

STATE OF WYOMING)
) ss
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

Petitioner: _____,)
(Print name of person filing))
)
vs.)
)
Respondent: _____.)
(Print name of other party)

Civil Action Case No. _____

RESPONSE AND COUNTERCLAIM

The Respondent sets forth the following as the answers and responses to the *Petition for Modification of Child Support and Judgment for Arrears* (“Petition”):

1. Respondent admits the allegations in Paragraphs _____
(list paragraphs that are accurate statements)
of the *Petition*.
2. Respondent denies the allegations in Paragraphs _____
(list paragraphs that you believe are not accurate)
of the *Petition*.
3. Respondent does not have information sufficient to either admit or deny the allegations in Paragraphs _____ of the *Petition*.
(list paragraphs that are accurate statements)

WHEREFORE, Respondent respectfully requests that the court find generally in her/his favor and against the Petitioner, that Petitioner take nothing by way of his/her *Petition for Modification of Child Support and Judgment for Arrears*, 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*:

1. Respondent is the [**Check the appropriate box**]

- custodial parent; or
- non-custodial parent

and is a resident of _____ County, State of _____

2. **[Check the appropriate box]**

- A child support order was entered on _____ **[date]** by this Court;
- or
- A child support order was entered on _____ **[date]** by the _____
_____ Court, _____ County, State of _____.

3. The Order provided for support of the following minor child(ren):

| CHILD'S INITIALS | YEAR OF BIRTH |
|------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |

- Attach a separate sheet if necessary

4. **[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 _____
[date]; or
- 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]**.

5. 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 3. 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 Counterclaim. 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.

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 required 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 \$_____ through the date of the filing of this 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. Respondent is 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.

6. Reason for seeking modification or adjustment of child support order. [**Check the appropriate box**]

The child support order has not been entered or modified within the six (6) months prior to the filing of this Petition. Applying the child support guidelines established in Wyo. Stat. § 20-2-304, the child support amount will change by twenty percent (20%) or more per month from the amount of child support required by the existing order;

OR

Since the date of the last order, there has been a substantial and material change of circumstances which warrants modifying the child support and/or medical insurance obligations. The change in circumstances is:

There are fewer children owed support because one of the children is emancipated or has reached the age of majority. ("Age of majority" means a person eighteen (18) years of age, however, for purposes of child support obligations, a parent's legal obligation for the support of his or her children, whether natural or adopted, continues past the age of majority in cases where the children are: (i) mentally or physically disabled and thereby incapable of self support; or (ii) between the age of majority and twenty (20) years and attending high school or an equivalent program as full-time participants.)

The "net" income of one or both of the parents is believed to have substantially changed. ("Net income" means income less personal income taxes, social security deductions, cost of dependent health care coverage for all dependent children, actual payments being made under preexisting support orders for current support of other children, other court-ordered support obligations currently being paid and mandatory pension deductions. Payments towards child support arrearage shall not be deducted to arrive at net income.)

The financial needs of the child(ren) have increased by reason of age and the cost of living changes.

The obligations and rights of the parties and the child(ren) to provide or receive health care require review and modification.

Other: [Please describe] _____

OR

It has been at least three (3) years since a court reviewed the child support and, if appropriate, petitioner would like the court to adjust the order in accordance with the child support guidelines. (There is no need for a showing of a change of circumstances if it has been at least three years since the previous order.)

WHEREFORE, 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. The Court review and modify the medical insurance obligation and the allocation of costs not covered by medical insurance, if requested;
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. For such other and further relief as the Court deems necessary and just.

DATED this _____ day of _____, 20____.

Signature

Printed Name: _____

Address: _____

Phone Number: _____

STATE OF _____)

) ss.

COUNTY OF _____)

Subscribed and sworn to before me by _____, this _____
_____ day of _____, 20____.

Witness my hand and official seal.

Notarial Officer

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 true and accurate copy of this document was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

Your signature

Print name

-----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:

