

**AFFIDAVIT AND APPLICATION
FOR ORDER TO SHOW CAUSE
(Support)**

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(county where original action filed)

_____,
(name of person listed as plaintiff in original action)
Plaintiff,

Case No. CI _____
(case number assigned by clerk of court)

vs.

**AFFIDAVIT AND APPLICATION
FOR ORDER TO SHOW CAUSE
(Support)**

_____,
(name of person listed as defendant in original action)
Defendant.

I _____, without assistance of an attorney,
(your name)
ask this court for an order requiring _____ to
(name of person ordered to pay support)

show cause why he/she should not be held in contempt for failing to pay child support
as ordered. In support of my application, I state that the following items are true:

1. On _____, an order was entered requiring
(date Judge signed order for support)
_____ to pay:
(name of person ordered to pay support)

Check all that apply:

<p>child support of _____ per month beginning (amount of monthly child support ordered)</p> <p>_____. (date child support ordered to begin)</p> <p>childcare expenses.</p> <p>health-related expenses.</p>
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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 computed) (name of person ordered to pay child support)

owes a total of _____ child support.
(amount of support 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 expense delinquency computed) (name of person ordered to pay health care expenses)

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 payment of childcare expenses. As of _____,
(date childcare expense delinquency computed) (name of person ordered to pay childcare expense)

owes a total of _____ childcare expense.
(amount of childcare expenses owed)

4. _____'s failure to pay as ordered is willful.
(name of person ordered to pay)

WHEREFORE, I request the court issue an order directing

_____ to appear before this court on a specific
(name of person ordered to pay child support)

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
(name of person ordered to pay child support)
pay the expenses of this action and for any further relief that may be just.

_____ Date _____
Your Signature

Your Full Name

Your Full Street Address/P.O. Box

City/State/ZIP Code

Phone _____ E-mail Address _____

VERIFICATION

STATE OF NEBRASKA)
)
COUNTY OF _____) SS
(county where notarized)

I, _____, first being sworn upon oath,
(your full name)
depose and say that I am a party in the above-entitled matter and have read the foregoing Affidavit and Application for Order to Show Cause and state that the facts contained therein are true.

(Signature)

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) (serial number, if any)