STATE OF WYOMING ) IN THE DISTRICT COURT

 ) ss

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: , ) Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Person listed as Petitioner on the Petition )

 )

vs. )

 )

Respondent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. )

 Person listed as Respondent on the Petition )

 **\_\_\_\_\_\_**

**RESPONSE AND COUNTERCLAIM TO** **PETITION FOR MODIFICATION OF CHILD SUPPORT AND JUDGMENT FOR ARREARS (IF ANY)**

 **\_\_\_\_\_\_**

The Respondent provides the following answers and responses to Petitioner’s Petition for Modification of Child Support and Judgment for Arrears (If Any):

1. Respondent admits the statements in Paragraphs (list paragraph numbers that are correct statements) of Petitioner’s Petition for Modification of Child Support and Judgment for Arrears (If Any).
2. Respondent denies the statements in Paragraphs (list paragraph numbers that are not correct statements) of Petitioner’s Petition for Modification of Child Support and Judgment for Arrears (If Any).
3. Respondent does not have enough information to either admit or deny the statements in Paragraphs .

**WHEREFORE**, Respondent respectfully requests that the Court find generally in Respondent’s favor and against the Petitioner, that Petitioner take nothing by way of their Petition for Modification of Child Support and Judgment for Arrears (If Any), and for such other and further relief as the Court deems just and proper.

**COUNTERCLAIM**

**RESPONDENT** sets forth the following as the Counterclaim to the Petition for Modification of Child Support and Judgment for Arrears (If Any):

I am the Respondent.

I am asking the Court to modify (change) an existing Child Support Order and, if needed, issue a judgment for any unpaid child support (arrears). In support of this request, I state the following:

1. I am the:

 [ ]  Custodial parent

 [ ]  Non-custodial parent

1. I am a resident of County, and State of .
2. A Child Support Order was:

 [ ]  Entered by this Court on this date: .

 [ ]  Entered by the Court, County, and State of .

1. This Court issued the original Child Support Order and has the authority to modify it because: (Select all that apply)

 [ ]  The children still live in this state.

 [ ]  The Petitioner still lives in this state.

 [ ]  The Respondent still lives in this state.

 [ ]  None of the above apply (You may need to seek legal advice).

**Information About Children**

1. The most recent Child Support Order concerned the following minor children:

Child’s initials (Do not write full name):

 (For example, John Bob Doe would be J.B.D.)

Child’s year of birth: 20 \_\_\_\_\_

**Child’s residence for the past 5 years:**

|  |  |  |
| --- | --- | --- |
| Date | City and Statewhere the child lived | List the name and current address of each person who lived with the child in that location. |
| From | To |
|  | now |  |  |
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 [ ]  I have attached additional pages.

Child’s initials (Do not write full name):

 (For example, John Bob Doe would be J.B.D.)

Child’s year of birth: 20 \_\_\_\_\_

**Child’s residence for the past 5 years:**

|  |  |  |
| --- | --- | --- |
| Date | City and Statewhere the child lived | List the name and current address of each person who lived with the child in that location. |
| From | To |
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 [ ]  I have attached additional pages.

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 (For example, John Bob Doe would be J.B.D.)

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|  |  |  |
| --- | --- | --- |
| Date | City and Statewhere the child lived | List the name and current address of each person who lived with the child in that location. |
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|  |  |  |
| --- | --- | --- |
| Date | City and Statewhere the child lived | List the name and current address of each person who lived with the child in that location. |
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 [ ]  I have attached additional pages.

1. The Order or decree establishing support*:* (Select One)

[ ]  Has not been modified in this state or any other state regarding child support or medical insurance obligations.

[ ]  Was last modified by this Court regarding child support and/or medical insurance obligations on this date .

[ ]  Was last modified the Court, County, and State of , on this date .

1. According to the Terms of the most recent court Order:

[ ]  Child support was not Order.

[ ]  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 $ through the date of filing this Petition. A judgment should be entered against the non-custodial parent for this amount and any additional amounts that may accrue before an Order is entered in this case.

[ ]  A copy of the payment record from the Clerk of District Court or Child Support Enforcement Office is attached.

[ ]  Current in their support obligation and does not owe any back child support.

1. Who is required to provide medical insurance for the children:

 [ ]  The custodial parent.

