

# Paternity, Custody, Parenting Time, and Child Support Worksheet

In order to complete your paperwork online, you will need the following information at the computer with you:

NOTE: IF THERE IS ALREADY AN ORDER FOR SUPPORT, **STOP!** THIS IS NOT THE SET OF FORMS YOU SHOULD USE.

## For the "Complaint for Paternity, Custody, Parenting Time, and Child Support":

County where the child(ren) has/have lived for at least 6 months or since birth.

Enter your first, middle, and last names. You are the plaintiff.

Enter the other party's first, middle, and last names. The other party is the defendant.

Your street address\*\*\*

**If your address is confidential under Nebraska or Federal law, enter the county and state only.**

The defendant's address.

\*\*\*Are you or the defendant a member of the armed forces?

Name(s) and year(s) of birth for the child(ren) you are the biological parent of and whose custody will be affected by this proceeding.

Name

Year of Birth

The child(ren)'s addresses and the persons they lived with for the last 5 years.

Name

Address

Name of court, case number and dates of any other proceedings concerning the custody or parenting time of the child(ren).

Name of court

Case Number

Date

**\*\*\*Make sure that the minor child(ren) has/have lived in the state of Nebraska for more than six months or since birth before filing.**

Name of court, case number and determination of any other proceeding (domestic violence, protection orders, termination or parental rights, adoption...) that could affect this action.

Name of court

Case Number

Date

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List of names and addresses of persons other than you or the defendant who have physical custody of the child(ren) or claim to have rights to the child(ren).

Name

Address

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Name of court, case number and date of any existing restraining orders, protection orders or criminal no-contact orders.

Name of court

Case Number

Date

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Has a parenting plan been developed?

**Note – Child custody, parenting time, support or other access must not be contested to use these forms.**

**"Financial Affidavit for Child Support" (additional information combined with above):**

If currently an order for support for the minor child(ren)

Name of the court

Case number

Amount of support

Number of children

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Name of your employer

Gross monthly income

If per hr., amount/# of hrs. If

per mo., amount/bonuses

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Name of other party employer

Gross monthly income

If per hr., amount/# of hrs. If

per mo., amount/bonuses

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If you made more money than currently making

Name of past employer

Gross monthly income

If per hr., amount/# of hrs.

If per mo., amount/bonuses

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

If other party made more money than currently making

Name of past employer

Gross monthly income

If per hr., amount/# of hrs.

If per mo., amount/bonuses

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

Amount you pay for health insurance per month for child(ren) ONLY

Amount other party pays for health insurance per month for child(ren) ONLY

\_\_\_\_\_

Amount you contribute to retirement account.

Amount other party contributes to retirement account.

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

Number of other child(ren) you support, if any

Name(s) and year(s) of birth

Method of support

Name of the court, if ordered

Case number

Amount

Name of other parent, if not ordered

Parent's gross monthly income

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

Number of other child(ren) other party supports, if any

Name(s) and year(s) of birth

Method of support

Name of the court, if ordered

Case number

Amount

Name of other parent, if not ordered

Parent's gross monthly income

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

**"Voluntary Appearance" (additional information combined with above):**

The other party's mailing address:

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

**"Praecipe for Summons" (additional information combined with above):**

The County and State where the  
Other party will be served \_\_\_\_\_

**Additional Confidential information that will be required for the "Confidential Employment and Health Insurance Information" form and the "Social Security Numbers, Gender and Birth Date" forms:**

**NOTE: You do not have to record any of this information on this worksheet, but you should have it available to complete the forms.**

Employer for both yourself and the  
defendant \_\_\_\_\_

Health insurance policy information for both  
yourself and the defendant  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Numbers, Dates of Birth and Genders for all parties – you, the defendant and the child(ren) involved in this case. – You do not have to record any of this information on this worksheet, but you should have it available to complete the forms.**