Neb. Rev. Stat. § 43-2930 (1) states that a Temporary Child Information Affidavit shall be offered as an exhibit by each party to a contested proceeding for a temporary order relating to custody, etc. The affidavit may include items specified by statute, including those listed below; and others as necessary.

Nebraska State Court Form DC 6:5.8 Rev. 6/19 Neb. Rev. Stat. § 43-2930.	**TEMPORARY CHILD INFORMATION AFFIDAVIT**	

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county

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

_____,
Plaintiff,

vs.

_____,
Defendant.

TEMPORARY CHILD INFORMATION AFFIDAVIT

STATE OF NEBRASKA)
) ss.
COUNTY OF _____)
(county where signed)

I, _____, being first duly sworn, state as follows:
(your full name)

1. I am the _____ in this action.
(plaintiff or defendant)

2. ☐ My spouse ☐ The other parent and I have _____ child(ren). Their name(s) and year(s) of birth are:
(check one)

_____ _____
(full name of child) (child's year of birth)

_____ _____
(full name of child) (child's year of birth)

_____ _____
(full name of child) (child's year of birth)

_____ _____
(full name of child) (child's year of birth)

3. Following are the names and addresses of all adults with whom the above child(ren) has/have lived with for the past twelve (12) months:

NAME OF ADULT	ADDRESS	NAME OF CHILD	DATES OF RESIDENCE
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr to mo./yr.)
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo.yr.)
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)

4. During the past 12 months, I have provided for the daily needs of the child(ren) in the following ways:

_____
(list of daily needs you have provided for the child(ren) in the last 12 months)

_____

_____

5. During the past 12 months, ☐ my spouse ☐ the other parent has provided for
(check one)
the daily needs of the child(ren) in the following ways:

_____
(list of daily needs your spouse/the other parent has provided for the child(ren) in the last 12 months)

_____

_____

6. During the past 12 months, my work schedule has been as follows:

_____
(describe your work schedule over the past 12 months)

_____

_____

7. During the past 12 months, my child(ren)'s child care schedule has been as follows:

_____
(describe your child(ren)'s child care schedule over the past 12 months)

_____

_____

8. Check the box that applies:

☐ At this time, I do not expect a change to my work schedule.

OR

☐ At this time, I expect the following change(s) to my work schedule:

_____
(list expected change(s) to your work schedule)

_____

_____

9. Check the box that applies:

☐ At this time, I do not expect a change to my child(ren)'s child care schedule.

OR

☐ At this time, I expect the following change(s) to my child(ren)'s child care schedule:

_____
(list expected change(s) to your child(ren)'s child care schedule)

_____

_____

10. Check the box that applies:

☐ The child(ren) is/are not involved in any school-related or extracurricular activites.

OR

☐ The child(ren) is/are involved in the following school-related or extracurricular activities:

ACTIVITY	PARTY RESPONSIBLE FOR TRANSPORTATION
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)

11. Check the box that applies:

☐ There are no circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with ☐ my spouse ☐ the other parent (check one) that would justify any limitation on custody, parenting time, visitation, or other access to the child(ren).

OR

☐ There are circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with ☐ my spouse ☐ the other parent that would justify a limitation on custody, parenting time, visitation, or other access to the child(ren). Following are the details (including details of any previously filed restraining orders, protection orders, or criminal no-contact orders):
(check one)

_____
(list circumstances justifying limitation)

_____

_____

_____

_____

_____ Date _____
Signature

_____ _____
Name Street Address/P.O. Box

_____
City/State/ZIP Code

_____ _____
Phone E-mail Address

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

_____
Notary Public

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, _____, a true copy of the foregoing Temporary Child Information Affidavit was sent by first-class mail, postage prepaid, to the other party at _____
(spouse's address, including street address, city, state, and ZIP code)

_____.

_____
(your name)