

INSTRUCTIONS FOR COMPLETING THE ANSWER AND COUNTERCLAIM TO COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND CHILD SUPPORT

NOTE: THE MAJORITY OF THE INFORMATION REQUIRED ON THIS DOCUMENT CAN BE FOUND ON THE COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME AND CHILD SUPPORT WITH WHICH YOU WERE SERVED.

HEADING:

Note: The heading on the Answer and Counterclaim should match the heading on the Complaint that you received.

- Choose the county in the drop down box below the first blank. This is where the Complaint was filed. This is where you will file the Answer and Counterclaim.
- Enter the name of the plaintiff as it appears on the Complaint.
- Enter your name as it appears on the Complaint. You are the defendant.
- The clerk of the district court assigned a case number when the Complaint was filed. You must include the case number on any papers you file. It is found on the copy of the Complaint that you received.

a. IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county

b. _____, Plaintiff.
(other party's name)

c. vs. _____, Defendant.
(your name)

d. Case No. _____

ANSWER AND COUNTERCLAIM TO COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND

BODY OF ANSWER:

- Enter your name as it appears on the Complaint in the first paragraph. This paragraph does not have a number.

e. COMES NOW, _____, the defendant in the
(your full name)

The numbers below give instructions for completing the paragraphs with the same numbers in the Answer.

Paragraph 1. Enter the paragraph numbers, separated by commas, from the Complaint for Paternity, Custody, Parenting Time, and Child Support with which you agree.

1. Admits Paragraph(s) _____ of the Complaint. _____
(paragraph number(s) with which you agree)

Paragraph 2. Enter the paragraph numbers, separated by commas, from the Complaint for Paternity, Custody, Parenting Time, and Child Support with which you disagree.

2. Denies Paragraph(s) _____ of the Complaint. _____
(paragraph number(s) with which you disagree)

BODY OF COUNTERCLAIM:

f. Enter your full name in the first paragraph. This paragraph does not have a number.

f. I, _____ the defendant in the above-captioned
(your full name)

The numbers below give instructions for completing the paragraphs with the same numbers in the Counterclaim.

Paragraph 1. Enter your address. NOTE: If your address is confidential under Nebraska or Federal law, enter only the county and state on this line and provide an alternative address for mailing of notices.

Paragraph 2. Enter the other party's address.

1. I live at _____
(your street address: if confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice)
in _____
(city, county, and state where you live)

2. The plaintiff's address is _____
(street address)
in _____
(city, county and state where the other party lives)

Paragraph 4. Enter the name(s) and year(s) of birth for the child(ren) whose custody and welfare will be affected by this proceeding.

4. I am the biological parent of the following child(ren) whose custody and welfare will be affected by this proceeding. Their name(s) and year(s) of birth are:

(name of child) _____
(child's year of birth)

Paragraph 5. a. Check the appropriate box to indicate whether paternity has or has not been previously established.

5. b. If paternity has been established, enter the name of the county in which paternity was established and the case number in the spaces provided.

5. Paternity of the above-named child(ren) has / has not been established. a.
If paternity has already been established:
County: _____ Case No. _____
b.

Paragraph 6. Check the appropriate box.

6. I am Both parents are fit and proper person(s) to have the care, custody, and control of our minor child(ren) subject to the other party's right of parenting time.

Paragraph 7. (a) Enter the names, dates, and addresses of person(s) that the child(ren) has/have lived with in the last 5 years.

7. The following information is provided because of the requirements of the Uniform Child Custody Jurisdiction and Enforcement Act:
(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

(a) First line: DATES: ADDRESS:
Second line: NAME and CURRENT ADDRESS OF PERSON(S)
WITH WHOM THE CHILDREN HAVE LIVED:

(b) Check the appropriate box.

i. IF you HAVE been a party or a witness in another proceeding concerning the custody or parenting time with the child(ren), enter the name of the court, the case number, and the date of the determination.

(b) Check the box that applies:

I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).
OR

I have been a party or a witness in another proceeding concerning the custody of or parenting time with the child(ren), as follows:

i. _____
(name of court)

_____ (case number)

_____ (date of child custody determination, if any)

(c) Check the appropriate box.

i. IF you DO know of any other actions or proceedings that could affect this action, enter the name of the court, the case number, the type of case, and determination. (This includes actions about domestic violence, protection orders, termination of parental rights, and adoptions.)

