

**AFFIDAVIT AND APPLICATION  
FOR ORDER TO SHOW CAUSE  
(Support)**

**IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA**  
(county where original action filed)

\_\_\_\_\_,  
(name of person listed as plaintiff in original action)  
**Plaintiff,**

**Case No. CI \_\_\_\_\_**  
(case number assigned by Clerk of Court)

**vs.**

**AFFIDAVIT AND APPLICATION  
FOR ORDER TO SHOW CAUSE  
(Support)**

\_\_\_\_\_,  
(name of person listed as defendant in original action)  
**Defendant.**

I \_\_\_\_\_, without assistance of an attorney,  
(your name)

ask this Court for an order requiring \_\_\_\_\_ to  
(name of person ordered to pay support)

show cause why he/she should not be held in contempt for failing to pay child support as ordered. In support of my Application, I state that the following items are true:

1. On \_\_\_\_\_, an order was entered requiring  
(date Judge signed order for support)  
\_\_\_\_\_ to pay:  
(name of person ordered to pay support)

Check all that apply:

<p><input type="checkbox"/> child support of _____ per month beginning (amount of monthly child support ordered) _____. (date child support ordered to begin)</p> <p><input type="checkbox"/> child-care expenses.</p> <p><input type="checkbox"/> health-related expenses.</p>
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2. The above order is still in effect.

3. Check all that apply:

<p><input type="checkbox"/> _____ is more than (name of person ordered to pay child support)</p> <p>one month behind in the payment of child support. As of _____, _____ (date child support delinquency computed) (name of person ordered to pay child support)</p> <p>owes a total of _____ child support. (amount of support owed)</p> <p><input type="checkbox"/> _____ is more than (name of person ordered to pay health-care expenses)</p> <p>one month behind in the payment of health-care expenses. As of _____, _____ (date health-care expense delinquency computed) (name of person ordered to pay health-care expenses)</p> <p>owes a total of _____ health-care expenses. (amount of health-care expenses owed)</p> <p><input type="checkbox"/> _____ is more than (name of person ordered to pay child-care expenses)</p> <p>one month behind in the payment of child-care expenses. As of _____, _____ (date child-care expense delinquency computed) (name of person ordered to pay child-care expense)</p> <p>owes a total of _____ child-care expense. (amount of child-care expenses owed)</p>
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4. \_\_\_\_\_'s failure to pay as ordered is willful.  
(name of person ordered to pay)

**WHEREFORE**, I request the court issue an Order directing

\_\_\_\_\_ to appear before this Court on a specific  
(name of person ordered to pay child support)

day and at a specific time to show cause why he/she should not be held in contempt for failing to pay child support, child-care expenses, or health-care expenses as ordered by

the court. I further request that \_\_\_\_\_ be ordered to  
(name of person ordered to pay child support)  
pay the expenses of this action and for any further relief that may be just.

\_\_\_\_\_  
Your Signature Date \_\_\_\_\_  
\_\_\_\_\_  
Your Full Name  
\_\_\_\_\_  
Your Full Street Address/P.O. Box  
\_\_\_\_\_  
City/State/ZIP Code  
\_\_\_\_\_  
Phone E-mail Address

**VERIFICATION**

STATE OF NEBRASKA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(county where notarized)

I, \_\_\_\_\_, first being sworn upon oath,  
(your full name)  
depose and say that I am a party in the above-entitled matter and have read the foregoing Affidavit and Application for Order to Show Cause and state that the facts contained therein are true.

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this  
(Name of person certifying above)

\_\_\_\_\_  
Day Month Year Notary Public (signature of person taking acknowledgment)  
\_\_\_\_\_  
(title or rank) (serial number, if any) My commission expires: \_\_\_\_\_