

**ANSWER AND COUNTERCLAIM FOR  
DISSOLUTION OF MARRIAGE  
(CHILDREN)**

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
(county where Complaint filed)

\_\_\_\_\_,  
(spouse's full name)  
Plaintiff,

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

vs.

\_\_\_\_\_,  
(your full name)  
Defendant.

**ANSWER AND COUNTERCLAIM  
FOR DISSOLUTION OF  
MARRIAGE (CHILDREN)**

**ANSWER**

COMES NOW, \_\_\_\_\_, Defendant in the  
(your full name)  
above-captioned matter, and for the Answer to Plaintiff's Complaint for Dissolution of Marriage,  
hereby admits, denies, and alleges as follows:

1. Admits Paragraph(s) \_\_\_\_\_ of  
(paragraph number(s) admitted)  
the Complaint.

2. Denies Paragraph(s) \_\_\_\_\_ of  
(paragraph number(s) denied)  
the Complaint.

**COUNTERCLAIM**

COMES NOW, \_\_\_\_\_, Defendant in the  
(your full name)  
above-captioned matter, and for the Counterclaim for Dissolution of Marriage, hereby states  
and alleges as follows:

1. I live at \_\_\_\_\_,  
(your street address)  
in \_\_\_\_\_,  
(city, county, and state where you live)

2. My spouse's address is \_\_\_\_\_,  
(spouse's street address)  
in \_\_\_\_\_.  
(city, county and state where spouse lives)

3. Either my spouse or I have lived in the state of Nebraska for more than one year prior to the filing of the Complaint, with the bona fide intention of making this state our permanent home.

4. At the time this action was filed, either my spouse or I was living in \_\_\_\_\_  
\_\_\_\_\_ County, Nebraska.  
(county where Complaint filed)

5. We were lawfully married on \_\_\_\_\_,  
(date of marriage)  
in \_\_\_\_\_.  
(city and state of marriage)

6. Neither my spouse nor I am a party to any other pending actions for divorce, separation, or dissolution of marriage in this state or in any other state.

7. My spouse is not a member of the Armed Forces of the United States or its allies.

8. My marriage is irretrievably broken.

9. My spouse and I have \_\_\_\_\_ child(ren) whose custody or  
(number of children)

welfare may be affected by this divorce. Their names and years 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)

\_\_\_\_\_

(name of child)

\_\_\_\_\_

(child's year of birth)

10. \_\_\_\_\_ a fit and proper person to have the care, custody, and control of our minor child(ren).  
(“I am” or “my spouse is”)

11. 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:

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

(b) Check the box that applies:

I have not been a party or a witness in any other proceeding concerning the custody of or visitation with the child(ren).

**OR**

I have been a party or a witness in another proceeding concerning the custody of or visitation with the child(ren), as follows:

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(name of court)

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(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.

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(name of court)

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(case number)

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(date of child custody determination, if any)

(d) Check the box that applies:

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

**OR**

[ ] The following is a list of the names and addresses of persons other than my spouse and myself who have physical custody of the child(ren) or claim to have custody or visitation rights with the child(ren).

NAME:

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

12. \_\_\_\_\_ able to provide support for the child(ren).  
(“I am” or “my spouse is”)

13. During the course of the marriage, my spouse and I have accumulated certain items of property, which should be equitably divided between us.

14. My spouse and I have incurred certain debts and obligations during the marriage, and the liability for payment of these debts and obligations should be equitably divided between us.

15. I wish my former name, \_\_\_\_\_,  
(former or maiden name, including first, middle and last names)  
to be restored to me.

16. I want this dissolution of marriage proceeding heard by a district court judge.

17. 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)  
\_\_\_\_\_  
\_\_\_\_\_

18. A Parenting Plan \_\_\_\_\_ has \_\_\_\_\_ has not (check one) been developed.

19. Child custody, parenting time, visitation or other access, and child support are not contested.

**WHEREFORE**, I request the court:

- A. Dissolve my marriage.
- B. Equitably divide the property and debts between my spouse and me.
- C. Award \_\_\_\_\_ custody of the children of this marriage.  
("me" or "my spouse")
- D. Award \_\_\_\_\_ visitation with the children.  
("me" or "my spouse")
- E. Award child support according to Nebraska Child Support Guidelines.

F. Restore to me my former name of

\_\_\_\_\_.  
(former or maiden name, including first, middle and last names)

G. Grant any further relief that may be just.

\_\_\_\_\_ Date \_\_\_\_\_  
Defendant's Signature (your signature)

\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Your Full Street Address/P.O. Box

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_ E-mail Address  
Phone

