

COMPLETING THE ANSWER AND COUNTERCLAIM TO COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND 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.

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Choose the county from the drop-down list.

Enter the name of the plaintiff as it is listed on the Complaint you were served with.

Enter your full name.

Enter the case number.

Enter your full name.

Enter your full name.

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

Enter your current address. **If you cannot give your address** because it is confidential under Nebraska or Federal law, only enter the county and state.

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

_____,
(other party's name) Plaintiff,

Case No. _____

VS.

_____,
(your name) Defendant.

ANSWER AND COUNTERCLAIM TO COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND CHILD SUPPORT

ANSWER

COMES NOW, _____, the defendant in the
(your full name)
above-captioned matter, and for the Answer to the plaintiff's Complaint for Paternity, Custody, Parenting Time, and Child Support, 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 defendant in the above-captioned
(your full name)
action, without assistance of an attorney, hereby state and allege as follows:

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)

Enter the other party's address.

List the name and year of birth for each child who will be affected by this case.

Check the box that completes the statement.

Check the box that completes the statement and enter the county and the case number if any.

If the children lived with anyone else in the last 5 years, provide the information requested.

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

3. The minor child(ren) has/have lived in the state of Nebraska for at least 6 months or since birth prior to the filing of the Complaint.

4. 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)
_____ (name of child)	_____ (child's year of birth)
_____ (name of child)	_____ (child's year of birth)

5. Paternity of the above-named child(ren) ☐ has / ☐ has not been established.
If paternity has already been established:
County: _____ Case No. _____

6. ☐ I am ☐ 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.

7. The following information is provided because of the requirements of the Uniform Child Custody Jurisdiction and Enforcement Act:
(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

First line: DATES: ADDRESS:
Second line: NAME and CURRENT ADDRESS OF PERSON(S)
WITH WHOM THE CHILDREN HAVE LIVED:

Continued from the previous page.

Check the box that applies. If you check the second box, complete the case information.

☐ (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 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

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

(name of court)

(case number)

(date of determination, if any)

Check the box that applies. If you check the second box, complete the case information.

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

(d) Check the box that applies:

☐ I do not know the names and addresses of any person(s) 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

☐ 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).

NAME:	ADDRESS:

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

9. I want this proceeding heard by a district court judge.

10. Check the box that applies:

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

☐ 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 of order: ☐ 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)

Check the box that applies. If you check the second box, list the name and address of anyone other than you or the other party that has physical custody or parenting time rights with the children.

Check the box that applies. If you check the second box, also check the box in front of each type of current restraining, protection, or criminal no-contact order, and enter the case information.

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Check the box that completes the statement.

Check the box that completes the statement.

Enter your full name.

Enter the name(s) of the children this complaint refers to.

Enter the name of the parent who will have physical custody of the children.

DO NOT sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

11. A Parenting Plan ☐ has ☐ has not been developed.

12. Child custody, parenting time or other access, and child support
☐ are ☐ are not contested.

WHEREFORE, I request the court:

a) Find that _____ is the natural father of the minor
(your name or father's name)
child(ren) _____
(child(ren) that the Complaint refers to)

b) Award _____ custody of the child(ren)
(party who you wish to be awarded physical custody)
of this relationship.

c) Set forth parenting time and each parent's right of access to the minor child(ren).

d) Award child support according to Nebraska Child Support Guidelines.

e) Grant any further relief that may be just.

SIGN IN FRONT OF NOTARY PUBLIC

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

Signature: _____ Date: _____

Printed Name: _____
(of defendant)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

*Email address: _____

Continued on next page.

Read this statement carefully.

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

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

Continued from previous page.

▲ [*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

State of _____)
County of _____) ss.

This document was acknowledged before me by _____
this _____ day of _____, 20____.

_____. Notary commission expires: _____
Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

CERTIFICATE OF SERVICE

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

(plaintiff's address, including street address, city, state, and ZIP code)

(your name)

The notary will complete this section WHEN they witness you signing the form.