

# INSTRUCTIONS FOR COMPLETING THE COMPLAINT FOR PATERNITY, CUSTODY, PARENTING TIME, AND CHILD SUPPORT.

**NOTE: THE USE OF THE "[PATERNITY, CUSTODY, PARENTING TIME, AND CHILD SUPPORT WORKSHEET](#)" WILL ASSIST YOU IN COMPLETING THIS FORM.**

## HEADING

- Choose the county in the drop down box below the first blank. This is where you are filing the complaint.
- Enter your first, middle, and last names. You are the plaintiff.
- Enter the other party's first, middle, and last names. The other party is the defendant.
- The clerk of the district court will give you a case number when you file the complaint. You must include the case number on any paper

a. IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the county

b. \_\_\_\_\_, Plaintiff,  
(your name)

Case No. \_\_\_\_\_

c. \_\_\_\_\_ Defendant.  
(name of other party)

vs.

**COMPLAINT FOR  
PATERNITY, CUSTODY,  
PARENTING TIME, AND  
CHILD SUPPORT**

## BODY OF COMPLAINT:

- Enter your full name in the first paragraph. This paragraph does not have a number.

e. I \_\_\_\_\_, without assistance of an attorney, ask this  
(your full name)

The numbers below give instructions for completing the paragraphs with the same numbers in the complaint.

Paragraph 1. Enter your complete address, including street number, city, county, and state. If your address is confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice.

1. 1. I am the plaintiff in this action and I live at:  
\_\_\_\_\_  
(your street address: if confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice)  
in \_\_\_\_\_  
(city, county, and state where you live)

Paragraph 2. Enter the other party's address.

2. 2. The other party's address is \_\_\_\_\_  
(street address)  
in \_\_\_\_\_  
(city, county and state where the other party lives)

Paragraph 5. Enter the name(s) and year(s) of birth for the child(ren) whose custody and welfare will be affected by this proceeding.

5. 5. I am the biological parent of the following child(ren) whose custody and welfare will be affected by this proceeding. Their name(s) and year(s) of birth are:  
\_\_\_\_\_  
(name of child) (child's year of birth)  
\_\_\_\_\_

Paragraph 7. Check the appropriate box.

7.

7.  I am  Both parents are fit and proper person(s) to have the

Paragraph 8. (a) To complete this paragraph, you must give information about the child(ren)'s living situation for the last 5 (five) years. For each location where the child(ren) lived, enter: (1) the dates the child(ren) lived at that location; (2) the address, including street, city, and state, where the child(ren) lived, and (3) the names and current addresses of the persons with whom the child(ren) lived. If an address is confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice.

(a)

8. The following information is provided because of the requirements of the Uniform Child Custody Jurisdiction and Enforcement Act:

(a) For the last five years, the child(ren)'s addresses and the persons they have lived with are:

First line: DATES: ADDRESS:

Second line: NAME and CURRENT ADDRESS OF PERSON(S)

WITH WHOM THE CHILDREN HAVE LIVED:

\_\_\_\_\_  
\_\_\_\_\_

(b) To complete this paragraph, you must check the box that applies. If you have not participated in any other court proceedings in this state or any other state concerning custody of or parenting time with the child(ren), check the first box. If you have participated in any other court proceedings in this state or any other state concerning custody of or parenting time with the child(ren), check the second box and enter the name of the court (for example, District Court of Douglas County, or Lancaster County Juvenile Court), the case number, and the date that any custody determination was made.

(b)

(b) Check the box that applies:

I have not been a party or a witness in any other proceeding concerning the custody of or parenting time with the child(ren).

OR

I have been a party or a witness in another proceeding concerning the custody of or parenting time with the child(ren), as follows:

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of child custody determination, if any)

(c) To complete this paragraph, you must check the box that applies. If you are not aware of any court proceedings that could affect this divorce, check the first box. If you know of any other court proceedings in this state or any other state (such as lawsuits about domestic violence, protection orders, termination of parental rights, and adoptions) that could affect this divorce, check the second box and enter the name of the court (for example, District Court of Douglas County, or Lancaster County Juvenile Court), the case number, and the date that any custody determination was made.

