

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

**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  
(Visitation)**

\_\_\_\_\_,  
(name of person listed as defendant in original action)  
**Defendant.**

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

ask this court for an order requiring \_\_\_\_\_ to  
(name of custodial parent ordered to give visitation)

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

1. On \_\_\_\_\_, an order was entered granting  
(date judge signed order for visitation)

me visitation rights with my minor child(ren).

2. \_\_\_\_\_ has failed and refused to  
(name of custodial parent ordered to give visitation)

allow me the visitation as ordered by the court.

3. \_\_\_\_\_ has:  
(name of custodial parent ordered to give visitation)

\_\_\_\_\_  
(describe date, time, and place of the violation(s) of visitation order)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The order for visitation is still in effect.

5. \_\_\_\_\_'s failure and refusal to allow visitation  
(name of custodial parent ordered to give visitation)

as ordered is willful.

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

\_\_\_\_\_ to appear before this Court on a  
(name of custodial parent ordered to give visitation)

specific day and at a specific time to show cause why he/she should not be held in contempt for failing to allow the visitation as ordered by the court. I further request that \_\_\_\_\_ be ordered to pay the costs of this  
(name of custodial parent ordered to give visitation)  
action and for any further relief that may be just.

\_\_\_\_\_  
Your Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Your Full Street Address/P.O. Box

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

