

IN THE MATTER OF VISITATION WITH

_____,
Resident (Person to the Visited),

Case No. _____

_____,
Petitioner (Family Member),

vs.

_____,
Respondent (Caregiver).

PETITION AND
AFFIDAVIT FOR ORDER
COMPELLING VISITATION
WITH ADULT RESIDENT

STATE OF _____)

) ss

COUNTY OF _____)

1. I am the petitioner (family member) in this case. My name is _____ and I am filing this Petition on my own behalf.

2. I have been denied visitation by _____, respondent (caregiver).

3. The respondent's street address is:

(Street Address) (City, State, ZIP code)

4. I am requesting a court order to compel visitation. The name of the resident, who is 19 years of age or over, with whom I want to visit is _____.

5. The resident is at the following address:

(Street Address) (City, State, ZIP code)

6. I am related to the resident as his/her:

spouse	grandparent	cousin
adult child	sibling	domestic partner
adult grandchild	aunt/uncle	
parent	niece/nephew	

7. Check the box that applies:

There is NOT a court order prohibiting me from contacting the resident.

There IS a court order prohibiting me from contacting the resident.

Provide details below:

Court (county and state): Case No.: Name of Case

8. Check the box that applies:

The resident does not have a guardian.

The resident does have a guardian.

Provide details below:

Name of guardian: _____.

Guardian's address: _____

Court (county and state): Case No.: Name of Case

9. List the resident's spouse and adult children, or if none, next of kin
(attach more pages if necessary).

Name:	Address:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Check all that apply:

The resident's health is in significant decline.

Describe in detail (attach more pages if necessary):

The resident's death is imminent.

Describe in detail (attach more pages if necessary):

Other:

Describe in detail (attach more pages if necessary):

11. I have attempted to visit the resident on the following date(s): _____

_____.

12. The resident needs:

A Guardian ad Litem yes no

A Court Visitor yes no

If yes, reason:

13. **I acknowledge I may be responsible for the fees of a guardian ad litem and/or visitor and associated costs. If the court appoints a guardian ad litem and/or visitor, I may be required to make a deposit with the clerk of the county court towards their expenses. I understand the court may appoint a guardian ad litem and/or visitor whether or not I have requested it.**

14. Other people or facilities who have physical custody of the resident: Name:
Address:

15. The resident has had the following addresses and resided with the following persons at each address over the past five years
(attach more pages if necessary):

Addresses:	Persons Living at the Address with Resident
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_____	_____
_____	_____

Addresses: (Continued)	Persons Living at the Address with Resident
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_____	_____
_____	_____

_____	_____
_____	_____

16. The following generally describes the resident’s physical, medical, mental health, and care needs to the best of my knowledge (attach more pages if necessary).

17. I have filed _____ number of Petitions to Compel Visitation with this resident within the past 5 years. Please provide the name of the court, case number and name of the case below (attach more pages if necessary):

Court (county and state):	Case No.:	Name of Case:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. I am or was involved in the following court proceedings within the past five years involving this resident.(check ALL that apply):

- Criminal Case
- Guardianship and/or Conservatorship Case
- Protection Order Case
- Custody Case
- Termination of Parental Rights Case
- Civil Case

Please provide the name of the court, case number, and name of the case below (attach more pages if necessary):

Court (county and state):	Case No.:	Name of Case:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. **If I fail to present sufficient evidence in support of this petition, or if the court finds this petition was filed in bad faith, I acknowledge that I may be responsible for all attorney fees, court costs, and the payment of fees and costs of a visitor and/or guardian ad litem. I may also be restricted from filing future petitions for up to one year.**

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY

I, the undersigned, first being sworn upon oath, depose and say that I am a party in the above-entitled matter and have read the foregoing Affidavit and Petition for An Order to Compel Visitation and state that the facts contained therein are 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: _____

This document was acknowledged before me by _____,

this _____ day of _____, 20_____.

_____ Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

Prepared and Submitted by: