

## COMPLETING THE COMPLAINT FOR MODIFICATION OF CUSTODY OR PARENTING PLAN

Use this form to ask the court to modify the current child custody or parenting plan.

**Note:** the majority of the information needed for this complaint will be found on your original Divorce Order, Order for Paternity, Custody, and Child Support, **or** the most recent Order for Modification of Custody or Parenting Plan. It is important that the information in this Complaint matches the information in the most recent order for custody and parenting time.

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If you are printing the Complaint and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Choose the county from the drop-down list.

Enter the name of the plaintiff.

Enter the name of the defendant.

Enter your name.

Enter the other party's address.

Enter the case number.

Enter your address. **If you cannot give your address** because it is confidential under Nebraska or Federal law, only enter the county and state.

Nebraska State Court Form  
DC 6:15.3 Rev. 03/2022  
Neb. Rev. Stat. §§ 43-364(6) and 43-2920 - 43-2943

☒ Printing the form and handwriting the answers.  
☐ Completing the form electronically.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

(name of plaintiff in original action) Plaintiff Case No. \_\_\_\_\_

vs.

(name of defendant in original action) Defendant

**COMPLAINT FOR  
MODIFICATION OF  
CUSTODY OR  
PARENTING PLAN**

I, \_\_\_\_\_, without the assistance of an attorney, ask this court  
(your full name)  
for an Order of Modification of Parenting Plan. In support of my Complaint, I  
state that the following is true:

1. I live at \_\_\_\_\_  
(your street address; if confidential under Nebraska or Federal law, enter  
county and state only and provide an alternative address for mailing of notice)  
in \_\_\_\_\_  
(city, county, and state where you live)
2. The other party's address is \_\_\_\_\_  
(other party's street address)  
in \_\_\_\_\_  
(city, county and state where spouse lives)
3. The minor child(ren) has/have lived in the state of Nebraska for at least 6  
months or since birth prior to the filing of the Complaint for Modification.
4. Neither I nor the other party is a member of the Armed Forces of the United  
States or its allies.

List the children you and the other party have whose custody or welfare may be affected by this divorce, their names, and their years of birth.

Check the correct box to complete the statement.

If the children lived with anyone else in the last 5 years, use these lines to provide the information requested.

5. I am the biological parent of the following child(ren) whose custody and welfare will be affected by this proceeding. Their name(s) and year(s) of birth are:

<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)
<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)
<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)
<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)

6. ☐ I am ☐ Both parents are fit and proper person(s) to have the care, custody, and control of our minor child(ren) subject to the other party's right of parenting time.

7. The following information is provided because of the requirements of the Uniform Child Custody Jurisdiction and Enforcement Act:

(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

First line: DATES: ADDRESS:  
Second line: NAME and CURRENT ADDRESS OF PERSON(S)  
WITH WHOM THE CHILDREN HAVE LIVED:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(b) Check the box that applies:

☐ I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).

OR

☐ I have been a party or a witness in another proceeding concerning the custody of or parenting time with the child(ren), as follows:

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of child custody determination, if any)

(c) Check the box that applies:

☐ I know of no other actions or proceedings that could affect this action. This includes actions or proceedings about domestic violence, protection orders, termination of parental rights, and adoptions.

OR

☐ There is currently a proceeding which could affect this action.

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of determination, if any)

Check the box that applies. If you check the second box, complete the case information.

Check the box that applies. If you check the second box, complete the case information.

Enter either "I am"  
or "My spouse is"  
to complete  
the statement.

(d) Check the box that applies:

☐ I do not know the names and addresses of any person(s) other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

OR

☐ The following is a list of the names and addresses of persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

NAME:	ADDRESS:

8.  able to provide support for the child(ren).  
(“I am” or “The other party is”)

9. Check the box that applies:

☐ There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.

OR

☐ There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details are as follows:

(a) Type of order: ☐ restraining; ☐ protection;  
☐ criminal no-contact.

(b) Name of court, case number, and date of order for each order:

(name of court, case number and date of each order)

Check the box that applies. If you check the second box, list the name and address of anyone **other** than you or the other party that has physical custody or parenting time rights with the children.

Check the box that applies. If you check the second box, also check the box in front of each type of current restraining, protection, or criminal no-contact order, and enter the case information.

Check the box that completes the statement.

Check the box that completes each statement.

List the date of the most recent order for custody and parenting time and check the box for the type of order.

Describe the reason the change is being requested.

Enter the date of the most recent order for custody and parenting time.

**If you are asking to change the custody,** check the box that reflects what you and the other parent have agreed to. If you check the first or second box, enter the name of the person who will have custody.

10. A modified Parenting Plan ☐ has ☐ has not been developed.

11. Child custody ☐ is ☐ is not contested.  
 Parenting time ☐ is ☐ is not contested.  
 Child support ☐ is ☐ is not contested.

12. On \_\_\_\_\_ this court entered a ☐ decree of dissolution,  
(date of the most recent decree or order that included a parenting plan)  
☐ order of modification OR ☐ order establishing paternity, a parenting  
 plan, and child support. As part of that decree or order, the court ordered a  
 parenting plan.

13. This court has jurisdiction over the parties to this proceeding and over the  
 issue pending before it as part of its ongoing jurisdiction in family law matters.

14. There has been a material change in circumstances since the date the decree  
 or order was entered. Specifically, the following change(s) has (have) occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. It is in the best interests of the minor child(ren) that the parenting plan  
 previously entered by this court be modified.

WHEREFORE, I ask that this court modify the parenting plan entered on \_\_\_\_\_, and:

A. (If you are requesting a modification of custody, check the box that applies):

☐ Award \_\_\_\_\_ sole legal and sole physical custody of the  
child(ren). (name of party)

☐ Award plaintiff and defendant joint legal custody of the child(ren) and award  
 sole physical custody of the child(ren) to \_\_\_\_\_  
(name of party)

☐ Award plaintiff and defendant joint legal and joint physical custody of the  
 child(ren).

- B. Order a modified parenting plan that sets forth parenting time with each parent.
- C. Award child support in a manner consistent with the Nebraska Child Support Guidelines; and
- D. Grant any further relief that may be just.

**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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a [Change of Contact Information Form](#).

☐ By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is: \_\_\_\_\_

**Read this statement carefully.**

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

**DO NOT** sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

**VERIFICATION**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

This document was acknowledged before me by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_. Notary commission expires: \_\_\_\_\_  
Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_ Serial Number (if any): \_\_\_\_\_

The notary will complete this section WHEN they witness you signing the form.