

_____,
o/b/o: _____ Petitioner,

Case No. _____

_____,
(if you are filing this Petition for another person or
minor child who cannot file for themselves, then
enter their name on this line)

**PETITION AND AFFIDAVIT
TO RENEW SEXUAL
ASSAULT PROTECTION
ORDER**

vs.

_____,
Respondent.

1. I, _____, am petitioning for a
renewal of the sexual assault protection order issued on _____
pursuant to [Neb. Rev. Stat. § 28-311.11](#). I am filing this petition on behalf of
myself. I have been a victim of sexual assault. My relationship to the
respondent is: _____.

I am 19 or older or legally emancipated. **OR** I am a minor and _____
years of age.

I do not speak English. The language that I speak is: _____.

OR

I am petitioning for a renewal of the sexual assault protection order issued on
_____ pursuant to [Neb. Rev. Stat. § 28-311.11](#) on
behalf of _____ who is _____
years of age, has been a victim of sexual assault, and whose name is shown
after mine in the caption of this petition. My relationship to the party seeking
protection is:

custodial parent.

guardian.

other: _____
(you must specify the relationship)

The person seeking protection does not speak English.

The language spoken is: _____.

The relationship of the party seeking protection to the respondent is:

_____.

2. Check Only One:

I have received address protection from the Secretary of State under the Address Confidentiality Program. (Service of any court process shall be made by mailing two copies of the process to the Office of Secretary of State, Address Confidentiality Program, Suite 2300, State Capitol Building, Lincoln, NE, 68509)

I am living at a safe house or shelter for my own protection. Pursuant to [Neb. Rev. Stat. § 29-4303](#), I cannot identify the name, address, location or phone number of the facility.

My address is:

(Street or Route/Box) (City) (State) (ZIP code)

Mailing address (if different):

(Street or Route/Box) (City) (State) (ZIP code)

3. [Neb. Ct. Rule § 2-208](#) requires people involved in a case who are not attorneys to provide their email address or provide a reason why they cannot receive emails.

I do not have the ability to receive emails. The reason I cannot receive email is:

My email address is: _____

NOTE: By providing this email address, I acknowledge that I am aware that this information will be public record. I also understand that I will only receive email communications regarding this case from the court.

4. I am filing this petition against the respondent whose age is: _____ and who resides at:

(Street or Route/Box) (City) (State) (ZIP code)

Mailing address (if different):

(Street or Route/Box) (City) (State) (ZIP code)

(Phone number)

The respondent does not speak English. The language that the respondent speaks is:

5. The respondent is a person who has willfully committed acts of sexual assault as defined in [Neb. Rev. Stat. §§ 28-318 to 28-320.01](#) against _____.
(name of the person seeking protection)

6. To my knowledge, the respondent and I or the person seeking protection have or have not been involved in past or current court cases together. (i.e., divorce, paternity, custody, juvenile, criminal or protection orders) If so: when, where, type of case, name of court(s), and case number(s).
7. Pursuant to [Neb. Rev. Stat. § 25-2740](#), I request to have a District Court Judge, or County Court Judge preside over this proceeding. (I understand this request may not be granted.)
8. I am seeking renewal for the following reason(s) (required):
9. There have been no material changes in relevant circumstances since the entry of the order.
10. Please describe additional events that happened since the current protection order was issued (not required).
11. I am not requesting a modification of the order.
12. I hereby ask the court to renew the existing protection order.

I hereby swear, or affirm, under penalty of perjury, the foregoing affidavit is true.

Signature of Petitioner

(Name, Firm name, and Bar Number **IF** being completed by an attorney)

**(do NOT sign UNTIL THE CLERK OF THE DISTRICT COURT OR A
NOTARY IS PRESENT AND WITNESSES YOU SIGNING)**

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): _____

**Once filed, a petition for renewal of a sexual assault protection order may not
be withdrawn except upon order of the court.**