

## Information Worksheet For the Domestic Abuse Protection Order

**This worksheet is to assist you in gathering information needed to complete the petition and affidavit for a protection order, and is not filed with the court. It is not required nor is it a substitute for the petition and affidavit.**

### For the "Petition and Affidavit to Obtain Domestic Abuse Protection Order":

The county in which you will be filing the petition and affidavit:

Full name of the petitioner (your name):

Your street address\*\*\*:

\*\*\*If your address is confidential under Nebraska or Federal law, enter the county and state only.

What is your age?:

What language do you speak if you do not speak English?:

Your relationship to respondent - pick one: ☐ spouse (husband or wife) ☐ former spouse ☐ child  
☐ someone I am living with ☐ someone I have lived with in the past ☐ the father/mother of one or more of my children ☐ someone I am presently dating ☐ someone I have dated in the past  
☐ someone related to me in the following way:

☐ Not applicable because requesting only on behalf of other(s)

Full name of any additional petitioner(s) / Minor Child(ren), 2

Age: \_\_\_\_\_ Address if different: \_\_\_\_\_

Relationship to respondent - pick one: ☐ spouse (husband or wife) ☐ former spouse ☐ child  
☐ someone they are living with ☐ someone they have lived with in the past ☐ the father/mother of one or more of their children ☐ someone they are presently dating ☐ someone they have dated in the past  
☐ someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren), 3

Age: \_\_\_\_\_ Address if different: \_\_\_\_\_

Relationship to respondent - pick one: ☐ spouse (husband or wife) ☐ former spouse ☐ child  
☐ someone they are living with ☐ someone they have lived with in the past ☐ the father/mother of one or more of their children ☐ someone they are presently dating ☐ someone they have dated in the past  
☐ someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren), <span style="border: 1px solid black; padding: 0 5px;">4</span>
Age: _____ Address if different: _____
<b>Relationship to respondent - pick one:</b> <input type="checkbox"/> spouse (husband or wife) <input type="checkbox"/> former spouse <input type="checkbox"/> child <input type="checkbox"/> someone they are living with <input type="checkbox"/> someone they have lived with in the past <input type="checkbox"/> the father/mother of one or more of their children <input type="checkbox"/> someone they are presently dating <input type="checkbox"/> someone they have dated in the past <input type="checkbox"/> someone related to them in the following way: _____
Full name of any additional petitioner(s) / Minor Child(ren), <span style="border: 1px solid black; padding: 0 5px;">5</span>
Age: _____ Address if different: _____
<b>Relationship to respondent - pick one:</b> <input type="checkbox"/> spouse (husband or wife) <input type="checkbox"/> former spouse <input type="checkbox"/> child <input type="checkbox"/> someone they are living with <input type="checkbox"/> someone they have lived with in the past <input type="checkbox"/> the father/mother of one or more of their children <input type="checkbox"/> someone they are presently dating <input type="checkbox"/> someone they have dated in the past <input type="checkbox"/> someone related to them in the following way: _____
Full name of any additional petitioner(s) / Minor Child(ren), <span style="border: 1px solid black; padding: 0 5px;">6</span>
Age: _____ Address if different: _____
<b>Relationship to respondent - pick one:</b> <input type="checkbox"/> spouse (husband or wife) <input type="checkbox"/> former spouse <input type="checkbox"/> child <input type="checkbox"/> someone they are living with <input type="checkbox"/> someone they have lived with in the past <input type="checkbox"/> the father/mother of one or more of their children <input type="checkbox"/> someone they are presently dating <input type="checkbox"/> someone they have dated in the past <input type="checkbox"/> someone related to them in the following way: _____
Full name of any additional petitioner(s) / Minor Child(ren), <span style="border: 1px solid black; padding: 0 5px;">7</span>
Age: _____ Address if different: _____
<b>Relationship to respondent - pick one:</b> <input type="checkbox"/> spouse (husband or wife) <input type="checkbox"/> former spouse <input type="checkbox"/> child <input type="checkbox"/> someone they are living with <input type="checkbox"/> someone they have lived with in the past <input type="checkbox"/> the father/mother of one or more of their children <input type="checkbox"/> someone they are presently dating <input type="checkbox"/> someone they have dated in the past <input type="checkbox"/> someone related to them in the following way: _____
Full name of the respondent (other party): _____
The respondent's address and telephone number: _____
_____
_____
_____
What is the age of the respondent?: _____
What language does the respondent speak if they do not speak English?: _____

Identifying characteristics of the respondent:

Sex:

Race:

Skin tone:

Height:

Weight:

Eye Color:

Hair Color:

Driver's

License #:

State:

Exp. Date:

Place of  
birth:

Scars/Marks/Tattoos:

Other distinguishing features:

Name of court, case number and determination of any other proceeding (domestic violence, protection orders, termination or parental rights, adoption...) that could affect this action.

Names and years of birth and residence for each child you AND the respondent are the biological parents of:

Names and years of birth and residence for each child you are the biological parent of but the respondent is NOT:

**You will be asked to write out a brief but detailed description of the most recent incident(s) of domestic abuse including shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained and medical or hospital treatment necessary, if any.**

**For the “Protection Order Praeipce” (additional information combined with above) :**

Where the respondent works: \_\_\_\_\_

What hours/days the respondent works: \_\_\_\_\_

The respondent's WORK address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other locations that the respondent may be found: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Year: \_\_\_\_\_ Color(s): \_\_\_\_\_  
 Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
 Type: \_\_\_\_\_ VIN (if available): \_\_\_\_\_

**Other inforamtion:**

Does the respondent carry a weapon or keep one nearby?: ☐ Yes ☐ No

Where and what kind?: \_\_\_\_\_

Have a history of mental illness?: ☐ Yes ☐ No

What kind?: \_\_\_\_\_

Use or abuse drugs or alcohol?: ☐ Yes ☐ No

What kind?: \_\_\_\_\_

Have a history of violence towards others?: ☐ Yes ☐ No

Make threats against law enforcement?: ☐ Yes ☐ No