Nebraska State Court Form DC 6:5.8 Rev. 06/2019 Neb. Rev. Stat. § 43-2930.

Neb. Rev. Stat. § 43-2930 (1) states that a Temporary Child Information Affidavit shall be offered as an exhibit by each party to a contested proceeding for a temporary order relating to custody, etc. The affidavit may include items specified by statute, including those listed below; and others as necessary.

		,	Case No. CI	
		Plaintiff,	(case number ass	signed by clerk of court)
VS.	De	, efendant.	CHILD IN	IPORARY NFORMATION FIDAVIT
I,(you state as follows:	ır full name)		, being fi	rst duly sworn,
1. I am the	f or defendant) se The other se)	•	I I have	_ child(ren).
Their name(s)and		?:		
(full name of	child)		(cl	hild's year of birth)
(full name of	child)		(cl	nild's year of birth)
(full name of	f child)		(cł	nild's year of birth)
(full name of	child)		(cl	nild's year of birth)
3. Following are the child(ren) has/have				
Name of Adult	Address	Name o	f Child	Dates of Residence
(name of adult)	(adult's address)	(name of ch	aild living with adult)	(from mo./yr. to mo./yr.)
(name of adult)	(adult's address)	(name of ch	nild living with adult)	(from mo./yr to mo./yr.)
(name of adult)	(adult's address)	(name of ch	nild living with adult)	(from mo./yr. to mo/yr.)
(name of adult)	(adult's address)	(name of ch	aild living with adult)	(from mo./yr. to mo./yr.)

4. During the past 12 months, I have provided for the daily needs of the child(ren) in the following ways: (list of daily needs you have provided for the child(ren) in the last 12 months)						
5. During the past 12 months, my spouse the other parent has provided for (check one) the daily needs of the child(ren) in the following ways: (list of daily needs your spouse/the other parent has provided for the child(ren) in the last 12 months)						
6. During the past 12 months, my work schedule has been as follows: (describe your work schedule over the past 12 months)						
7. During the past 12 months, my child(ren)'s child care schedule has been as follows: (describe your child(ren)'s child care schedule over the past 12 months)						
8. Check the box that applies: At this time, I do not expect a change to my work schedule. OR At this time, I expect the following change(s) to my work schedule: (list expected change(s) to your work schedule)						

9. Check the box that applies:

At this time, I do not expect a change to my child(ren)'s child care schedule.

<u>OR</u>

At this time, I expect the following change(s) to my child(ren)'s child care schedule:

(list expected change(s) to your child(ren)'s child care schedule)

10. Check the box that applies:

The child(ren) is/are not involved in any school-related or extracurricular activities.

OR

The child(ren) is/are involved in the following school-related or extracurricular activities:

Activity	Party Responsible for Transportation	
(activity)	(party responsible for transportation)	
(activity)	(party responsible for transportation)	
(activity)	(party responsible for transportation)	
(activity)	(party responsible for transportation)	

11. Check the box that applies:

There are no circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse the other parent (check one)

that would justify any limitation on custody, parenting time, visitation, or other access to the child(ren).

<u>OR</u>

There are circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse the other parent that would (check one)
justify a limitation on custody, parenting time, visitation, or other access to the child(ren). Following are the details (including details of any previously filed restraining orders, protection orders, or criminal nocontact orders):
(list circumstances justifying limitation)

SIGN IN FRONT OF NOTARY PUBLIC

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

Signature:	Date:		
Printed Name:			
Street Address/P.O. Box:			
City/State/ZIP Code:			
Email address:			
State of)		
State 01) ss.		
County of	,		
This document was acknown	owledged before me by		
thisday of	·		
	Notary commission expires:		
Signature of Judge/Clerk of the	Court/Notary Public		
Title:	Serial Number (if any):		

CERTIFICATE OF SERVICE

I hereby certify that on the	day of	,	, a true						
copy of the foregoing Temporary Child Information Affidavit was sent by first-									
class mail, postage prepaid, to the other party at									
(spouse's address, includi	ing street address, city, state	, and ZIP code)							
	(vour nan	ne)							