

IN THE INTEREST OF

Case No. _____

_____,
(First & last name of sibling in foster care) A Juvenile.

**COMPLAINT TO
INTERVENE
(GUARDIAN OR NEXT
FRIEND ON BEHALF OF
SIBLING)**

COMES NOW _____, the guardian or next friend,
and on behalf of _____, minor sibling(s) of the minor
child involved in this case. The minor sibling(s) moves this Court for an Order
allowing them to intervene in this case for
(check all that apply):

joint-sibling placement

sibling visitation

on-going interaction with sibling pursuant to
[Neb. Rev. Stat. § 43-1311.02\(9\)](#).

In support of this Complaint to Intervene, sibling(s) states and alleges the
following:

1. The sibling(s) is a child under nineteen years of age, and is therefore a minor.
2. _____ is the sibling's guardian or next friend,
and therefore has a significant relationship with the sibling as to act on their
behalf and within their best interests.
3. The Foster Care Review Act (the "Act") defines "sibling" as "biological
siblings and legal siblings, including, but not limited to, half-siblings and
stepsiblings."
4. The Act clarifies that this definition includes individuals who would have
been considered a sibling but there has been a termination of parental rights or
another disruption of parental rights, such as death of a parent.

5. The sibling(s) and the minor child involved in this case are siblings within the meaning of the Act, as they are:

biological siblings (full sibling, half-sibling)

legal siblings (stepsibling, sibling by adoption)

Other: _____

6. As the sibling(s) of the child involved in this case, they have an interest in this case.

7. Check all that apply:

The State of Nebraska has filed a petition alleging that the child involved in this case comes within the meaning of [Neb. Rev. Stat. § 43-247\(3\)\(a\)](#) (meaning the child involved in this case has a abuse/neglect case).

The above described matter is pending before this Court.

The child involved in this case has been in the temporary care, custody, and control of the Nebraska Department of Health and Human Services (the “Department”) since the beginning of this case.

This Court has adjudicated the child involved in this case pursuant to [Neb. Rev. Stat. § 43-247\(3\)\(a\)](#).

Other: _____

8. The Act directs that reasonable efforts must be made to place siblings in the same foster care or adoptive placement, even if the siblings had no preexisting relationship, unless the Department can show joint-placement is contrary to the safety or well-being of any of the siblings.

9. If joint-sibling placement is not available, the Act directs the Department to make reasonable efforts to provide for frequent sibling visitation or on-going interaction between siblings, unless it can show frequent visitation or on-going interactions would be contrary to the safety or well-being of any of the siblings.

10. The Act gives siblings of a child under the jurisdiction of this Court the right to intervene for joint-sibling placement, sibling visitation, or ongoing interaction with their sibling.

11. The best interests of the child involved in this case would be served by making the sibling a party to this matter so that the siblings can maintain a good and consistent relationship.

For the reasons stated above, the minor sibling(s) moves to intervene as a party in this matter for (Check all that apply):

joint-sibling placement
sibling visitation
on-going interaction with sibling

The minor sibling(s) respectfully asks that this Court enter an Order setting a hearing date for this Complaint as determined by this Court; an Order granting relief as set forth above; and for such other relief as the Court deems just and proper in the premises.

Signature: _____ Date: _____

Sibling's Guardian or Next Friend

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

*Email address: _____

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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: _____

If completed by an attorney:
Bar Number: _____