[ ]  The non-custodial parent.

1. The required medical insurance has been provided as Ordered:

 [ ]  Yes.

[ ]  No.

1. The non-custodial parent was required to pay a percentage of uncovered medical expenses:

☐ Yes.

☐ No.

1. Have the uncovered medical expenses been paid as Order:

☐ Yes.

☐ No.

1. [ ]  The non-custodial parent has not paid medical expenses as Ordered, the total amount owed is: $ through the date of filing this Petition (attach copies of bills/receipts, if available). A judgment should be entered for this amount and any additional amounts owed before the final Order.
2. [ ]  Neither party has been Ordered to provide medical insurance. The Petitioner is requesting the Court to Order medical insurance be provided by the:

[ ]  Petitioner.

[ ]  Respondent.

 **AND**

That all expenses not covered by insurance be divided in the following manner:

 % to be paid by Petitioner.

 % to be paid by Respondent.

1. Respondent is seeking a modification of the Child Support Order because:

[ ]  The current Child Support Order has not been issued or modified within the six months before filing this Petition. Under the child support guidelines in Wyo. Stat. § 20-2-304, the calculated child support amount will differ by 20% or more per month from the amount required in the existing Order.

[ ]  Since the last Order was issued, there has been a substantial change in circumstances that justifies modifying the child support and/or medical insurance obligations.

[ ]  It has been at least three years since the court last reviewed the child support. If applicable, Petitioner requests that the court adjust the Order in line with the current child support guidelines.

**Reason For Modification Request**

1. The change in circumstance is: (Select all that apply)

**NOTE**: Only complete this question if you choose option two in question 14.

[ ]  One or more children are no longer owed support because they have been emancipated or have reached the age of majority. ("Age of majority" means a person who is 18 years old, but for child support purposes, a parent's obligation may continue beyond this age if the child is: (i) mentally or physically disabled and unable to support themselves, or (ii) between the age of majority and 20 years old and is attending high school or an equivalent program full-time.)

[ ]  The “net” income of one or both parents has substantially changed. ("Net income" is the income remaining after deductions for personal income taxes, social security, the cost of dependent health care coverage for all dependent children, payments made under existing support Orders for other children, other current court-Ordered obligations, and mandatory pension deductions. Payments towards child support arrears are not deducted from net income.)

[ ]  The financial needs of the children have increased due to age and changes in the cost of living.

[ ]  The obligations and rights of the parties and the children regarding health care require review and modification.

[ ]  Other: (Please describe)

**WHEREFORE**, the Respondent respectfully requests:

1. The parties be Ordered to complete and file Confidential Financial Affidavits as provided by Wyo. Stat. § 20-2-308;
2. The Court review and modify the Child Support Order to an amount consistent with the Wyoming Child Support Guidelines;
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 medical expenses not covered by medical insurance;
5. Other:
6. Order such other and further relief as the Court deems just and equitable.

I, the Respondent, being first duly sworn upon my oath, state that I have read the above and foregoing information, and I believe the matters set forth are true and correct under penalty of perjury:

**DATED** , 20 .

 RESPONDENT

Printed Name:

Phone Number:

Home Address (Physical):

Mailing Address:

Email Address:

☐ A Wyoming Court Navigator helped with the completion of this form.

STATE OF WYOMING )

 ) ss

COUNTY OF )

SUBSCRIBED AND SWORN to before me this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Witness my hand and official seal.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLERK OF COURT/NOTARIAL OFFICER

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of District Court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Wyoming.

I further certify that on , 20 , a true and accurate copy of this document was served on the other party in the following manner:

☐ Delivered by hand to: (name)

☐ Faxed to this number:

☐ Mailed by United States Postal Service, postage pre-paid, to:

Name of other party or other party’s attorney:

Address of other party or other party’s attorney:

Signature:

 Printed Name:

 Date: , 20

--------------------------------------------------Fill in, if applicable-------------------------------------------

Pursuant to Rule 102(a)(1)(B) of the Wyoming Uniform Rules of District Court, the following attorney has participated in the preparation of this pleading but said attorney is NOT deemed to have entered an appearance in this matter:

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

Attorney’s Name

Attorney’s Address/Telephone/Email Address:

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

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