(c) Check the box that applies:

I know of no other actions or proceedings that could affect this action. This includes actions or proceedings about domestic violence, protection orders, termination of parental rights, and adoptions.
OR

There is currently a proceeding which could affect this action.

i. _____
(name of court)

_____ (case number)

_____ (date of determination, if any)

(d) Check the appropriate box.

i. IF you DO know of any other person besides the other party in this action who has physical custody of the child(ren) or claims to have custody or parenting time rights, enter their names and addresses.

(d) Check the box that applies:

I do not know the names and addresses of any person(s) other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).
OR

The following is a list of the names and addresses of persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

i. NAME: ADDRESS:

Paragraph 8. Enter either "I am" or "The other party is" to complete the statement.

8. 8. _____ able to provide support for the child(ren).
(“I am” or “The other party is”)

Paragraph 10. Check the appropriate box.

i. IF there ARE existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties, provide the type of case, the name of the court, case number, and date of each.

10. Check the box that applies:

10. There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.
OR
 There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details are as follows:

i. (a) Type of order: restraining; protection;
 criminal no-contact.
(b) Name of court, case number, and date of order for each order:

(name of court, case number and date of each order)

Paragraph 11. Check the appropriate box.

11. 11. A Parenting Plan has has not been developed.

Paragraph 12. Check the appropriate box.

12. 12. Child custody, parenting time or other access, and child support are are not contested.

CLOSING PARAGRAPH:

- (a) i. Enter the name of the party to be named as the natural father.
ii. Enter the name(s) of the minor child(ren) in this case.

(a) i. a) Find that _____ is the natural father of the minor
(your name or father's name)
child(ren) _____.
(child(ren) that the Complaint refers to)

ii.

(b) Enter the name of the party that you wish to receive physical custody of the child(ren).

(b) b) Award _____ custody of the child(ren)
(party who you wish to be awarded physical custody)
of this relationship.

SIGNATURE BLOCK:

DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.

- a. Wait to sign your name until it can be notarized.
- b. Print your first, middle, and last names.
- c. Enter the date
- d. Enter your mailing address.
- e. Enter the city, state, and ZIP code of your mailing address.
- f. Enter your telephone number, including the area code.
- g. Enter your email address, if any.

The diagram shows a signature block with the following fields and callout boxes:

- Callout box 'a.' points to the 'Signature:' field.
- Callout box 'b.' points to the 'Printed Name:' field.
- Callout box 'c.' points to the 'Date:' field.
- Callout box 'd.' points to the 'Street Address/P.O. Box:' field.
- Callout box 'e.' points to the 'City/State/ZIP Code:' field.
- Callout box 'f.' points to the 'Telephone Number:' field.
- Callout box 'g.' points to the 'Email address:' field.

- h. Carefully read the statement.
 - i. Check the box if you do not have the ability to receive emails.
 - ii. You must give the reason you don't have the ability to receive emails on the line provided.

The diagram shows the statement section with the following text and callout boxes:

Callout box 'i.' points to the text: **Nebraska Supreme Court Rule § 2-208* requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a [Change of Contact Information Form](#).

Callout box 'ii.' points to the text: By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is: _____

VERIFICATION

This form must be signed and sworn to in the presence of a notary public. You must bring a photo identification for the notary to verify your identity.

CERTIFICATE OF SERVICE

- j. Print the day, month, and year when you mailed the copy of the Answer and Counterclaim to the Complaint for Paternity, Custody, Parenting Time and Child Support to the other party.
- k. Enter the other party’s full address, including the street address, city, state and ZIP code.
- l. Sign your name.

CERTIFICATE OF SERVICE

j. I hereby certify that on _____, a true copy of the
(date)
foregoing Answer and Counterclaim for Paternity, Custody, Parenting Time, and
k. ~~Child Support was sent by first-class mail, postage prepaid, to the plaintiff at~~

(plaintiff’s address, including street address, city, state, and ZIP code)

l. _____
(your name)