

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.

a. IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

b. _____, Plaintiff,
(name of plaintiff in original action)

Choose the county

d. Case No. _____

c. vs. _____, Defendant.
(name of defendant in original action)

ANSWER AND COUNTERCLAIM TO COMPLAINT FOR MODIFICATION (Child Support)

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

a. COMES NOW, _____, the plaintiff defendant in the above-captioned matter, and for the Answer to the other

(your full name)

b.

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

1. Admits Paragraph(s) _____ of the Complaint. _____ (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 the Complaint. _____ (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

c. I, _____, the plaintiff defendant in the above-captioned action, without assistance of an attorney, hereby state and allege as follows:

(your full name)

d.

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 the court ordered to pay child support for the below listed child(ren):

(date of the most recent order setting child support) (name of payor)

(name of child) (child's year of birth)

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.

Pursuant to the Nebraska Child Support Guidelines, child support payments were to begin on the 1st day of and continue on the first day of each subsequent month thereafter in the amounts set forth:

(month and year the most recent order setting child support became effective)

per month for children
(support amount) (number of children)

per month for children
(support amount) (number of children)

per month for children
(support amount) (number of children)

per month for one child
(support amount)

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

3. is eligible for a Modification of
(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.

4. 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.

5. The material change in the party(ies) circumstances since the date of the most recent order setting child support is as follows: (check all that apply)

_____'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.

WHEREFORE, I ask that this court modify the child support obligation entered on _____, and increase decrease the monthly child (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.

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

- 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.

i. *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](#).

ii. 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: _____

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

a. I hereby certify that on _____, 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 _____
(address, including street address, city, state, and ZIP code)

b.

c.

(your name)