRUCTIONS FOR COMPLETING THE ANSWER AND COUNTERCLAIM FOR COMPLAINT FOR MODIFICATION CASE (Child Support)

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

## HEADING:

- Choose the county in the drop down box below the first blank. This is where the original action was filed.
- Enter the first, middle and last names of the plaintiff in the original action.
- Enter the first, middle and last names of the defendant(s) in the original action.
- 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,  
(your full name)

**d.** Case No. Cl \_\_\_\_\_  
(case number assigned by Clerk of Court)

vs.

**c.** \_\_\_\_\_ Defendant.  
(name of other party)

## ANSWER:

This paragraph does not have a number.

- Enter your full name in the first paragraph.
- 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.

- Enter your full name in the first paragraph.
- 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.

- a. Enter the date of the most recent order setting child support.
- b. Enter the first, middle and last name of the person who was ordered to pay child support.
- c. Enter the first, middle and last name of each child that support is being paid for and their year of birth.
- d. \*\*if additional space is needed, check the box next to "Additional children are listed on a separate page" and list the first, middle and last name of additional children and their year of birth on another page.

1. On  <sup>a.</sup> the court ordered  <sup>b.</sup>  
(date of the most recent order setting child support) (name of payor)  
to pay child support for the below listed child(ren):

<input type="text"/>	, born	<input type="text"/>
<small>(name of child)</small>		<small>(child's year of birth)</small>
<input type="text"/>	, born	<input type="text"/>
<small>(name of child)</small>		<small>(child's year of birth)</small>
<input type="text"/>	, born	<input type="text"/>
<small>(name of child)</small>		<small>(child's year of birth)</small>
<input type="text"/>	, born	<input type="text"/>
<small>(name of child)</small>		<small>(child's year of birth)</small>

<sup>d.</sup> Additional children are listed on a separate page.

- e. Enter the month and year listed on the most recent order setting child support that the child support obligation became effective.
- f. If support was ordered for more than one child, enter the support amount per month for the number of children as it is listed on the most recent child support order.

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

<input type="text"/>	per month for	<input type="text"/>	children
<small>(support amount)</small>		<small>(number of children)</small>	
<input type="text"/>	per month for	<input type="text"/>	children
<small>(support amount)</small>		<small>(number of children)</small>	
<input type="text"/>	per month for	<input type="text"/>	children
<small>(support amount)</small>		<small>(number of children)</small>	
<input type="text"/>	per month for one child		
<small>(support amount)</small>			

Paragraph 3. Enter the first, middle and last name of the person who was ordered to pay child support for the child(ren).

<sup>3.</sup>  is eligible for a Modification of the Child Support  
(name of payor)

Paragraph 4. Check the box that indicates if the application of the Nebraska Child Support Guidelines would result in an increase or decrease of the monthly child support obligation.

<sup>4.</sup> 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.

- Paragraph 5.
- g. Check the box in front of the statement that applies.
  - h. Enter the name of the party that the statement applies to.

Check All That Apply

g.  h. \_\_\_\_\_'s employment income has substantially increased.  
(name of party)

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

**CLOSING PARAGRAPH:**

- a. Enter the date of the most recent order setting child support in the blank.
- b. Check the box indicating if you are requesting an increase or a decrease in the child support obligation.

a. **WHEREFORE**, I ask that this court modify the child support b. 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.  
(date of the most recent order setting child support)

**SIGNATURE BLOCK:**

- a. Sign your name.
- 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.

a. \_\_\_\_\_ c. Date \_\_\_\_\_  
 Signature

b. \_\_\_\_\_  
 Name (Your Name)

d. \_\_\_\_\_  
 Street Address/P.O. Box

e. \_\_\_\_\_  
 City/State/ZIP Code

f. \_\_\_\_\_ g. \_\_\_\_\_  
 Phone E-mail Address

**CERTIFICATE OF SERVICE:**

- a. Print the date when you mailed the copy of the Answer and Counterclaim for Modification of Child Support to the other party.
- b. Put 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 Child Support 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)