

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

_____,)
Plaintiff,)
vs.)
_____,)
Defendant.)
)

Case No. CI ____ - ____

**CHILD INFORMATION
AFFIDAVIT IN SUPPORT OF
REQUESTS FOR TEMPORARY
ORDERS**

STATE OF NEBRASKA,)
)
COUNTY OF _____)
(county where signed)

My name is _____, and after being first duly sworn, I swear and testify as follows:

1. I am the plaintiff OR I am the defendant in this action. I am ____ years old and am currently living at:

I have lived there for ____ years and ____ months and I live there with the following persons:

The place I live at has ____ bedrooms and ____ bathrooms.

2. I have ____ child(ren) including the child(ren) involved in this case. The full names, years of birth of my child(ren), and the names of the child's other parent are:

Child's name	Year of birth	Child's other parent's name
Child's name	Year of birth	Child's other parent's name
Child's name	Year of birth	Child's other parent's name
Child's name	Year of birth	Child's other parent's name
Child's name	Year of birth	Child's other parent's name

3. The following is a list of 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> (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:

5. During the past 12 months, my spouse or my child(ren)'s other parent has provided for the daily needs of the child(ren) in the following ways:

6. Check the boxes that apply to you:

I am not currently employed

I am employed and work at _____

in _____.

Last week I worked _____ hours. I am paid \$ _____ per hour OR I am paid a salary of \$ _____ per month.

I have health insurance for myself and my child(ren) and it costs me \$ _____ per month for my insurance and \$ _____ per month for my child(ren). I do not have health insurance.

I have regularly worked on the following schedule:

Monday from _____ .m. to _____ .m.

Tuesday from _____ m. to _____ .m.
 Wednesday from _____ m. to _____ .m.
 Thursday from _____ m. to _____ .m.
 Friday from _____ m. to _____ .m.
 Saturday from _____ m. to _____ .m.
 Sunday from _____ m. to _____ .m.

7. 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:

8. Check the boxes that apply:

I do not have a daycare provider for my child(ren).

The day provider for my child(ren) is

_____ and the provider's address is:

The child(ren) have (has) been attending daycare at such place since _____.

Such daycare provider has cared for the children on the following schedule:

9. Check the boxes that apply: 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:

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.

ACTIVITY
TRANSPORTATION

PARTY RESPONSIBLE
FOR

11. Check the box that applies:

There are **no** circumstances of child abuse or neglect, domestic abuse, or conflict with my spouse/the other parent that would justify any limitation of 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 justify a limitation on custody, parenting time, visitation, or other access to the child(ren). The following are the details (including details of any previously filed orders, protection orders, or criminal no-contact orders):

Date

Your Signature

Print Your Full Name

Your Full Street Address/P.O. Box

City/State/Zip Code

Phone number and email address

SUBSCRIBED AND SWORN to before me this _____ day of _____.

Notary Public

Revised March 16, 2018