STATE OF WYOMING)) ss COUNTY OF)	IN THE DISTRICT COURT JUDICIAL DISTRICT
Petitioner:	
RESPONSE	AND COUNTERCLAIM
-	owing as the answers and responses to the <i>Petition to</i>
<i>Modify Custody and Support</i> ("Petition"):1. Respondent admits the allegations of the <i>Petition</i>.	in Paragraphs (list paragraphs that are accurate statements)
2. Respondent denies the allegations of the <i>Petition</i> .	in Paragraphs
3. Respondent does not have informate Paragraphs	ation sufficient to either admit or deny the allegations in of the <i>Petition</i> .
favor and against the Petitioner, that Petit	pectfully requests that the court find generally in her/his cioner take nothing by way of his/her <i>Petition to Modify</i> and further relief as the court deems just and proper.
СО	UNTERCLAIM
RESPONDENT sets forth the for Custody and Support: 1. Respondent is the custodial parent; OR Response and Counterclaim	ollowing as the counterclaim to the Petition to Modify

	non-custodial parent	
and i	s a resident of Co	ounty, State of
2. A ch	ild support order was	
☐ e	ntered by this Court on(date) ntered by the	
jurisdiction The child, the court did no	to modify the order concerning the child's parents or any person actir	tody determination and has exclusive, continuing ne care, custody and visitation of the child(ren). ng as a parent presently reside in this state. (If this ther party or the child(ren) continues to reside in
4. The	Petitioner and I are the natural or ad	doptive parents of the following minor child(ren):
Chile	d's initials:	
	ent address:	
Child's resi	dence 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
/prese	ent*	
/		
/		
/		
/		
/		
Attach	a separate sheet if necessary	
Chile	d's initials:	
	d's year of birth:	
	ent address:	

Child's residence 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*		
/		
/		
/		
/		
/		
Attach a sep	arate sheet if necessary	
	ddress:	
Child's residence	ee 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*		
/		
/		
/		
/		
/		
Attach a sep	arate sheet if necessary	

concer 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 rning the minor child(ren) (including proceedings for enforcement, domestic violence tive orders, termination of parental rights or adoptions) are currently pending in the State oming or in any other state; OR
the chi	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 \$	ent
	☐ Current and does not owe back child support; AND	
	The custodial non-custodial parent is required to provide medical insurance the child(ren). Such insurance has has not been provided as ordered; OR	for
	The non-custodial parent was prequired not required to pay for a percentage medical expenses not covered by insurance. Such medical expenses have have have through 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 enter against the non-custodial parent for this amount and any additional amounts that a owed prior to entry of an order in this action; OR	as the
	Neither party has been ordered to provide medical insurance. Respondent 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	cal the
10.	Since the date of the last order, a material change in circumstances has occurred whi warrants modifying the child custody and/or child support obligations. The change circumstances is: [Please describe]	

1.	That the Court around	
	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)	
	That the Court order the Petitioner to pay child support in an amount determined by the Wyoming Child Support Guidelines;	
	If applicable, the Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance.	
	If applicable, the Court enter a judgment for child support arrears and for unpaid medical expenses not covered by medical insurance.	
5.	Other:	
6.	For such other and further relief as the Court deems necessary and just.	
DA	TED this day of	

STATE OF)	
COUNTY OF) ss.	
Subscribed and sworn to before me day of, 20_	by, this
Witness my hand and official seal.	
My commission expires:	Notarial Officer
CERTIFIC	ATE 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 O	R Faxed to this number
OR by placing it in the United States m	ail, postage pre-paid, and addressed to the following:
(Print Petitioner/Petitioner's Attorney's Na	ame and Address)
TO:	
10.	
	Your signature
	Print name
F	Fill in, if applicable
	oming Uniform Rules of District Court the following n of this pleading but said attorney is NOT deemed to
Attorney's Name	
Attorney's Address/Telephone:	