

**INSTRUCTIONS FOR FILLING OUT  
AFFIDAVIT AND APPLICATION FOR ORDER TO SHOW CAUSE  
(Enforcement of Order for Child Support,  
Health-Care Expenses and Child-Care Expenses)**

**HEADING**

The heading on this pleading should be the same as the heading in the original action for divorce, legal separation, paternity, or child support. The case number will also be the same.

- Enter the name of the county where the original divorce, legal separation, paternity, or other child support action was filed.
- Enter the first, middle, and last names of the person who was listed as the plaintiff in the original action.
- Enter the first, middle, and last names of the person who was listed as the defendant in the original action.
- The Clerk of the District Court assigned a case number when the original action was filed. You must include that case number on any papers you file, including this action for contempt.

**BODY OF AFFIDAVIT AND APPLICATION**

In the first blank, enter your first, middle, and last names. In the second blank, enter the first, middle, and last names of the person who was ordered to pay child support. This paragraph does not have a number. (The term “Child Support” shall include child support, health-care expense, and child-care expense.)

The numbers below give instructions for completing the paragraphs with the same numbers in the Affidavit and Application for Order to Show Cause:

- Paragraph 1. Enter the date the judge signed the most recent order for child support. Enter the first, middle, and last names of the person ordered to pay child support.

To complete this paragraph, you must check only the boxes that apply:

- If you are trying to enforce an order for child support, you must check the first box.
  - Enter the amount of child support that was ordered to be paid each month.
  - Enter the date the first child support payment was to be made.
- If you are trying to enforce an order for health-care expenses, you must check the second box.
- If you are trying to enforce an order for child-care expenses, you must check the third box.

Paragraph 3. You must check the box to show the order or orders you are trying to enforce, such as the order for child support, health-care expenses or child-care expenses. Only fill in the blanks for the boxes you checked.

Child Support

- Enter the first, middle, and last names of the person ordered to pay child support.
- Enter the date you used when you figured how much child support is delinquent. You will get this date from the certified payment history you will receive from the Child Support Enforcement Central Office (see the paragraph numbered 5, "Preparing for the Hearing" in the document called Filing to Enforce Orders for Child Support, Health-care Expenses and Child-care Expenses in Nebraska).
- Enter the first, middle, and last names of the person ordered to pay child support.
- Enter the amount of child support that is delinquent. You will get this amount from the certified payment history you will receive from the Child Support Enforcement Central Office (see the paragraph numbered 5, "Preparing for the Hearing" in the document called Filing to Enforce Orders for Child Support, Health-care Expenses and Child-care Expenses in Nebraska).

Health-Care Expenses

- Enter the first, middle, and last names of the person ordered to pay health-care expenses.
- Enter the date you used when you figured how much is owed to you for health-care expenses.
- Enter the first, middle, and last names of the person ordered to pay health-care expenses
- Enter the amount of health-care expenses you believe is owed.

[ ] Child-Care Expenses

- Enter the first, middle, and last names of the person ordered to pay child-care expenses.
- Enter the date you used when you figured how much is owed to you for child-care expenses.
- Enter the first, middle, and last names of the person ordered to pay child-care expenses.
- Enter the amount of child-care expenses you believe is owed.

Paragraph 4. Enter the name of the person ordered to pay support.

**CLOSING PARAGRAPH** (Beginning with "WHEREFORE")

In the first and last blanks, enter the first, middle, and last names of the person ordered to pay support.

**FINAL SIGNATURE**

- On the first line, sign your first, middle, and last names and enter the date.
- On the second line, enter your first, middle, and last names.
- On the third line, enter your full street address.
- On the fourth line, enter your city, state, and ZIP code.
- On the fifth line, enter your telephone number, including the area code, and your e-mail address, if any.

**VERIFICATION**

**This form must be signed and sworn to in the presence of a Notary Public.**

- In the blank following "County of," enter the name of the county where you are signing the document.
- In the blank following "I," print your first, middle, and last names.
- In the presence of a Notary Public, sign your name and swear under oath that everything in the Affidavit and Application is a true statement.

**DO NOT SIGN THE AFFIDAVIT AND APPLICATION UNTIL YOU ARE BEFORE A NOTARY PUBLIC.**