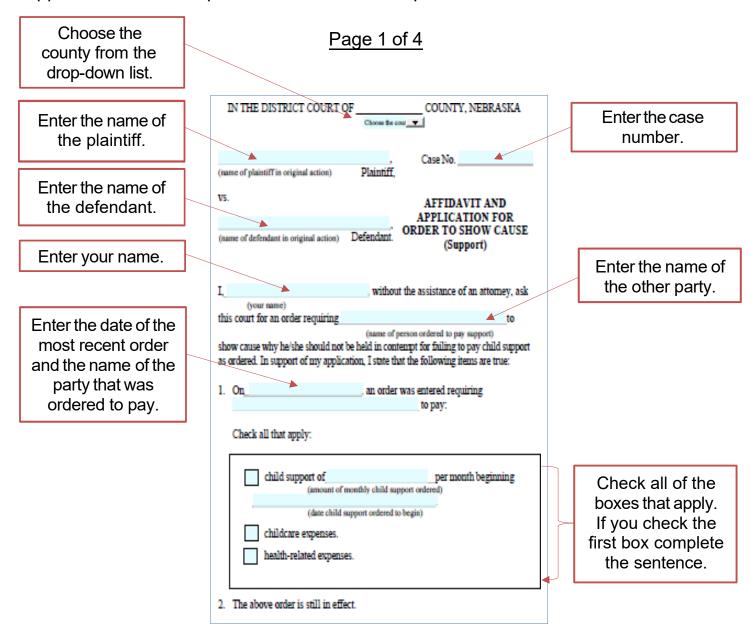
COMPLETING THE AFFIDAVIT AND APPLICATION FOR ORDER TO SHOW CAUSE (Support) (Enforcement of Order for Child Support,

(Enforcement of Order for Child Support, Health Care Expenses and Childcare Expenses)

Use this form to ask the court to issue an Order to Show Cause (Enforcement).

The Order to show cause orders a hearing where the other party can testify as to why they think they should not be held in contempt for not following an order for child support, health care expenses, and childcare expenses.



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3. Check all that apply: is more than (name of person ordered to pay child support)
one month behind in the payment of child support. As of (date child support delinquency computed) (name of person ordered to pay child support) owes a total of child support. Check all of the (amount of support owed) boxes that apply. is more than Complete the (name of person ordered to pay health care expenses)
one month behind in the payment of health care expenses. As of information for each section (date health care expenses delinquency computed) (name of person ordered to pay) health care expenses. owes a total of that is checked. (amount of health care expenses owed) is more than (name of person ordered to pay childcare expenses) one month behind in the payment of childcare expenses. As of (date childcare expense delinquency computed) (name of person ordered to pay childcare expense) owes a total of childcare expense. (amount of childcare expenses owed) Enter the name of the other party. 's failure to pay as ordered is willful. (name of person ordered to pay)

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Enter the name of the other party.

Enter the name of the other party.

Read this statement carefully.

If you **CANNOT**receive emails,
check the box,
and use the lines to
explain why
you can't.

WHEREFORE, I request the court issue an order directing to appear before this court on a (name of person ordered to pay child support) specific day and at a specific time to show cause why he/she should not be held in contempt for failing to pay child support, childcare expenses, or health care expenses as ordered by the court. I further request that be ordered to pay the expenses (name of person ordered to pay child support) of this action and for 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: Printed Name: Street Address/P.O. Box: City/State/ZIP Code: Telephone Number: *Email address: *Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case except for items that require another type of service as directed by statute or Nebraska Supreme Court Rule. 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:

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.

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State of				
County of) SS.)		
This document was acknowledged before me by,				
this	day of		, 20	
		Notary commiss	ion expires:	
	dge/Clerk of the Court			
Title:		Serial Number (i	f any).:	

The notary will complete this section WHEN they witness you signing the form.