STATE OF WYOMING)) ss	IN THE DISTRICT COURT	
COUNTY OF)	JUDICIAL DISTRICT	
Petitioner:(Print name of person filing)	,)	Civil Action Case No	
vs.)		
Respondent:(Print name of other party)	.)		
RESPO	ONSE AND C	COUNTERCLAIM	
The Respondent sets forth the	he following a	s the answers and responses to the <i>Petition to</i>	
Modify Custody and Support ("Peti-	tion"):		
1. Respondent admits the alleg of the <i>Petition</i> .	ations in Para	graphs(list paragraphs that are accurate statements)	
2. Respondent denies the alleg of the <i>Petition</i> .	ations in Paraş	graphs	
3. Respondent does not have in Paragraphs		fficient to either admit or deny the allegations in the <i>Petition</i> .	
WHEREFORE, Responde	nt respectfully	requests that the court find generally in her/his	
favor and against the Petitioner, tha	at Petitioner ta	ke nothing by way of his/her Petition to Modify	
Custody and support, and for such of	other and furth	ner relief as the court deems just and proper.	
	COUNTE	RCLAIM	
RESPONDENT sets forth	the following	g as the counterclaim to the Petition to Modify	
Custody and Support:			
1. Petitioner is the [Check the	appropriate	box]	
custodial parent; or			
Response and Counterclaim Revised August 2011 Page 1 of 7			

		non-custodial	parent				
	and is	a resident of _		_ County, Sta	te of	·	
2.	[Chec	k the appropr	iate box]				
		A child suppo	ort order was en	tered on		[date] by this C	ourt;
	OR						
		A child suppo	ort order was en	tered on		[date] by the	
		Court,	Count	y, State of		<u>_</u> .	
paren party 4. requir allow inforr own r	t present or the character or the charac	tly reside in the nild(ren) continuation. JIRED INFO each child, under to maintain continuation paragraphs 5	nis state. (If this nues to reside in PRMATION Is less you have onfidentiality of through 8 is n	s court did not this state, see SOR CHILE a court order of addresses of turnished,	ot enter the oriek the advice of DREN : The for or are operated or other identification of the court, upon	r any person acting ginal order or if ran attorney.) Illowing informating under another ying information. motion of a party (Attach a separate	ion is er law If the
	Child'	s initials:					
	Child'	s year of birth:					
	Place	of birth:					
	Presen	t address:					
whon	child/re	erson(s) with en lived at 5 years	Beginning Date	Ending Date		ress of person(s) child(ren) lived period	
A1		eparate sheet if	J				
	Child's year of birth:						
	Presen	t address:					

Name(s) of person(s) with whom child/ren lived during the past 5 years	Beginning Date	Ending Date	Present address of person(s) with whom child(ren) lived during this period
Attach a separate sheet if	necessary		
Child's initials:			
Child's year of birth:			
Place of birth:			
Present address:			
Name (a) of manage (a) and	Do air :: : -	Dadie -	Dungant address - Francisco (a)
Name(s) of person(s) with whom child/ren lived	Beginning Date	Ending Date	Present address of person(s) with whom child(ren) lived
during the past 5 years			during this period
Attach a separate sheet if	necessary		
Child's initials:			
Place of birth:			
Present address:			
Name(s) of person(s) with whom child/ren lived during the past 5 years	Beginning Date	Ending Date	Present address of person(s) with whom child(ren) lived during this period
Attach a separate sheet if	necessary		
as a party or witness or <i>in</i> custody, allocation of decision in this <i>Petition</i> in this <i>or any</i>	any capacity i on-making, or other state: (It	n any other pare visitation/pare f yes, please be	State whether you have participated roceeding (court cases) concerning the enting time of any of the children listed e specific regarding case number, court on, if any, and child(ren)'s initials:

