

**INSTRUCTIONS FOR COMPLETING THE
AFFIDAVIT AND APPLICATION FOR ORDER TO SHOW CAUSE
(Enforcement of Order for Child Support,
Health Care Expenses and Childcare Expenses)**

HEADING

The heading on this pleading should be the same as the heading in the original action for divorce, legal separation, paternity, or child support. The case number will also be the same.

- a. Choose the county in the drop down box below the first blank.
- b. Enter the name of the plaintiff exactly as on the original.
- c. Enter the name of the defendant exactly as on the original.
- d. The clerk of the district court assigned a case number when the original action was filed. You must include that case number on any papers you file.

a. ~~IN THE DISTRICT COURT OF~~ _____ COUNTY, NEBRASKA
Choose the county ▾

b. _____, Case No. _____
(name of plaintiff in original action) Plaintiff,

vs.

c. _____
(name of defendant in original action) Defendant.

d.

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

BODY OF AFFIDAVIT AND APPLICATION

The first paragraph does not have a number. (The term “Child Support” shall include child support, health care expense, and childcare expense.)

- e. Enter your first, middle, and last names.
- f. Enter the first, middle, and last names of the person ordered to pay child support.

e. I, _____, without the assistance of an attorney, ask
(your name)

this court for an order requiring _____ to
(name of person ordered to pay support)

f.

The numbers below give instructions for completing the paragraphs with the same numbers in the Affidavit and Application for Order to Show Cause:

- Paragraph 1. A. Enter the date the judge signed the most recent order for child support.
- B. Enter the first, middle, and last names of the person ordered to pay child support.

A. _____

B. _____

1. On _____ an order was entered requiring
_____ to pay:

To complete this paragraph, you must check only the boxes that apply:

- a) If you are trying to enforce an order for child support, you must check the first box.
 - i. Enter the amount of child support that was ordered to be paid each month.
 - ii. Enter the date the first child support payment was to be made.
- b) If you are trying to enforce an order for childcare expenses, you must check the second box.
- c) If you are trying to enforce an order for health care expenses, you must check the third box.

a) i. child support of _____ per month beginning _____
(amount of monthly child support ordered)

ii. _____
(date child support ordered to begin)

b) childcare expenses.

c) health-related expenses.

Paragraph 3. You must check the box to show the order or orders you are trying to enforce, such as the order for child support, health care expenses or childcare expenses. Only fill in the blanks for the boxes you checked.

A. Child Support

- a) Enter the first, middle, and last names of the person ordered to pay child support.
- b) Enter the date you used when you figured how much child support is delinquent. You will get this date from the certified payment history you will receive from the Child Support Enforcement Central Office (see the paragraph numbered 5, "Preparing for the Hearing" in the document called Filing to Enforce Orders for Child Support, Health care Expenses and Childcare Expenses in Nebraska).
- c) Enter the first, middle, and last names of the person ordered to pay child support.
- d) Enter the amount of child support that is delinquent. You will get this amount from the certified payment history you will receive from the Child Support Enforcement Central Office (see the paragraph numbered 5, "Preparing for the Hearing" in the document called Filing to Enforce Orders for Child Support, Health care Expenses and Childcare Expenses in Nebraska).

A. a) _____ is more than _____
(name of person ordered to pay child support)

b) one month behind in the payment of child support. As of _____, _____
(date child support delinquency computed) (name of person ordered to pay child support)

d) owes a total of _____ child support.
(amount of support owed)

B. Health Care Expenses

- a) Enter the first, middle, and last names of the person ordered to pay health care expenses.
- b) Enter the date you used when you figured how much is owed to you for health care expenses.
- c) Enter the first, middle, and last names of the person ordered to pay health care expenses
- d) Enter the amount of health care expenses you believe is owed.

B. a) is more than
(name of person ordered to pay health care expenses)
b) one month behind in the payment of health care expenses. As of c)
(date health care expenses delinquency computed) (name of person ordered to pay)
d) owes a total of health care expenses.
(amount of health care expenses owed)

C. Childcare Expenses

- a) Enter the first, middle, and last names of the person ordered to pay childcare expenses.
- b) Enter the date you used when you figured how much is owed to you for childcare expenses.
- c) Enter the first, middle, and last names of the person ordered to pay childcare expenses.
- d) Enter the amount of childcare expenses you believe is owed.

C. a) is more than
(name of person ordered to pay childcare expenses)
b) one month behind in the payment of childcare expenses. As of c)
(date childcare expense delinquency computed) (name of person ordered to pay childcare expense)
d) owes a total of childcare expense.
(amount of childcare expenses owed)

Paragraph 4. Enter the name of the person ordered to pay support.

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

CLOSING PARAGRAPH (Beginning with "WHEREFORE")

- A. Enter the first, middle, and last names of the person ordered to pay support.
- B. Enter the first, middle, and last names of the person ordered to pay support.

A. WHEREFORE, I request the court issue an order directing to appear before this court on a
(name of person ordered to pay child support)
B. be ordered to pay the expenses
(name of person ordered to pay child support)
of this action and for any further relief that may be just.

FINAL SIGNATURE

a. DO NOT SIGN THE AFFIDAVIT AND APPLICATION UNTIL YOU ARE BEFORE A NOTARY PUBLIC.

- b. Enter the date.
- c. Print your first, middle, and last names.
- d. Enter your full street address.
- e. Enter your city, state, and ZIP code.
- f. Enter your telephone number, including the area code.
- g. Enter your email address, if any.

a. Signature: _____ **b.** Date: _____

c. Printed Name: _____ **d.**

Street Address/P.O. Box: _____ **e.**

f. City/State/ZIP Code: _____ **g.**

Telephone Number: _____

*Email address: _____

- h. Carefully read the statement.
 - i. Check the box if you do not have the ability to receive emails.
 - ii. You must give the reason you don't have the ability to receive emails on the line provided.

i. *[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: _____

ii. _____

VERIFICATION

This form must be signed and sworn to in the presence of a Notary Public. You will sign your name and swear under oath that everything in the Affidavit and Application for Order to Show Cause is a true statement.