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 TO ESTABLISH CUSTODY, VISITATION, AND CHILD SUPPORT** |

The Respondent provides the following as the answers and responses to Petitioner’s Petition to Establish Custody, Visitation, and Child Support (“Petition”):

1. Respondent admits the statements in Paragraphs (list paragraph numbers that are correct statements) of Petitioner’s Petition.
2. Respondent denies the statements in Paragraphs (list paragraph numbers that are not correct statements) of Petitioner’s Petition.
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 to Establish

Custody, Visitation, and Child Support, and for such other and further relief as the Court deems just and proper.

|  |
| --- |
| **COUNTERCLAIM** |

|  |
| --- |
| This Petition is to establish custody, visitation, and child support if you and the other parent were never married and both parents are listed on the birth certificate for each child, or a prior court order established paternity for each child. If paternity has not been acknowledged or established, please see your local child support agency for assistance. |

**RESPONDENT** provides the following as the Counterclaim to Petitioner’s Petition to Establish Custody, Visitation, and Child Support.

1. The Respondent is a resident of County Wyoming and has lived in the State of Wyoming for more than sixty (60) days prior to the filing of this Counterclaim.

**Information About Children**

1. The Petitioner and I are the natural or adoptive parents of 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 \_\_\_\_\_

Paternity was established by:

☐ An Acknowledgement of Paternity (Father is on the birth certificate)

☐ Attach copy of Acknowledgement of Paternity or Birth Certificate

☐ An Order Establishing paternity

☐ Attach a copy of the Order

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date | | City and State  where 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.

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| From | To |
|  | now |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
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| From | To |
|  | now |  |  |
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|  |  |  |  |

I have attached additional pages.

1. The children named in this Counterclaim:(Select One)

Have lived in Wyoming for at least 6 months before the filing of this Counterclaim or, for children under 6 months of age, have lived in Wyoming since birth.

Have not lived in Wyoming for at least 6 months before filing this Counterclaim. (If this is the case, you may want to speak to a lawyer before filing because the Court may not be able to address custody.)

1. Other Court Cases: (Select One)

I have NOT been involved in any other court case related to the custody, visitation support, or decision-making of the children listed in the Counterclaim, and I don’t know about any other such cases related to these children in Wyoming or in any other state.

I have been involved in other court cases concerning custody, visitation, support, or decision-making regarding the children listed in this Counterclaim. (Complete the table below with all the information you have. If you are unsure leave the box blank. You can use the Comments section to add anything you would like the court to know about the case.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Number** | **Court** | **State** | **Nature of Case (unless confidential)** | **Date of Child-Custody Determination** | **Initials of Child** | **Comments** |
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1. Physical Custody of Minor Children: (Select One)

I am not aware of any person who is not involved in this case who has physical custody of the minor children or claims to have custody or visitation rights regarding the minor children (for example, juvenile court, guardian).

There are people who are not part of this case who have physical custody of the children or claim parental responsibilities, legal custody, physical custody, or visitation/parenting time with the children. Please provide the information of those individuals in the table below.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Relationship to Child** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Primary Care, Custody, and Control of Minor Children: (Select One)

Both parties are fit and proper persons to share custody and control over the minor children.

Respondent is a fit and proper person to have the primary care, custody, and control over the minor children subject to the other parent’s right of reasonable visitation.

Petitioner is a fit and proper person to have the primary care, custody, and control over the minor children subject to the other parent’s right of reasonable visitation.

Respondent is a fit and proper person to have sole care, custody, and control over the minor children.

Petitioner is a fit and proper person to have sole care, custody, and control over the minor children.

1. Child Support: (Select One)

Petitioner is capable of paying child support, and the Court should order Petitioner to pay child support.

Respondent is capable of paying child support, and the Court should order Respondent to pay child support.

1. The Court should order the following individuals to provide medical insurance for the minor children if it can be obtained at a reasonable cost: (Select One)

Petitioner.

Respondent.

Both Parents.

1. The Court should order the following to pay any medical expenses, including any deductible or co-pay that is not covered by insurance coverage: (Select One)

Petitioner.

Respondent.

Both Parents.

**WHEREFORE**, the Respondent respectfully requests that the Court:

1. **Award Physical custody as follows**: (Select One)

Petitioner will have primary physical custody.

Respondent will have primary physical custody.

The parties will share physical custody (for example, 50/50 or some other arrangement).

Petitioner will have sole physical custody.

Respondent will have sole physical custody.

1. **Award Legal custody as follows:** (Select One)

The parties will have joint legal custody. (This means there will be shared responsibility for making major decisions about the children’s welfare, education, non-emergency healthcare, discipline, and religious training.)

If there is a disagreement, then;

Petitioner has final decision-making authority.

Respondenthas final decision-making authority.

Petitioner will have sole legal custody.

Respondent will have sole legal custody.

Other: (Please describe desired legal and physical custody arrangement in detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Order that: (Select One)

Petitioner pay child support in an amount determined by the Court using the Wyoming Child Support Guidelines.

Respondent pay child support in an amount determined by the Court using the Wyoming Child Support Guidelines.

1. Order that the following provide health insurance coverage for the minor children: (Select One)

Petitioner.

Respondent.

Both parents.

1. Orderthat the following pay not-covered medical expenses for the minor children: (Select One)

Petitioner.

Respondent.

Both parents.

1. 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 .

Signature of Respondent

Printed Name:

Phone Number:

Home Address (Physical):

Mailing Address:

Email Address:

A Wyoming Court Navigator helped with 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------------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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**CERTIFICATE OF SERVICE**

I certify that the original of this document was filed with the Clerk of Circuit 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