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6.	Answering	Paragraph	No.	6	(check	one)	):
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I admit all of the statement(s) in Paragraph No. 6.

I deny all of the statement(s) in Paragraph No. 6, except I admit that

# State the facts that you admit or write "none" I do not have enough information to know whether or not the statement(s) in Paragraph 6 are true. There is no Paragraph No. 6.

7. Answering Paragraph No. 7 (check one):

 $\Box$  I admit all of the statement(s) in Paragraph No. 7.

I deny all of the statement(s) in Paragraph No. 7, except I admit that \_\_\_\_\_

# State the facts that you admit or write "none"

☐ I do not have enough information to know whether or not the statement(s) in Paragraph 7 are true. ☐ There is no Paragraph No. 7.

8. Answering Paragraph No. 8 (check one):

 $\Box$  I admit all of the statement(s) in Paragraph No. 8.

I deny all of the statement(s) in Paragraph No. 8, except I admit that

## State the facts that you admit or write "none"

☐ I do not have enough information to know whether or not the statement(s) in Paragraph 8 are true. ☐ There is no Paragraph No. 8.

9. Answering Paragraph No. 9 (check one):

 $\Box$  I admit all of the statement(s) in Paragraph No. 9.

I deny all of the statement(s) in Paragraph No.9, except I admit that

# State the facts that you admit or write "none"

I do not have enough information to know whether or not the statement(s) in Paragraph 9 are true.
There is no Paragraph No. 9.

10. In my defense, I also want the Court to consider the following facts (A copy of any court order relating to my defense is attached, if available):

#### **FOR THESE REASONS**, I request the Court (*check all that apply*):

Dismiss/deny the Complaint/ Petition/ Motion.

Grant the relief requested in the Complaint/Petition/Motion.

Grant the relief requested in the Complaint/Petition/Motion except

State the relief you do NOT want the Court to grant.

Order any other appropriate relief.

Date

Signature

# **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, a copy of the foregoing Answer was mailed, postage prepaid, to \_\_\_\_\_

Opposing Party or His/Her Attorney

Opposing Party or His/Her Attorney's Address including City / State / Zip

**IMPORTANT (TIME FOR FILING YOUR ANSWER IF YOU WISH TO CONTEST THIS MATTER):** You must file your Answer with the Court within the time stated in the summons. If you were served with a "Motion" but no summons, you must file your Answer within 15 days after being served.

**IMPORTANT** (ADDITIONAL PAPERS YOU MUST FILE): If the Opposing Party is seeking child support, alimony, or both, you must complete and attach to your Answer the appropriate financial statement(s) (child support - use Form DOM REL 30 or DOM REL 31; alimony - use Form DOM REL 31). If you want the Court to grant relief to you, you must complete page 3 of this form and file the appropriate additional form(s).

**Instructions:** If you want something different from what the other side wants, check below and fill out the appropriate DOM REL Form(s). See General Instructions and Forms DOM REL 1 through 21.

### COUNTERCLAIM

I,		representing myself, state that:	
1.	I want (check all that apply):		
	Child support		
	$\Box$ visitation		
	$\Box$ modification of child support		
	$\Box$ modification of custody/visitation		
	□ absolute divorce		
	I limited divorce		
2.	I have attached Form(s) DOM REL		

#### List form numbers of the DOM REL forms you completed

to this Answer and I request that the form(s) I have attached be considered as my counterclaim against the other side.

CERTIFICATE OF SERVICE
I HEREBY CERTIFY that on this day of,, a copy of this Counterclaim and a copy of the forms listed in Paragraph 2, above, were mailed, postage prepaid, to
Opposing Party or His/Her Attorney
Opposing Party's or His/Her Attorney's Address including City/State/Zip

Date

Signature

Signature