

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

\_\_\_\_\_,  
Plaintiff,  
vs.  
\_\_\_\_\_,  
Defendant.

)  
) Case No. CI- \_\_\_\_ - \_\_\_\_  
)  
)

**TEMPORARY  
CHILD INFORMATION  
AFFIDAVIT**

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 currently living at:

\_\_\_\_\_  
\_\_\_\_\_

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:

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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:

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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:

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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>
_____	
_____	
_____	
_____	

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):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

Date \_\_\_\_\_

\_\_\_\_\_  
**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 \_\_\_\_\_.

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Notary Public

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