

IN THE DISTRICT COURT OF DAWSON COUNTY, NEBRASKA

Plaintiff,
vs.

Defendant.

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)
)

Case No. C__-____-____

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

STATE OF NEBRASKA

COUNTY OF _____
(county where signed)

I, _____, being first duly sworn, states as follows:

1. I am the _____ in this action. I am currently living at
(plaintiff or defendant)
_____ with _____
The place I live at has _____ bedrooms and _____ bathrooms.

2. My spouse or my child(ren)'s other parent and I have _____ child(ren). Their names are and years of birth are:

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

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>
(name of adult)	(adult's Address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
(name of adult)	(adult's Address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
(name of adult)	(adult's Address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
(name of adult)	(adult's Address)	(name of child living with adult)	(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: (list of daily needs you have provided for the child(ren) in the last 12 months)

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: (list of daily needs your spouse/ the other parent has provided for the child(ren) in the last 12 months)

6. I am not currently employed
 I am employed and work at _____

in _____.

Last week I worked _____ hours.

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: (list expected change(s) to your work schedule)

8. During the past 12 months, my child(ren)'s child care provider has been _____ at _____ and such provider has cared for the children on the following schedule: (describe your child(ren)'s child care schedule over the past 12 months)

9. Check the box that applies:

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

PARTY RESPONSIBLE
FOR TRANSPORTATION

<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 any 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): (list circumstance justifying limitation)

You may attach additional pages if necessary to complete your statements.

Your Signature

Date _____

Print Your Full Name

Your Full Street Address/P.O. Box

City/State/Zip Code

Phone

E-mail Address

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

Notary Public
