

Neb.Rev.Stat. §43-2930 (2008)(1) states that a Temporary Child Information Affidavit shall be offered as an exhibit by each party to a contested proceeding for a temporary order relating to custody, etc. The affidavit may include items specified by statute, including those listed below; and others as necessary.

STATE OF NEBRASKA FORM NO. DC 6:5(8) Rev. 7/08. Neb. Rev. Stat. 43-2930. REQUIRED.	TEMPORARY CHILD INFORMATION AFFIDAVIT	CASE NUMBER:
---	--	--------------

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

_____,
Plaintiff,

vs.

_____,
Defendant.

**TEMPORARY
CHILD INFORMATION
AFFIDAVIT**

STATE OF NEBRASKA)
) ss.
COUNTY OF _____)
(county where signed)

I, _____, being first duly sworn, state as follows:
(your full name)

1. I am the _____ in this action.
(plaintiff or defendant)

2. My spouse/the other parent and I have _____ child(ren). Their names
(circle one)

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. Following are 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/the other parent has provided for
(circle one)
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. During the past 12 months, my work schedule has been as follows:

(describe your work schedule over the past 12 months)

7. During the past 12 months, my child(ren)'s child care schedule has been as follows:

(describe your child(ren)'s child care schedule over the past 12 months)

8. 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)

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:

(list expected change(s) to your 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:

<u>ACTIVITY</u>	<u>PARTY RESPONSIBLE FOR TRANSPORTATION</u>
<hr/> <p>(activity)</p>	<hr/> <p>(party responsible for transportation)</p>
<hr/> <p>(activity)</p>	<hr/> <p>(party responsible for transportation)</p>
<hr/> <p>(activity)</p>	<hr/> <p>(party responsible for transportation)</p>
<hr/> <p>(activity)</p>	<hr/> <p>(party responsible for transportation)</p>

11. Check the box that applies:

There are no circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse/the other parent that (circle one) would justify any limitation on 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). Following are the details (including details of any previously filed restraining orders, protection orders, or criminal no-contact orders):

(list circumstances justifying limitation)

Dated this _____ day of _____, _____.

(print your name)

Signature

Street address

City, State, ZIP code

Telephone number

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

Notary Public

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, _____, a true
copy of the foregoing Temporary Child Information Affidavit was sent by first-class mail,
postage prepaid, to my spouse at _____
(spouse's address, including street address, city, state, and ZIP code)

_____.

(your name)