6. OTHER PROCEEDINGS, INCLUDING PROTECTION ORDERS : State whether you have any information of any custody proceeding that could affect the current proceeding, including proceedings for enforcement and civil and criminal proceedings relating to <u>domestic violence</u> , <u>protective orders</u> , <u>termination of parental rights</u> and <u>adoptions</u> , and if so, identify the court, the state, the case number and the nature of the proceeding and child(ren)'s initials:				
respo	CUSTODY AND VISITATION RIGHTS OF OTHERS: The following people are parties in this matter, but have physical custody of the child(ren) or claim rights of parental possibilities, legal custody or physical custody, or visitation/parenting time with the child(ren) es and addresses of those persons):			
8.	The Order listed in Paragraph 2: [Check the appropriate box]			
	The Order has not been modified or changed in this state or any other state with respect to the child support and medical insurance obligations; OR			
	The Order was last modified with respect to the child support and/or medical insurance obligations by order of this Court on			
	The Order was last modified with respect to the child support and/or medical insurance obligations by Order of the Court, County, State of, on [date].			
9.	Attached is a certified copy of the custody order to be modified as required by Wyo. Stat. §20-2-203(c). According to the terms of the most recent court order, custody and visitation was ordered as follows:			
10.	If child support was also ordered, according to the terms of the most recent court order: [Check the appropriate boxes for each section]			
	A. The non-custodial parent is required to pay \$ per month in child support for the parties' minor child(ren) named in paragraph 4. The non-custodial parent is [Check one box]			
	in arrears (owes back child support). (A copy of the record of child support payments certified as a true copy of the original by the custodian of the			

record [Clerk of District Court or Child Support Enforcement] may be attached and/or forwarded to the court. The copy is evidence of facts asserted in it, and is admissible to show whether payments were made. Wyo. Stat. §20-4-166(c)). If applicable, the amount of arrears is \$ through the date of the filing of this Petition. A judgment should be entered against the non-custodial parent for this amount and any additional amounts which may accrue prior to entry of an order in this action; OR
current (not in arrears) for the child support obligation.
B. The custodial non-custodial parent is required to provide medical insurance for the child(ren). Such insurance has has not been provided as ordered.
C. The non-custodial parent was prequired not required to pay for a percentage of medical expenses not covered by insurance. Such medical expenses have have not been paid as ordered. If the non-custodial parent has not paid medical expenses as ordered, the total amount owed is petition (attach copies of bills/receipts, if available). A judgment should be entered against the non-custodial parent for this amount and any additional amounts that are owed prior to entry of an order in this action.
D. Neither party has been ordered to provide medical insurance. Petitioner is requesting this Court order [Name] 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.
Reason for seeking modification of child custody. Since the date of the last order, a material change in circumstances has occurred which warrants modifying the child custody and/or child support obligations. The change in circumstances is: [Please describe]
That because of the substantial and material change in circumstances, it is in the best interests of the child(ren) to have the following custody/visitation arrangements:

WHEREFORE, Petitioner respectfully requests:

1. The Court set a hearing on the *Petition to Modify Custody and Support*;

12.

13.

2.	The parties provided by		to complete and fil 20-2-308;	e Confidential Fin	ancial Affidavits	as
3.	The Court review and modify the child custody to an arrangement in the best interests of the child(ren);				sts	
4.	The Court review and modify the child support order to an amount consistent with the Wyoming Child Support Guidelines;				the	
5.	The Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance, if requested.				of	
6.			enter a judgment for vered by medical insu		ears and for unp	aid
7.	Other:					
,.						
8.	For such other	er and furth	r relief as the Court of	leems necessary and	just.	
D	DATED this	day of		, 20 .		
		,				
			Signature			
			Printed Name:			
			Address:			
			Phone Number:			
STATE	OF)) ss.				
COUNT	Y OF	,				
a	1 11 1 1	. 1 (1		4.	
	lay of		ore me by , 20 .		, tnis	
	-		<u> </u>			
Witness	my hand and of	ticial seal.				
			Notarial Off	ïcer		

My commission expires:_____

CERTIFICATE OF SERVICE

I certify that on	(date) the original of this document was
filed with the Clerk of District Court; and, a	a true and accurate copy of this document was served
on the other party by Hand Delivery OR	R Faxed to this number
OR by placing it in the United States ma	il, postage pre-paid, and addressed to the following:
TO.	
TO:	
	Your signature
	Print name
Fil	ll in, if applicable
	ming Uniform Rules of District Court the following of this pleading but said attorney is NOT deemed to
Attorney's Name	
Attorney's Address/Telephone:	