

## COMPLETING THE AFFIDAVIT AND APPLICATION FOR ORDER TO SHOW CAUSE (Visitation)

Use this form to ask the court to issue an Order to Show Cause (Enforcement).

The Order to show cause orders a hearing where the other party can testify as to why they think they should not be held in contempt for not following an order for visitation.

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If you are printing the Application and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Enter the case number.

Enter the name of the other party.

Enter the name of the other party.

Describe when, where and how the other party didn't follow the visitation order.

Choose the county from the drop-down list.

Enter the name of the plaintiff.

Enter the name of the defendant.

Enter your name.

Enter the date of the most recent order allowing visitation.

Enter the name of the other party.

Nebraska State Court Form  
DC 6:5.27 Rev. 03/2022  
Neb. Rev. Stat. § 42-364.15

☒ Printing the form and handwriting the answers.  
☐ Completing the form electronically.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court

Case No. \_\_\_\_\_

(name of plaintiff in original action) Plaintiff,

vs.

(name of defendant in original action) Defendant.

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

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

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 me visitation  
(date judge signed order for visitation)  
rights with my minor child(ren)

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

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

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Enter the name of  
the other party.

Enter the name of  
the other party.

Enter the name of  
the other party.

**DO NOT** Sign and  
date the form until a  
notary is there to  
witness. Enter your  
printed name, your  
address, telephone  
number, and your  
email address.

**Read this  
statement carefully.**

If you **CANNOT**  
receive emails,  
check the box,  
and use the lines  
to explain  
why you can't.

4. The order for visitation is still in effect.

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

WHEREFORE, I request the court issue an order directing  
\_\_\_\_\_ to appear before this  
(name of custodial parent ordered to give visitation)  
court on a 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  
(name of custodial parent ordered to give visitation)  
pay the costs of this action and for any further relief that may be just.

**SIGN IN FRONT OF NOTARY PUBLIC**

I hereby swear, or affirm, under penalty 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: \_\_\_\_\_

▲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: \_\_\_\_\_

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The notary will  
complete this section  
WHEN they witness  
you signing the form.

Continued from previous page.

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

This document was acknowledged before me by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_. Notary commission expires: \_\_\_\_\_  
Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_ Serial Number (if any): \_\_\_\_\_