

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. \_\_\_\_\_

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### RESPONSE AND COUNTERCLAIM

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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 \_\_\_\_\_  
(list paragraphs that are accurate statements) of the *Petition*.

**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.

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### COUNTERCLAIM

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**RESPONDENT** sets forth the following as the counterclaim to the *Petition for Modification of Child Support and Judgment for Arrears*:



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

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:

Child support was not ordered; OR

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 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

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

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:

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.)

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



**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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