Nebraska State Court Form CC: 15:20 NEW 09/2018 Neb. Rev. Stat. §§ 30-701- 30-713	**PETITION AND AFFIDAVIT FOR ORDER COMPELLING VISITATION OF ADULT RESIDENT RECEIVING CARE**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically.

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF VISITATION WITH

_____
Resident (Person to be Visited)

Case No. _____

_____
Petitioner (Family Member)
vs.

_____
Respondent (Caregiver)

PETITION

(PRINT OR TYPE ALL RESPONSES)

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
☐ adult child
☐ adult grandchild
☐ parent
☐ grandparent
☐ sibling
☐ aunt/uncle
☐ niece/nephew
☐ cousin
☐ domestic partner

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
_____	_____
_____	_____
	_____
	_____
_____	_____
_____	_____
	_____
	_____
_____	_____
_____	_____
	_____
	_____

16. The following generally describes the resident's physical, medical, mental health, and care needs to the best of my knowledge (attach more pages if necessary).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

17. I have filed _____ number of Petitions to Compel Visitation with this resident within the past 5 years. Please provide the name of the court, case number and name of the case below (attach more pages if necessary):

Court (county and state):	Case No.:	Name of Case:

18. I am or was involved in the following court proceedings within the past five years involving this resident.(check ALL that apply):

- ☐ Criminal Case
- ☐ Guardianship and/or Conservatorship Case
- ☐ Protection Order Case
- ☐ Custody Case
- ☐ Termination of Parental Rights Case
- ☐ Civil Case

Please provide the name of the court, case number, and name of the case below (attach more pages if necessary):

Court (county and state):	Case No.:	Name of Case:

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.

_____ Date _____
***Signature

_____ _____
Name (Print or type) Street Address/P.O. Box

_____
City/State/ZIP Code

_____ _____
Phone Email Address

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

_____day of_____, _____ _____
Day Month Year Notary Public (signature of person taking acknowledgment)

_____ My commission expires: _____
(title or rank)

Prepared and Submitted by: