

INSTRUCTIONS FOR COMPLETING THE PRAECIPE FOR PERSONAL SERVICE (Enforcement of Visitation Order)

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.

- Choose the county in the drop down box below the first blank.
- Enter the name of the plaintiff exactly as on the original.
- Enter the name of the defendant exactly as on the original.
- 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. Case No. CI _____
(case number assigned by clerk of court)

(name of person listed as defendant in original action)

BODY OF THE PRAECIPE

- In the first blank, enter the county where the person you are filing against can be served.

Please direct the Sheriff of _____ County,
(county where person can be served)

- In the second blank, enter the state where the person you are filing against can be served.

_____, to serve a copy of the Order to Show Cause upon:
(state where person can be served)

- In the next blanks, print the full name of the person to be served (the person you are filing this action against), the street address where the person can be served by the sheriff (home or work), and the city and state where the person lives or works.

(name of person to be served)

(street address where person can be served)

(city and state where person can be served)

FINAL SIGNATURE

- Sign your first, middle, and last names.
- Enter the date.
- Enter your first, middle, and last names.
- Enter your full street address.
- Enter your city, state, and ZIP code.
- Enter your telephone number, including the area code.
- Enter your email address, if any.

_____ _____ Date

_____ Your Signature

_____ Your Full Name

_____ Your Full Street Address/P.O. Box

_____ City/State/ZIP Code _____ Phone E-mail Address