

_____,
Plaintiff,

Case No. _____

vs.

_____,
Defendant.

**COMPLAINT FOR
DISSOLUTION OF
MARRIAGE
(WITH CHILDREN)**

I _____, without assistance of an
(your full name)
attorney, ask this court for a Dissolution of Marriage. In support of my complaint,
I state that the following items are true:

1. 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)
2. My spouse's address is _____,
(spouse's street address)
in _____.
(city, county and state where spouse lives)
3. Either my spouse or I have lived in the state of Nebraska for more than
one year prior to the filing of this Complaint, with the intention of
making this state a permanent home.
4. At the time I filed this action, either my spouse or I was living in
_____ County, Nebraska.
(county where complaint filed)

5. We were married on _____, in _____,
(date of marriage)

(city and state of marriage)

6. Neither my spouse nor I am a party to any other pending actions for divorce, separation, or dissolution of marriage in this state or in any other state.

7. My spouse is not a member of the Armed Forces of the United States or its allies.

8. My marriage is irretrievably broken.

9. My spouse and I have _____ child(ren) whose custody or welfare
(number of children)
may be affected by this divorce.
Their names and years of birth are:

(name of child) (child's year of birth)

(name of child) (child's year of birth)

(name of child) (child's year of birth)

(name of child) (child's year of birth)

10. _____ are fit to have the care, custody, and
("I am," "My spouse is," or "Both my spouse and I are")
control of our minor child(ren) subject to the other party's right of
parenting time.

11. 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) 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) 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) Check the box that applies:

I do not know the names and addresses of any person(s) other than my spouse 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 my spouse 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:

12. _____ able to provide support for the child(ren).
("I am" or "My spouse is")
13. During the course of the marriage, my spouse and I have accumulated certain items of property, which should be equitably divided between us.
14. My spouse and I owe certain marital debts and obligations and the responsibility for payment of these debts and obligations should be fairly divided between us.

15. I wish my former name, _____,
 (former or maiden name, including first, middle and last names)
 to be restored to me.
16. I want this dissolution of marriage proceeding heard by a district court
 judge.
17. 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)

18. A Parenting Plan has has not been developed.
19. Child custody, parenting time, or other access, and child support are not
 contested.

I request the court:

- A. Dissolve my marriage.
- B. Fairly divide the property and debts between my spouse and me.

C. Check the box that applies:

Award _____ sole legal and sole physical
("me" or "my spouse")
custody of the child(ren).

Award my spouse and me joint legal custody of the child(ren) and
award sole physical custody of the child(ren) to _____.
("me" or "my spouse")

Award my spouse and me joint legal and joint physical
custody of the child(ren).

D. Order a parenting plan that sets forth parenting time with each parent.

E. Award child support according to Nebraska Child Support Guidelines.

F. Restore to me my former name of _____.
(former or maiden name, including first, middle and last names)

G. Grant 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: _____

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*[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: _____

VERIFICATION

State of _____)
County of _____) ss.

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): _____