

**PETITION AND AFFIDAVIT FOR
ORDER COMPELLING
VISITATION OF ADULT
RESIDENT RECEIVING CARE**

CC: 15:20 NEW 09/2018
Neb. Rev. Stat. §§ 30-701- 30-713

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF VISITATION WITH

Case No. _____

Resident (Person to be Visited)

Petitioner (Family Member)

vs.

PETITION

(PRINT OR TYPE ALL RESPONSES)

Respondent (Caregiver)

STATE OF _____)
(state where verification signed)) ss
COUNTY OF _____)
(county where verification signed)

1. I am the petitioner (family member) in this case. My name is _____ and I am filing this Petition on my own behalf.

2. I have been denied visitation by _____, respondent (caregiver).

3. The respondent's street address is:

(Street Address) (City, State, ZIP code)

4. I am requesting a court order to compel visitation. The name of the resident, who is 19 years of age or over, with whom I want to visit is _____.

5. The resident is at the following address:

(Street Address) (City, State, ZIP code)

6. I am related to the resident as his/her:

- | | | |
|------------------|--------------|------------------|
| spouse | grandparent | cousin |
| adult child | sibling | domestic partner |
| adult grandchild | aunt/uncle | |
| parent | niece/nephew | |

7. Check the box that applies:

There is NOT a court order prohibiting me from contacting the resident.

There IS a court order prohibiting me from contacting the resident.

Provide details below:

Court (county and state):

Case No.:

Name of Case

8. Check the box that applies:

The resident does not have a guardian.

The resident does have a guardian.

Provide details below:

Name of guardian: _____.

Guardian's address: _____

Court (county and state):

Case No.:

Name of Case

9. List the resident's spouse and adult children, or if none, next of kin (attach more pages if necessary).

Name:

Address:

Relationship:

10. Check all that apply:

The resident's health is in significant decline.

Describe in detail (attach more pages if necessary):

The resident's death is imminent.

Describe in detail (attach more pages if necessary):

Other:
Describe in detail (attach more pages if necessary):

11. I have attempted to visit the resident on the following date(s): _____.

12. The resident needs:
A Guardian ad Litem yes no
A Court Visitor yes no

If yes, reason:

13. **I acknowledge I may be responsible for the fees of a guardian ad litem and/or visitor and associated costs. If the court appoints a guardian ad litem and/or visitor, I may be required to make a deposit with the clerk of the county court towards their expenses. I understand the court may appoint a guardian ad litem and/or visitor whether or not I have requested it.**

14. Other people or facilities who have physical custody of the resident:

Name:	Address:
_____	_____
_____	_____
_____	_____

15. The resident has had the following addresses and resided with the following persons at each address over the past five years (attach more pages if necessary):

Addresses:	Persons Living at the Address with Resident
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. **If I fail to present sufficient evidence in support of this petition, or if the court finds this petition was filed in bad faith, I acknowledge that I may be responsible for all attorney fees, court costs, and the payment of fees and costs of a visitor and/or guardian ad litem. I may also be restricted from filing future petitions for up to one year.**

******DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY******

I, the undersigned, first being sworn upon oath, depose and say that I am a party in the above-entitled matter and have read the foregoing Affidavit and Petition for An Order to Compel Visitation and state that the facts contained therein are true.

***Signature

Date

Name (Print or type)

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail Address

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) My commission expires: _____

Prepared and Submitted by: