STATE OF VERMONT

SUPERIOR COURT

Unit

FAMILY DIVISION

Docket No.

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	

NOTICE OF APPEARANCE, ANSWER TO THE COMPLAINT AND COUNTERCLAIM

I intend to represent myself and hereby enter my appearance with the Court. No attorney will represent me in this case unless an attorney or I notify the Court otherwise.

I understand that IT IS MY RESPONSIBILITY TO:

- Notify the Court in writing if I change my address or phone number;
 AND
- 2. Send copies of any papers I file with the Court to the other party in this case.

Na	me:	Date o	f Birth:		
Str	eet Address:	City/St	ate/Zip:		
Ma	ailing Address (if different from Street Address):				
City/State/Zip:		Email Address:			
Daytime Phone:					
	ANSWER TO COMPL	AINT			
	FOR DIVORCE, LEGAL SEPARATION, CIV	IL UNION	DISSOLUTIO	N	
refer t Comp	the Defendant in this case. This is my answer to the fa to the Plaintiff's Complaint and check whether you agree or disag laint.) Residence a. My Residence:		acts in each para		
	b. Plaintiff's Residence:		☐ Agree	☐ Disagree	
2.	Date and Place of Marriage or Civil Union:		Ū	□ Disagree	
3.	Grounds for Divorce, Legal Separation, Dissolution:		\square Agree	□ Disagree	
4. Property, Assets and Debts: I have listed all of the property, assets and debts that my spouse and I own either jointly or solely that are known to me, in the Financial Affidavit that I am filing with this Answer. (Form 400-00813A)					
5.	Public Assistance:	☐ Agree	☐ Disagree	☐ Don't know	
6.	Earlier Actions for Divorce, Legal Separation,				
	Dissolution, or Annulment:		☐ Agree	☐ Disagree	
7.	Relief from abuse or protective order proceedings:		☐ Agree	•	
8.	Military Status:		\square Agree	□ Disagree	

If you disagree with below and state the	-	-	t, please write the paragraph number		
		COUNTERCLA	IM		
Based on the facts Decree of I		e, I ask that the Family Cour	t grant me: (check each box that applies)		
☐ Decree of I☐ Decree of I☐	Legal Separati	ion			
		ride our marital property, as	ssets and debts).		
☐ Spousal Ma☐ Court costs	aintenance (<i>A</i> s.	llimony).			
 □ Attorney fees. □ Name change: I would like to resume my former name of					
□ Name Char	ige: i would i	ike to resume my former na	ame oi		
I hereby swear or a	affirm that the	e information above is true t	to the best of my knowledge and belief.		
Dated					
			Signature Defendant		
Signed and sworn	to or affirmed	l before me:			
	Date	Signature of Notary Public	Expiration Date		