

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff Name	DOB	v.	Defendant Name	DOB
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NOTICE OF APPEARANCE and INTENT TO REPRESENT MYSELF

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:

- 1. 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.

All Court papers may be mailed to me by first class mail at the address listed below.

Name:
Street Address: City/State/Zip:
Mailing Address (if different from Street Address):
City/State/Zip: Email Address:
Daytime Phone: Evening Phone:

OBJECTION TO WAGE WITHHOLDING Pursuant to 15 V.S.A. §782

- 1. I am the Plaintiff Defendant in this case.
2. A petition has been filed requesting that support should be withheld from my wages.
3. I object to the petition because:
the petition incorrectly states the amount of my current support obligation.
the petition incorrectly states the amount that I owe in unpaid support.
my support payments are not overdue by more than 7 days.
I am not the person whom the Court ordered to pay support to the petitioner.
Other reason (please explain)

REQUEST TO THE COURT

I request that the Court:

Deny the Petition for Wage withholding and Grant any other relief this Court determines is appropriate.

I hereby swear or affirm that the information above is true to the best of my knowledge and belief.

Dated

Signature Defendant

Signed and sworn to or affirmed before me:

Date	Signature of Notary Public	Expiration Date
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