		?	Case No.
(na	me of plaintiff in original action)	Plaintiff,	
vs			AFFIDAVIT AND APPLICATION FOR
(na	ame of defendant in original action)	Defendant.	ORDER TO SHOW CAUSE (Support)
I,_		, withou	It the assistance of an attorney, ask
	(your name)		
thi	is court for an order requiring_		tototo
1.	rdered. In support of my application, I state that the following items are true: On, an order was entered requiring to pay:		
	Check all that apply:		
	child support of(amount of	monthly child su	per month beginning pport ordered)
	(date child s	support ordered t	o begin)
	childcare expenses.		
	health-related expens	es.	

2. The above order is still in effect.

3. Check all that apply:

	is more than
(name of person ordered	
one month behind in the pay	ment of child support. As of
	,
(date child support delinquency co	omputed) (name of person ordered to pay child support)
owes a total of	child support.
(amount of su	
(amount of su	pport owed)
	is more than
(
(name of person ordered to	
one month benind in the pay	ment of health care expenses. As of
	?
(date health care expenses delinqu	ency computed) (name of person ordered to pay)
owes a total of	health care expenses.
(amount of health ca	re expenses owed)
X	1 ,
	is more than
(name of person ordered)	to pay childcare expenses)
one month behind in the pay	ment of childcare expenses. As of
	,
(date childcare expense delinquency c	omputed) (name of person ordered to pay childcare expense)
	omputed) (name of person ordered to pay childcare expense) childcare expense.

4.

's failure to pay as ordered is willful.

(name of person ordered to pay)

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:	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:

State of)	
County of) ss)	
This document was acknowled	lged before me by	,
thisday of	, 20	
Signature of Judge/Clerk of the Cour	Notary commission expires:	
Title:	-	