(na	ume of plaintiff in original action)	Plaintiff,	Case No	
VS	· · · · · · · · · · · · · · · · · · ·	, Defendant.	AFFIDAVIT AND APPLICATION FOR ORDER TO SHOW CAUSE (Support)	
Ι,_		, withou	t the assistance of an attorney, ask	
+h;	(your name) is court for an order requiring		to	
1.	On, an order was entered requiring to pay:			
	Check all that apply:			
	child support of(amount of a	monthly child su	per month beginning oport ordered)	
	(date child support ordered to begin)			
	childcare expenses.			
	health-related expenses.			

2. The above order is still in effect.

3. Check all that apply:

is more than (name of person ordered to pay child support) one month behind in the payment of child support. As of			
(date child support delinquency cor	mputed) (name of person ordered to pay child support)		
owes a total of	child support.		
(amount of sup	port owed)		
	is more than		
(name of person ordered to pay health care expenses)			
one month behind in the payment of health care expenses. As of			
(date health care expenses delinquency computed) (name of person ordered to pay)			
owes a total of	health care expenses.		
(amount of health care expenses owed)			
	is more than		
(name of person ordered to pay childcare expenses)			
one month behind in the payr	ment of childcare expenses. As of		
	mputed) (name of person ordered to pay childcare expense) childcare expense.		
(amount of childcare exp	enses owed)		
	's failure to pay as ordered is willful.		
(name of nerson ordered to nav)			

WHEREFORE, I request the court issue an order directing			
	to appear before this court on a		
(name of person ordered to pay child support) specific day and at a specific time to show cause why he/she should not be held in contempt for failing to pay child support, childcare expenses, or health care expenses as ordered by the court. I further request that			
	be ordered to pay the expenses		
(name of person ordered to pay ch	** /		
of this action and for any further rel	ief that may be just.		
	TOF NOTARY PUBLIC Ity 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:			
attorneys and representing themselves will use the email address to send n	2-208 requires individuals who are not wes to provide their email address. The court notices from the court about this case except for ervice as directed by statute or Nebraska		
•	lity or if your email or other contact nplete a Change of Contact Information Form.		
•	ng the court know that I do not have the ability not receive email is:		

State of)	
County of) ss.)	
	vledged before me by	
thisday of		
	Notary commission expires:	
Signature of Judge/Clerk of the C	Court/Notary Public	
Title:	Serial Number (if any).:	