

COMPLETING THE COMPLAINT FOR DISSOLUTION OF MARRIAGE (WITH CHILDREN)

Use this form to request a divorce when there are children.

You or your spouse must be a resident of Nebraska for at least one (1) year before filing your complaint for a divorce with the court. The one exception is when you were married in Nebraska, have been married less than one (1) year, and have lived in Nebraska the entire time since your marriage.

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Choose the county from the drop-down list.

Enter your full name.

Enter the name of the other party.

Enter your full name.

Enter the other party's address.

Enter the county in Nebraska where either you or the other party is living.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the court

Case No. _____

Plaintiff

vs. _____
Defendant

COMPLAINT FOR DISSOLUTION OF MARRIAGE (WITH CHILDREN)

I _____, without assistance of an attorney, ask this court for a Dissolution of Marriage. In support of my complaint I state that the following items are 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. My spouse's address is _____
(spouse's street address)
in _____
(city, county and state where spouse lives)

3. Either my spouse or I have lived in the state of Nebraska for more than one year prior to the filing of this Complaint, with the intention of making this state a permanent home.

4. At the time I filed this action, either my spouse or I was living in _____ County, Nebraska.
(county where complaint filed)

Leave blank.
The court clerk will assign a 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.

Enter when and where you were married.

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

Enter either "I am", "My spouse is", or "Both my spouse and I are" to complete the statement.

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

5. We were married on _____, in _____
(date of marriage)
(city and state of marriage)

6. Neither my spouse nor I am a party to any other pending actions for divorce, separation, or dissolution of marriage in this state or in any other state.

7. My spouse is not a member of the Armed Forces of the United States or its allies.

8. My marriage is irretrievably broken.

9. My spouse and I have _____ child(ren) whose custody or welfare
(number of children)
may be affected by this divorce.
Their names and years of birth are:

_____	_____
(name of child)	(child's year of birth)
_____	_____
(name of child)	(child's year of birth)
_____	_____
(name of child)	(child's year of birth)
_____	_____
(name of child)	(child's year of birth)

10. _____ are fit to have the care, custody, and
(“I am,” “My spouse is,” or “Both my spouse and I are”)
control of our minor child(ren) subject to the other party’s right of
parenting time.

11. 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:

Use these lines to enter the information requested in number 11, on the previous page.

(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

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

Between the choice on this page and the next page, check the box that applies. If you check the second box, complete the case information.

If you are checking this box to answer number 11(c), enter the case information.

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

(name of court)

(case number)

(date of determination, if any)

(d) Check the box that applies:

☐ I do not know the names and addresses of any person(s) other than my spouse 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 my spouse 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:

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

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.

12. able to provide support for the child(ren).
("I am" or "My spouse is")

13. During the course of the marriage, my spouse and I have accumulated certain items of property, which should be equitably divided between us.

14. My spouse and I owe certain marital debts and obligations and the responsibility for payment of these debts and obligations should be fairly divided between us.

If you are asking for your former name to be restored, enter the first, middle, and last names. If not needed, write "N/A".

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.

15. I wish my former name, _____,
(former or maiden name, including first, middle and last names)
to be restored to me.

16. I want this dissolution of marriage proceeding heard by a district court judge.

17. 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)

18. A Parenting Plan ☐ has ☐ has not been developed.

19. Child custody, parenting time, or other access, and child support are not contested.

I request the court:

A. Dissolve my marriage.

B. Fairly divide the property and debts between my spouse and me.

Check the box that completes the statement.

Check the box that describes the type of custody you are asking for. If you check the first or second box, enter either "me" or "my spouse" to finish the statement.

- C. Check the box that applies:
- ☐ Award _____ sole legal and sole physical custody of the child(ren).
(“me” or “my spouse”)
- ☐ Award my spouse and me joint legal custody of the child(ren) and award sole physical custody of the child(ren) to _____.
(“me” or “my spouse”)
- ☐ Award my spouse and me joint legal and joint physical custody of the child(ren).
- D. Order a parenting plan that sets forth parenting time with each parent.
- E. Award child support according to Nebraska Child Support Guidelines.
- F. Restore to me my former name of _____.
(former or maiden name, including first, middle and last names)
- G. Grant any further relief that may be just.

If you are asking for your former name to be restored, enter the first, middle, and last names. If not needed, write “N/A”.

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: _____

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.

Continued on next page.

**Read this
statement carefully.**

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

Continued from previous page.

*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: _____

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.