(c) Check the box that applies:

I know of no other actions or proceedings that could affect this action. This includes actions or proceedings about domestic violence, protection orders, termination of parental rights, and adoptions.

OR

There is currently a proceeding which could affect this action.

\_\_\_\_\_

(name of court)

\_\_\_\_\_

(case number)

\_\_\_\_\_

(date of determination, if any)

(d) To complete this paragraph, you must check the box that applies. If you do not know the names of any persons other than you or the other party who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren), check the first box. If you know the names of persons other than you or the other party who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren) enter the name and address of each person.

(d) Check the box that applies:

I do not know the names and addresses of any person(s) other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

OR

The following is a list of the names and addresses of persons other than the other party and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

NAME: ADDRESS:

\_\_\_\_\_

Paragraph 9. Enter either "I am" or "The other party is" to complete the statement.

9. \_\_\_\_\_ able to provide support for the child(ren).  
 ("I am" or "The other party is")

Paragraph 11. To complete this paragraph, you must check the box that applies. If there are no existing restraining, protection, or criminal no-contact orders, check the first box. If there are any such orders, check the second box and supply the required information. In (a), check the blank beside the type of order in existence. If more than one order is in existence, check all blanks that apply. In (b), provide the name of the court (i.e., Lancaster County District Court), the case number, and the date the order was entered for each order in existence.

11. Check the box that applies:

There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.

OR

There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details are as follows:

(a) Type of order:  restraining;  protection;  
 criminal no-contact.

(b) Name of court, case number, and date of order for each order:

\_\_\_\_\_

(name of court, case number and date of each order)

\_\_\_\_\_

Paragraph 12. If a Parenting Plan has already been developed, place a checkmark on the line before the word “has.” If a Parenting Plan has not already been developed, place a checkmark on the line before the words “has not.”

12. A Parenting Plan  has  has not been developed.

**CLOSING PARAGRAPH:**

The letters below give instructions for completing the paragraphs with the same letters on the complaint. This section starts with “WHEREFORE, I request the court:”

- Paragraph a):
- i. Enter the name of the party to be named as the natural father.
  - ii. Enter the name(s) of the minor child(ren) in this case.

a). WHEREFORE, I request the court:

i. a) Find that \_\_\_\_\_ is the natu  
 (the party to be named as the natural father)

ii. child(ren) \_\_\_\_\_  
 (child(ren) that the Complaint refers to)

Paragraph b): Enter the name of the party who is to have custody of the child(ren) of this relationship.

b) Approve a parenting plan that awards \_\_\_\_\_  
 (parent who is to have physical custody of the child(ren))

## FINAL SIGNATURE

**a. DO NOT SIGN THE AFFIDAVIT AND APPLICATION UNTIL YOU ARE BEFORE A NOTARY PUBLIC.**

- b. Enter the date.
- c. Print your first, middle, and last names.
- d. Enter your full street address.
- e. Enter your city, state, and ZIP code.
- f. Enter your telephone number, including the area code.
- g. Enter your email address, if any.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Callout boxes: a. points to Signature; b. points to Printed Name; c. points to Date; d. points to Street Address; e. points to City/State/ZIP Code; f. points to Telephone Number; g. points to Email address.

- h. Carefully read the statement.
  - i. Check the box if you do not have the ability to receive emails.
  - ii. You must give the reason you don't have the ability to receive emails on the line provided.

i. [\\*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](#).

ii. 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: \_\_\_\_\_

Callout boxes: i. points to the first checkbox; ii. points to the second checkbox.

## VERIFICATION

***This form must be signed and sworn to in the presence of a notary public. You must bring a photo identification for the notary to verify your identity.***