

**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.

IN THE  DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the county | county where original action filed

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

vs.

\_\_\_\_\_  
(name of person listed as defendant in original action)

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

**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.

I,  \_\_\_\_\_, without assistance of an attorney,  
(your name)

ask this court for an order requiring  \_\_\_\_\_ to  
(name of person ordered to pay support)

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.

1. On  \_\_\_\_\_, an order was entered requiring  
(date Judge signed order for support)

\_\_\_\_\_ to pay:  
(name of person ordered to pay support)

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 third box.
- c) If you are trying to enforce an order for health care expenses, you must check the second box.

a)	<input type="checkbox"/>	child support of <input style="width: 100px;" type="text"/> <span style="font-size: small;">i.</span> per month beginning <input style="width: 150px;" type="text"/> <span style="font-size: x-small;">(amount of monthly child support ordered)</span> <input style="width: 150px;" type="text"/> <span style="font-size: x-small;">ii.</span> <span style="font-size: x-small;">(date child support ordered to begin)</span>
b)	<input type="checkbox"/>	childcare expenses.
c)	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input style="width: 150px;" type="text"/> <span style="font-size: x-small;">a)</span> _____ is more than <span style="font-size: x-small;">(name of person ordered to pay child support)</span> one month behind in the payment of child support. As of <input style="width: 150px;" type="text"/> <span style="font-size: x-small;">b)</span> _____, <input style="width: 150px;" type="text"/> <span style="font-size: x-small;">c)</span> _____ <span style="font-size: x-small;">(date child support delinquency computed)</span> <span style="font-size: x-small;">(name of person ordered to pay child support)</span> <input style="width: 150px;" type="text"/> <span style="font-size: x-small;">d)</span> owes a total of _____ child support. <span style="font-size: x-small;">(amount of support owed)</span>
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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)

one month behind in the payment of health care expenses. As of

b) \_\_\_\_\_, c) \_\_\_\_\_  
(date health care expense delinquency computed) (name of person ordered to pay health care expenses)

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)

one month behind in the payment of childcare expenses. As of

b) \_\_\_\_\_, 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. \_\_\_\_\_'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.

**WHEREFORE**, I request the court issue an order directing

A. \_\_\_\_\_ to appear before this court on a specific  
(name of person ordered to pay child support)

B. \_\_\_\_\_ the court. I further request that \_\_\_\_\_ be ordered to  
(name of person ordered to pay child support)

