

STATE OF WYOMING )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

IN THE DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_,)  
(Print name of person filing) )

Civil Action Case No. \_\_\_\_\_

vs. )

Respondent: \_\_\_\_\_.)  
(Print name of other party)

**Be sure to complete this top portion and to include the case number the court assigned to your divorce case.**

Be sure to respond to EVERY CLAIM your spouse talked about in the Complaint! Best practice: place a mark next to every claim once you have admitted, denied, or stated you do not have enough information to either admit or

### 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 \_\_\_\_\_ of the *Petition*.  
(list paragraphs that are accurate statements)
2. Respondent denies the allegations in Paragraphs \_\_\_\_\_ of the *Petition*.  
(list paragraphs that you believe are not accurate)
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*:

Mark **one** box and fill in where you live

1. Respondent is the  custodial parent; **OR**  non-custodial parent  
and is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.

Mark **one** box and fill in the previous Order information

2. A child support order was  entered by this Court on \_\_\_\_\_; **OR**  entered by the \_\_\_\_\_ Court, \_\_\_\_\_ County, State of \_\_\_\_\_.

**BE SURE TO READ THE HIGHLIGHTED PORTION!!!**

3.  This Court made the original child support determination and has exclusive, continuing jurisdiction to modify the order and  the child(ren) **OR** the  Petitioner **OR**  Respondent reside in this state. (If this court did not enter the original order or if neither party or the child(ren) continues to reside in this state, seek the advice of an attorney.)

List each child separately (including page 2)

4. The **most recent child support order** concerned the following minor child(ren):  
Child's initials:  **ONLY use the child's initials! These forms are public record.**  
Child's year of birth: \_\_\_\_\_  
Present 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 separate sheet if necessary

Child's initials: \_\_\_\_\_

Child's year of birth: \_\_\_\_\_

Present 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 separate sheet if necessary

Child's initials: \_\_\_\_\_

Child's year of birth: \_\_\_\_\_

Present 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 separate sheet if necessary

5. The Order or Decree establishing support

Only check ONE of these boxes; Include more information in space provided if you mark box 2 or 3

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**  
(date)

was last modified with respect to the child support and/or medical insurance obligations by Order of the \_\_\_\_\_ Court, \_\_\_\_\_ County, State of \_\_\_\_\_, on \_\_\_\_\_.  
(date)

6. According to the terms of the most recent court order:

Only check one box for this question

Child support was not ordered; **OR**  
 Child support was ordered as follows:

Only check one box for this question

The non-custodial parent is required to pay \$ \_\_\_\_\_ per month.  
 The non-custodial parent is:

Only check one box for this question; if you mark box 1 BE SURE to mark the applicable boxes about any unpaid child support.

In arrears (owes back child support).  
 The amount of back child support owed is \$ \_\_\_\_\_ through the date of the filing of the Petition.  
 Attach a copy of the payment record obtained from the Clerk of District Court or the Child Support Enforcement Office.  
 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 in the child support obligation and does not owe any back child support; **AND**

Only check boxes in one of these 3 paragraphs (3<sup>rd</sup> paragraph is on next page), be sure to mark any boxes that are required in the paragraph that applies.

The  custodial  non-custodial parent is required to provide medical insurance for the child(ren). Such insurance  has  has not been provided as ordered; **OR**

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 the 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; **OR**

Only check boxes in one of these 3 paragraphs (see page 4), be sure to mark any boxes that are required in the paragraph that applies.

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.

7. Respondent is seeking a modification of the child support order because:

Mark ONE of these 3 boxes (see page 6 for the 3<sup>rd</sup> box). If you mark the second box, be sure to mark any of the reasons for the change below

The child support order has not been entered or modified within the six (6) months prior to the filing of the 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 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.)

Mark any of these boxes that are the reason/s for the change in child support that you are asking for

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] \_\_\_\_\_

**Be sure to EXPLAIN IN DETAIL what the change is in your or the other party's situation that would make it better if the court made the modification you are asking for.** OR

Mark ONE of these 3 boxes (see page 5 for the other boxes). If you mark the second box, be sure to mark any of the reasons for the change below

It has been at least three (3) years since a court reviewed the child support and, if appropriate, Respondent would like the court to adjust the order in accordance with the child support guidelines.

WHEREFORE, Respondent respectfully requests:

This is where you're telling the court what you would like it to do.

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. For such other and further relief as the Court deems necessary and just.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**\*\*DO NOT SIGN until you are in front of a Notary Public\*\*  
DO print your name and other information**

\_\_\_\_\_  
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: \_\_\_\_\_

The Notary Public will complete this part

**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:

(Print Petitioner/Petitioner's Attorney's Name and Address)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print the Petitioner's name and mailing information legibly.

Mark the box next to the way you send this to the Petitioner

Your signature and name go here.

\_\_\_\_\_  
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:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ONLY HAVE AN ATTORNEY COMPLETE THIS IF HE/SHE HELPED YOU FILL THIS OUT!!!\*\***