

**AFFIDAVIT AND APPLICATION  
FOR ORDER TO SHOW CAUSE  
(Visitation)**

**IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA**  
(county where original action filed)

\_\_\_\_\_,  
(name of person listed as plaintiff in original action)

**Plaintiff,**

**Case No. CI \_\_\_\_\_**  
(case number assigned by Clerk of Court)

**vs.**

**AFFIDAVIT AND APPLICATION  
FOR ORDER TO SHOW CAUSE  
(Visitation)**

\_\_\_\_\_,  
(name of person listed as defendant in original action)

**Defendant.**

I \_\_\_\_\_, without assistance of an attorney,  
(your name)

ask this Court for an order requiring \_\_\_\_\_ to  
(name of custodial parent ordered to give visitation)  
show cause why he/she should not be held in contempt for failing to allow me visitation  
as ordered. In support of my Application, I state that the following items are true:

1. On \_\_\_\_\_, an order was entered granting  
(date judge signed order for visitation)

me visitation rights with my minor child(ren).

2. \_\_\_\_\_ has failed and  
(name of custodial parent ordered to give visitation)

refused to allow me the visitation as ordered by the court.

3. \_\_\_\_\_ has:  
(name of custodial parent ordered to give visitation)

\_\_\_\_\_  
(describe date, time, and place of the violation(s) of visitation order)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The order for visitation is still in effect.

5. \_\_\_\_\_'s failure and refusal to allow visitation  
(name of custodial parent ordered to give visitation)

as ordered is willful.

**WHEREFORE**, I request the court issue an Order directing

\_\_\_\_\_ to appear before this Court on a  
(name of custodial parent ordered to give visitation)

specific day and at a specific time to show cause why he/she should not be held in contempt for failing to allow the visitation as ordered by the court. I further request

that \_\_\_\_\_ be ordered to pay the costs of this  
(name of custodial parent ordered to give visitation)

action and for any further relief that may be just.

\_\_\_\_\_  
Your Signature Date \_\_\_\_\_

\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Your Full Street Address/P.O. Box

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Phone E-mail Address

**VERIFICATION**

STATE OF NEBRASKA )  
 )  
COUNTY OF \_\_\_\_\_ ) SS  
(county where verification signed)

I, \_\_\_\_\_, first being sworn upon oath, depose  
(your full name)  
and say that I am a party in the above-entitled matter and have read the foregoing  
Affidavit and Application for Order to Show Cause and state that the facts contained  
therein are true.

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this  
(Name of person certifying above)

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year Notary Public (signature of person taking acknowledgment)  
\_\_\_\_ My commission expires: \_\_\_\_\_  
(title or rank) (serial number, if any)