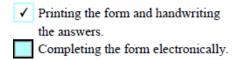
# INSTRUCTIONS FOR COMPLETING THE ANSWER AND COUNTERCLAIM FOR COMPLAINT FOR MODIFICATION CASE

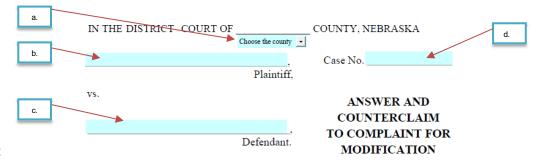
NOTE: THE MAJORITY OF THE INFORMATION REQUIRED ON THIS DOCUMENT CAN BE FOUND ON THE COMPLAINT FOR MODIFICATION OF PARENTING PLAN THAT YOU WERE SERVED WITH.

If you are printing the Answer and handwriting the answers, you will check the first box. If you are typing in your answers, you will check the second box.



#### **HEADING:**

- a. Choose the county in the drop down box below the first blank. This is where the original action was filed.
- b. Enter the first, middle and last names of the plaintiff in the original action.
- c. Enter the first, middle and last names of the defendant(s) in the original action.
- d. Enter the case number that was assigned to the original action.



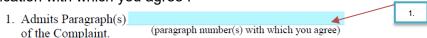
# ANSWER:

This paragraph does not have a number.

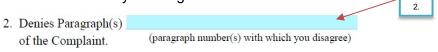
- a. Enter your full name in the first paragraph.
- b. Check the box indicating if you were the plaintiff or the defendant in the original



Paragraph 1. Enter the paragraph numbers, separated by commas, from the Complaint for Modification with which you agree .



Paragraph 2. Enter the paragraph numbers, separated by commas, from the Complaint for Modification with which you disagree.



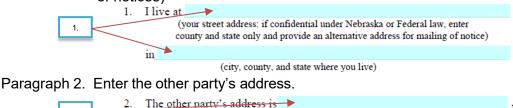
## COUNTERCLAIM:

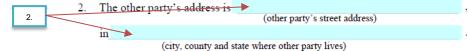
This paragraph does not have a number.

- c. Enter your full name in the first paragraph.
- d. Check the box indicating if you were the plaintiff or the defendant in the original action

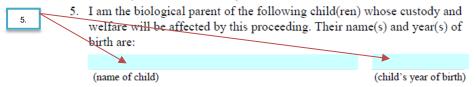
The numbers below give instructions for completing the paragraphs with the same numbers in the Answer and Counterclaim.

Paragraph 1. Enter your address. **NOTE:** If your address is confidential under Nebraska or Federal law, enter only the county and state on this line and provide an alternative address for mailing of notices)





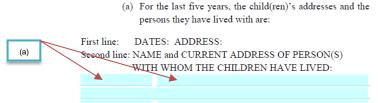
Paragraph 5. Enter the name(s) and year(s) of birth for the child(ren) whose custody and welfare will be affected by this proceeding.



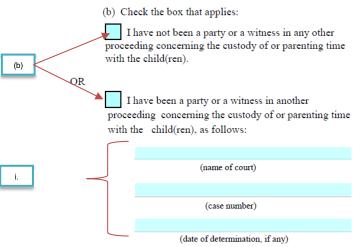
Paragraph 6. Check the appropriate box.



Paragraph 7. (a). Enter the names, dates, and address(es) of person(s) that the child(ren) has/have lived with in the last 5 years.

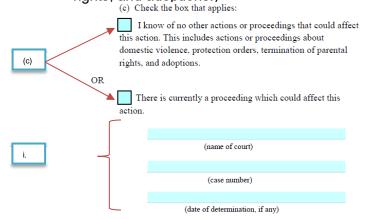


- (b). Check the appropriate box.
  - i. IF you HAVE been a party or a witness in another proceeding concerning the custody or parenting time with the child(ren), enter the name of the court, the case number, and the date of the determination.



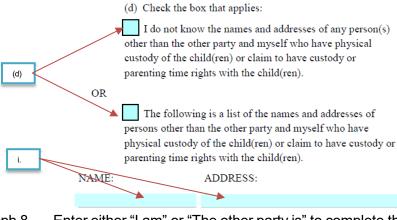
## (c). Check the appropriate box.

i. IF you DO know of anyother actions or proceedings that could affect this action, enter the name of the court, the case number, the type of case, and determination. (This includes actions about domestic violence, protection orders, termination of parental rights, and adoptions.)



# (d). Check the appropriate box.

i. IF you DO know of any of any other person besides the other party in this action who has physical custody of the child(ren) or claims to have custody or parenting time rights, enter their name(s) and address(es).



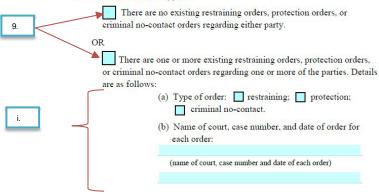
Paragraph 8. Enter either "I am" or "The other party is" to complete the statement.



## Paragraph 9. Check the appropriate box.

i. IF there ARE existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties, provide the type of case, the name of the court, case number, and date of each.

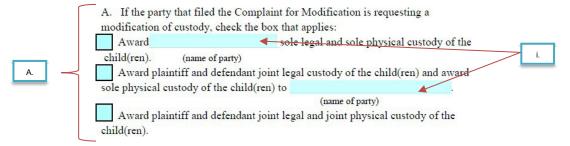
Check the box that applies:



## **CLOSING PARAGRAPH:**

Paragraph A. Check the box that reflects the custody status to which you and the child(ren)'s other parent have agreed.

i. If either the first box or the second box is checked, enter the name of the parent that will have sole physical custody of the child(ren).

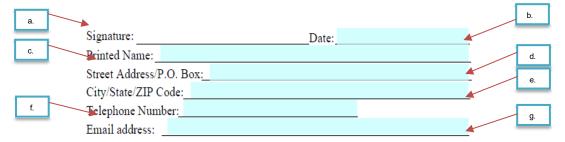


# SIGNATURE BLOCK:

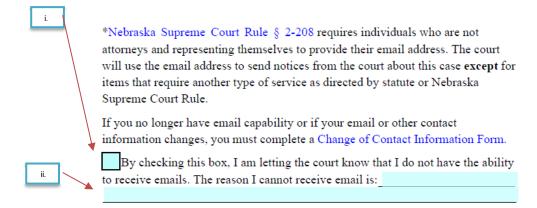
#### **FINAL SIGNATURE**

## DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.

- a. Wait to sign your name until it can be notarized.
- b. Enter the date
- c. Print your first, middle, and last names.
- d. Enter your mailing address.
- e. Enter the city, state, and ZIP code of your mailing address.
- f. Enter your email address, if any.
- g. Enter your telephone number, including the area code.



- h. Carefully read the statement.
  - i. Check the box if you do not have the ability to receive emails.
  - ii. You must give the reason you don't have the ability to receive emails on the line provided.



## **VERIFICATION**

This form must be signed and sworn to in the presence of a notary public. You must bring a photo identification for the notary to verify your identity.

#### **CERTIFICATE OF SERVICE**

- a. Print the date when you mailed the copy of the Answer and Counterclaim for Modification of Parenting Plan to the other party.
- b. Enter the other party's full address, including the street address, city, state and ZIP code.
- c. Sign your name.

#### CERTIFICATE OF SERVICE

