Nebraska State Court Form REQUIRED DC 19:2 Rev. 01/20 Neb. Rev. Stat. § 28-311.09	**PETITION AND AFFIDAVIT TO OBTAIN HARASSMENT PROTECTION ORDER**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county

Case No. _____

_____
Petitioner,

_____
Additional Petitioner/Minor Child(ren),

_____
Additional Petitioner/Minor Child(ren),

vs.

_____
Respondent.

PETITION AND AFFIDAVIT TO OBTAIN HARASSMENT PROTECTION ORDER

1. I,_____, am the petitioner in this case. I am petitioning for a harassment protection order pursuant to Neb. Rev. Stat. § 28-311.09.

   I am filing this petition on behalf of:

   ☐ Myself. I have been harassed.
   ☐ Myself and additional petitioner(s) who have been harassed and whose name(s) is/are shown after mine in the caption of this petition. My relationship to the additional petitioner(s)/minor child(ren) is/are: ☐ custodial parent, ☐ guardian, ☐ other:_____.
   ☐ Only on behalf of the additional petitioner(s) who have been harassed and whose name(s) is/are shown after mine in the caption of this petition. My relationship to the additional petitioner(s)/minor child(ren) is/are: ☐ custodial parent, ☐ guardian, ☐ other:_____.

   AND:

   ☐ 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:_____.

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. ☐ I do not agree to receive notification by email.

☐ **I agree** to receive notification by email.

email **address:**_____

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:_____.

My relationship to the respondent is:_____.

5. The respondent is a person who has willfully harassed me and has engaged in a knowing and willful course of conduct directed at me which seriously terrifies, threatens, or intimidates me and serves no legitimate purpose.

6. To my knowledge, The respondent and I ☐ 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. I hereby ask the court to enter a protection order (mark all that apply):
   - ☐ prohibiting the respondent from imposing any restraint upon the person(s) seeking protection.
   - ☐ prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person(s) seeking protection.
   - ☐ prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person(s) seeking protection.

8. Pursuant to Neb. Rev. Stat. § 25-2740, I request to have a ☐ **District Court Judge,** or a ☐ **County Court Judge** preside over this proceeding. (I understand this request may not be granted.).

9. The dates or approximate dates and facts of the most recent series of acts and the most severe incident or incident(s) of harassment toward the person(s) seeking protection are (Please write a brief but detailed description.):

A. Date/Time:_____Description:

_____

_____

_____

_____

_____

B. Date/Time:_____Description:

_____
_____
_____
_____
_____
_____

C. Date/Time:_____Description:

_____
_____
_____
_____
_____
_____

10. I request the court treat this Petition and Affidavit for a Harassment Protection Order as a request for a sexual assault protection order or a domestic abuse protection order if it appears to the court, based on facts contained in this Petition and Affidavit and the evidence presented at a show cause hearing, that another type of protection order is more appropriate in this case, and the court makes such findings.

11. Additional Petitioner(s) (if needed):

Petitioner 2 (Minor Child):

Name: Age: Relationship to the Respondent:

_____ _____ _____

Residence:

☐ The address of this Petitioner is the same as my address above.

☐ This Petitioner's address is:

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

Petitioner 3 (Minor Child):

Name: Age: Relationship to the Respondent:

_____ _____ _____

Residence:

☐ The address of this Petitioner is the same as my address above.

☐ This Petitioner's address is:

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

Petitioner 4 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

Residence:

☐ The address of this Petitioner is the same as my address above.

☐ This Petitioner's address is:

_____
(Street or Route/Box) (City) (State) (Zip)

Petitioner 5 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

Residence:

☐ The address of this Petitioner is the same as my address above.

☐ This Petitioner's address is:

_____
(Street or Route/Box) (City) (State) (Zip)

Petitioner 6 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

Residence:

☐ The address of this Petitioner is the same as my address above.

☐ This Petitioner's address is:

_____
(Street or Route/Box) (City) (State) (Zip)

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)

Subscribed and sworn before me on _____, 20 _____

_____
Clerk of the Court/Notary Public (Seal)

My Commission Expires: _____