

# COMPLETING THE AFFIDAVIT AND MOTION FOR BENCH WARRANT AND COMMITMENT TO ISSUE (Enforcement of Order for Child Support)

Use this form to tell the court the other party did not follow the instructions in the contempt order and purge plan, and to ask that a warrant be issued for their arrest.

The term “Child Support” includes child support, health care expense, and/or childcare expense.

Page 1 of 4

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 name of the county.

Enter the date of the Order of Contempt.

Enter the name of the other party.

Enter the case number.

Enter the name of the other party.

Enter the name of the other party.

Enter the number of days the other party was sentenced to.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the court (county where original action was filed)

\_\_\_\_\_, Case No. CI \_\_\_\_\_  
(name of person listed as plaintiff in original action) Plaintiff (case number assigned by clerk of court)

VS. \_\_\_\_\_  
(name of person listed as defendant in original action) Defendant

**AFFIDAVIT AND MOTION  
FOR BENCH WARRANT  
AND COMMITMENT  
TO ISSUE**

COMES NOW \_\_\_\_\_, without assistance of an  
(your name)

attorney, and moves the court to take judicial notice of the court file in the above case and to issue a Warrant and Commitment for \_\_\_\_\_  
(name of person ordered to pay child support)

for the following reason:

1. That the District Court of \_\_\_\_\_ County entered an order on \_\_\_\_\_  
(county where original action was filed)

\_\_\_\_\_, finding \_\_\_\_\_  
(date of order finding contempt) (name of person ordered to pay child support)

in contempt of court for failing to pay child support, health care expenses, or childcare expenses as previously ordered by the court. The court sentenced \_\_\_\_\_  
(name of person ordered to pay child support) (number of days of sentence)

to \_\_\_\_\_ days in jail.

Enter the name of  
the other party.

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

2. That the district court allowed \_\_\_\_\_ the  
(name of person ordered to pay child support)  
opportunity to purge his/her contempt by paying. Check all that apply.

☐ child support of \_\_\_\_\_ per month beginning  
(amount of monthly child support ordered)  
\_\_\_\_\_  
(date purge plan for child support ordered to begin)  
for \_\_\_\_\_ consecutive months.  
(length of purge plan)

☐ childcare expenses of \_\_\_\_\_ per month beginning  
(amount of child-care expenses ordered)  
\_\_\_\_\_  
(date purge plan for child-care expenses ordered to begin)  
for \_\_\_\_\_ consecutive months.  
(length of purge plan)

☐ health-related expenses of \_\_\_\_\_ per month beginning  
(amount of health-care expenses ordered)  
\_\_\_\_\_  
(date purge plan for health-care expenses ordered to begin)  
for \_\_\_\_\_ consecutive months.  
(length of purge plan)

*Continued on next page...*

Enter the name of  
the other party.

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

3. \_\_\_\_\_ has failed to make the payments  
(name of person ordered to pay child support)  
required by the purge plan. Check all that apply:

☐ **Child support:** That as of \_\_\_\_\_ the records of the  
(date of Child Support Payment Center record, attached)  
Child Support Payment Center reflect that \_\_\_\_\_  
(name of person ordered to pay child support)  
failed to make the child support payments as required in the order dated  
\_\_\_\_\_. A Certified Payment History is  
(date of order finding contempt)  
attached hereto and incorporated by reference as if fully set forth herein.

☐ **Childcare expenses:** That as of \_\_\_\_\_ the records of  
(date of the clerk of district court's record, attached)  
the clerk of the district court reflect that \_\_\_\_\_  
(name of person ordered to pay child support)  
failed to make the childcare expense payments as required in the order dated  
\_\_\_\_\_. A certified copy of the clerk's records  
(date of order finding contempt)  
reflecting the payment history is attached hereto and incorporated by reference  
as if fully set forth herein.

☐ **Health care expenses:** That as of \_\_\_\_\_ the records of  
(date of the clerk of district court's record, attached)  
the clerk of the district court reflect that \_\_\_\_\_  
(name of person ordered to pay child support)  
failed to make the health care expense payments as required in the order dated  
\_\_\_\_\_. A certified copy of the clerk's  
(date of order finding contempt)  
records reflecting the payment history is attached hereto and incorporated by  
reference as if fully set forth herein.

Enter the name of  
the other party.

**WHEREFORE**, affiant respectfully requests the court issue a warrant for the arrest of the above-named \_\_\_\_\_  
 (name of person ordered to pay child support)

**SIGN IN FRONT OF NOTARY PUBLIC**

Thereby 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: \_\_\_\_\_

**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.

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

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

This document was acknowledged before me by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_ Serial Number (if any): \_\_\_\_\_