

Neb.Rev.Stat. §43-2930 (2008)(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	TEMPORARY CHILD INFORMATION AFFIDAVIT	DC 6:5(8) Rev. 4/15. Neb. Rev. Stat. 43-2930.
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IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

Case No. CI _____
(case number assigned by Clerk of Court)

_____,
Plaintiff,

vs.

**TEMPORARY
CHILD INFORMATION
AFFIDAVIT**

_____,
Defendant.

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

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

- I am the _____ in this action.
(plaintiff or defendant)
- My spouse/the other parent and I have _____ child(ren). Their names
(circle one)

and years of birth are:

_____	_____
(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:

<u>NAME OF ADULT</u>	<u>ADDRESS</u>	<u>NAME OF CHILD</u>	<u>DATES OF RESIDENCE</u>
_____ (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 the daily needs of the child(ren) in the following ways:
(check one)

(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 activities.

OR

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

<u>ACTIVITY</u>	<u>PARTY RESPONSIBLE FOR TRANSPORTATION</u>
_____ (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 that
(check one)
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 (check one) 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):

(list circumstances justifying limitation)

Your Signature

Date

Your Full Name

Your Full 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 my spouse at _____
(spouse's address, including street address, city, state, and ZIP code)
_____.

(your name)