

# COMPLETING THE COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME AND CHILD SUPPORT.

Use this form to ask the court to verify the paternity of the children listed in the complaint and to set custody, parenting time and child support.

There are very specific requirements to be able to use these forms.

**It is very important to read all of the information found on this page:**

Page 1 of 6

Choose the county from the drop-down list.

Enter your full name.

Enter the name of the other party.

Enter your full name.

Enter the case number.

Enter your current address. **If you cannot give your address** because it is confidential under Nebraska or Federal law, only enter the county and state.

Enter the other party's address.

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

\_\_\_\_\_, Case No. \_\_\_\_\_  
(your name) Plaintiff,

vs. \_\_\_\_\_  
(name of other party) Defendant. COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND CHILD SUPPORT

I \_\_\_\_\_, without assistance of an attorney, ask this court for a determination of paternity, custody, parenting time, and child support.  
(your full name)

In support of my Complaint, I state that the following items are true:

1. I am the plaintiff in this action and I live at: \_\_\_\_\_  
(your street address: if confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice)  
in \_\_\_\_\_  
(city, county, and state where you live)
2. The other party's address is \_\_\_\_\_  
(street address)  
in \_\_\_\_\_  
(city, county and state where the other party lives)
3. The minor child(ren) has/have lived in the state of Nebraska for at least 6 months or since birth prior to the filing of the Complaint.
4. Neither I nor the other party is a member of the Armed Forces of the United States or its allies.

List the name and year of birth for each child who will be affected by this case.

Check the box that completes the statement.

If the children lived with anyone else in the last 5 years, provide the information requested.

5. I am the biological parent of the following child(ren) whose custody and welfare will be affected by this proceeding. Their name(s) and year(s) of birth are:

<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)
<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)
<input type="text"/>	<input type="text"/>
(name of child)	(child's year of birth)

6. Paternity of the above-named child(ren) has not been established.

7.  I am  Both parents are fit and proper person(s) to have the care, custody, and control of our minor child(ren) subject to the other party's right of parenting time.

8. The following information is provided because of the requirements of the Uniform Child Custody Jurisdiction and Enforcement Act:

(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

First line: DATES: ADDRESS:  
 Second line: NAME and CURRENT ADDRESS OF PERSON(S)  
 WITH WHOM THE CHILDREN HAVE LIVED:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(b) Check the box that applies:

I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).

OR

I have been a party or a witness in another proceeding concerning the custody of or parenting time with the child(ren), as follows:

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of child custody determination, if any)

Check the box that applies. If you check the second box, complete the case information.

(c) Check the box that applies:

I know of no other actions or proceedings that could affect this action. This includes actions or proceedings about domestic violence, protection orders, termination of parental rights, and adoptions.

OR

There is currently a proceeding which could affect this action.

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of determination, if any)

Check the box that applies. If you check the second box, complete the case information.

(d) Check the box that applies:

I do not know the names and addresses of any person(s) other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

OR

The following is a list of the names and addresses of persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

NAME:

ADDRESS:


9. \_\_\_\_\_ able to provide support for the child(ren).  
(“I am” or “The other party is”)

10. I want this proceeding heard by a district court judge.

11. Check the box that applies:

There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.

OR

There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details are as follows:

(a) Type of order:  restraining;  protection;  
 criminal no-contact.

(b) Name of court, case number, and date of order for each order:

\_\_\_\_\_

(name of court, case number and date of each order)

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

Enter either “I am” or “The other party is” to complete the statement.

Check the box that applies. If you check the second box, also check the box in front of each type of current restraining, protection, or criminal no-contact order, and enter the case information.

Check the box that applies. If you check the second box, list the name and address of anyone **other** than you or the other party that has physical custody or parenting time rights with the children.

Check the box that completes the statement.

Enter the name of the other party.

Enter the name(s) of the children this complaint refers to.

Enter the name of the parent who will have physical custody of the children.

**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.

12. A Parenting Plan  has  has not been developed.

13. Child custody, parenting time or other access, and child support are not contested.

WHEREFORE, I request the court:

a) Find that \_\_\_\_\_ is the natural father of the minor  
(the party to be named as the natural father)  
child(ren) \_\_\_\_\_  
(child(ren) that the Complaint refers to)

b) Approve a parenting plan that awards \_\_\_\_\_  
(parent who is to have physical custody of the child(ren))  
custody of the child(ren) of this relationship.

c) Award child support according to Nebraska Child Support Guidelines.

e) Grant 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: \_\_\_\_\_

Continued on next page.

