

**COMPLETING THE AFFIDAVIT AND APPLICATION FOR
ORDER TO SHOW CAUSE (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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Choose the county from the drop-down list.

Enter the name of the plaintiff.

Enter the name of the defendant.

Enter your name.

Enter the date of the most recent order and the name of the party that was ordered to pay.

Enter the case number.

Enter the name of the other party.

Check all of the boxes that apply. If you check the first box complete the sentence.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the court

_____, Case No. _____
(name of plaintiff in original action) Plaintiff,

vs.

_____,
(name of defendant in original action) Defendant.

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

I, _____, without the assistance of an attorney, ask
(your name)

this court for an order requiring _____ to
(name of person ordered to pay support)

show cause why he/she should not be held in contempt for failing to pay child support as ordered. In support of my application, I state that the following items are true:

1. On _____, an order was entered requiring _____ to pay:

Check all that apply:

☐ child support of _____ per month beginning _____
(amount of monthly child support ordered)
(date child support ordered to begin)

☐ childcare expenses.

☐ health-related expenses.

2. The above order is still in effect.

Check all of the boxes that apply. Complete the information for each section that is checked.

Enter the name of the other party.

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.
(amount of support owed)

☐ _____ is more than
(name of person ordered to pay health care expenses)
one month behind in the payment of health care expenses. As of _____,
(date health care expenses delinquency computed) (name of person ordered to pay)
owes a total of _____ health care expenses.
(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)

4. _____'s failure to pay as ordered is willful.
(name of person ordered to pay)

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
[redacted] 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
[redacted] 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: _____ Date: _____
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 commission expires: _____
Signature of Judge/Clerk of the Court/Notary Public
Title: _____ Serial Number (if any): _____

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