

(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 \_\_\_\_\_

for the following reason: (name of person ordered to pay child support)

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

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

(name of person ordered to pay child support) (number of days of sentence)

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:

<p>child support of _____ per month beginning (amount of monthly child support ordered)</p> <p>_____</p> <p>(date purge plan for child support ordered to begin)</p> <p>for _____ consecutive months. (length of purge plan)</p> <p>childcare expenses of _____ per month beginning (amount of child-care expenses ordered)</p> <p>_____</p> <p>(date purge plan for child-care expenses ordered to begin)</p> <p>for _____ consecutive months. (length of purge plan)</p> <p>health-related expenses of _____ per month beginning (amount of health-care expenses ordered)</p> <p>_____</p> <p>(date purge plan for health-care expenses ordered to begin)</p> <p>for _____ consecutive months. (length of purge plan)</p>
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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.

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**

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: \_\_\_\_\_

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

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): \_\_\_\_\_