| STATE OF WYOMING COUNTY OF |)) ss) | IN THE DISTRICT COURTJUDICIAL DISTRICT |
|---|--|---|
| Petitioner: (Print name of person filing) VS. Respondent: (Print name of other party) |))) | Civil Action Case No |
| RESP | ONSE AND C | COUNTERCLAIM |
| Modify Custody and Support ("Petiton.") Respondent admits the allege of the Petition. Respondent denies the allege of the Petition. Respondent does not have in Paragraphs (list paragraphs that are accurate) WHEREFORE, Respondent | gations in Paragrations in Paragrations in Paragrations in Paragration suffermation | graphs |
| Custody and Support, and for such | other and furth | ner relief as the court deems just and proper. |
| | COUNTE | RCLAIM |
| RESPONDENT sets forth Custody and Support: 1. Respondent is the custodial parent; OF CN CCMR05 Response and Counterclaim July 2014 Page 1 of 7 | ₹ | g as the counterclaim to the Petition to Modify |

| | _ ne | on-custodial parent | |
|--------------------------------|--|---|---|
| | and is a r | esident ofC | County, State of |
| 2. | A child s | upport order was | |
| | entere | ed by this Court on | ; OR |
| | entere | (date) | Court,County, |
| | State of_ | · | |
| The ch court of this sta | ction to n nild, the ch did not en nte, seek th | nodify the order concerning taild's parents or any person activer the original order or if neigne advice of an attorney.) | stody determination and has exclusive, continuing the care, custody and visitation of the child(ren). In g as a parent presently reside in this state. (If this ther party or the child(ren) continues to reside in |
| 4. | | | doptive parents of the following minor child(ren): |
| | | | |
| | • | | |
| Child' | | ce for the past 5 years: | |
| Dates | | Address (city and state) where | Name and current address of person(s) child lived |
| (From | | child lived | with |
| | /present* | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| | ttach a sep | parate sheet if necessary | |
| | Child's in | nitials: | |
| | Child's y | rear of birth: | |
| | Present a | ddress: | |

| Child's | residence | for the | past 5 | vears: |
|---------|-----------|---------|--------|--------|
|---------|-----------|---------|--------|--------|

| Dates (From/To) | Address (city and state) where child lived | Name and current address of person(s) child lived with |
|--------------------|--|--|
| /present* | | |
| / | | |
| / | | |
| / | | |
| / | | |
| / | | |
| Attach a sep | arate sheet if necessary | |
| | | |
| Child's ir | nitials: | |
| Child's y | ear of birth: | |
| Present ac | ddress: | |
| Child's residenc | ce for the past 5 years: | |
| Dates (From/To) | Address (city and state) where child lived | Name and current address of person(s) child lived with |
| /present* | | |
| / | | |
| / | | |
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| / | | |
| Attach a sep | arate sheet if necessary | |

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| concei protec | ☐ I have not participated as a party or a witness or in any other capacity in any other case concerning the custody of the minor child(ren) and no other court proceedings raining the minor child(ren) (including proceedings for enforcement, domestic violence tive orders, termination of parental rights or adoptions) are currently pending in the State roming or in any other state; OR |
|------------------|--|
| the change the | ☐ I have participated as a party or witness or in another capacity in another court eding concerning the custody, allocation of decision-making, or visitation/parenting time of ild(ren) listed in the <i>Petition to Modify Custody and Support</i> as follows: (Please be specific clude the case number, court, state and nature of case, date of child-custody determination, and the initials of the child(ren) involved |
| | |
| | ☐ I know of no person not a party to these proceedings who has physical custody of the child(ren) or who claims to have custody or visitation rights with respect to the minor ren); OR |
| | The following people are not parties in this matter, but have physical custody of the ren) or claim rights of parental responsibilities, legal custody or physical custody, or ion/parenting time with the child(ren): (List Names and Addresses) |
| | |
| 7. | The Order or Decree establishing custody and support |
| | has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR |
| | was last modified with respect to the child support and/or medical insurance obligations by order of this Court on; OR; |
| | was last modified with respect to the child support and/or medical insurance obligations by Order of the Court, County, State of |
| | , on (date) |
| - | Attached is a certified copy of the custody order to be modified as required by Stat. §20-2-203(c). According to the terms of the most recent court order, custody and ion was ordered as follows: |
| | |
| | |

| 9. | According to the terms of the most recent court order: |
|-----|--|
| | Child support was not ordered; OR Child support was ordered as follows: |
| | ☐ The non-custodial parent is required to pay \$ per month. |
| | ☐ The non-custodial parent is: |
| | ☐ In arrears (owes back child support). ☐ The amount of back child support owed is \$ |
| | Current and does not owe back child support; AND |
| | The custodial non-custodial parent is required to provide medical insurance for the child(ren). Such insurance has has not been provided as ordered; OR |
| | The non-custodial parent was required not required to pay for a percentage of medical expenses not covered by insurance. Such medical expenses have have not been paid as ordered. If the non-custodial parent has not paid medical expenses as ordered, the total amount owed is through the date of the filing of the Petition (attach copies of bills/receipts, if available). A judgment should be entered against the non-custodial parent for this amount and any additional amounts that are owed prior to entry of an order in this action; OR |
| | Neither party has been ordered to provide medical insurance. Respondent is requesting this Court order Petitioner OR Respondent to provide medical insurance and that all medical expenses not covered by insurance be divided in the following manner:% to be paid by Mother and% to be paid by Father. |
| 10. | Since the date of the last order, a material change in circumstances has occurred which warrants modifying the child custody and/or child support obligations. The change in circumstances is: [Please describe] |
| | |
| | |

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|--------|---|
| | REFORE, Respondent respectfully requests: |
| 1. | That the Court award: The parties joint legal custody and Mother or Father to have physical |
| | custody; OR The parties joint legal and joint physical custody; OR |
| | ☐ Mother or ☐Father to have sole legal and physical custody; OR |
| | Other (Please describe desired legal and physical custody arrangement in detail) |
| | |
| | |
| 2. | That the Court order the Petitioner to pay child support in an amount determined by the Wyoming Child Support Guidelines; |
| 2 | |
| 3. | If applicable, the Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance. |
| 4. | If applicable, the Court enter a judgment for child support arrears and for unpaid |
| ч. | medical expenses not covered by medical insurance. |
| 5. | Other: |
| | |
| | |
| 6. | For such other and further relief as the Court deems necessary and just. |
| | |
| | DATED this, 20 |
| | |
| | |
| | Signature Printed Name: |
| | Address: |
| | Phone Number: |

| STATE OF) | |
|--|---|
| STATE OF) ss. COUNTY OF) | |
| Subscribed and sworn to before me by day of, 20 | , this |
| Witness my hand and official seal. | |
| Note My commission expires: | arial Officer |
| CERTIFICATE | OF SERVICE |
| I certify that on | (date) the original of this document was |
| filed with the Clerk of District Court; and, a true | and accurate copy of this document was served |
| on the other party by Hand Delivery OR I | Faxed to this number |
| OR by placing it in the United States mail, po | stage pre-paid, and addressed to the following: |
| (Print Petitioner/Petitioner's Attorney's Name an | d Address) |
| TO: | |
| | |
| | |
| | |
| | Your signature |
| | Print name |
| Fill in, | if applicable |
| Pursuant to Rule 102(a)(1)(B) of the Wyoming attorney has participated in the preparation of th have entered an appearance in this matter: | Uniform Rules of District Court the following |
| Attorney's Name | |
| Attorney's Address/Telephone: | |
| | |