

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

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

_____,
(your name) Petitioner,

Case No. _____

o/b/o:

_____,
(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
OBTAIN SEXUAL ASSAULT
PROTECTION ORDER**

vs.

_____,
(other party) Respondent.

1. I, _____, am petitioning for a sexual assault protection order 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 sexual assault protection order 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. I do not agree to receive notification by e-mail.

I agree to receive notification by e-mail.

e-mail address: _____

NOTE: By providing this e-mail address, I acknowledge that I am aware that this information will be public record. I also understand that I will only receive e-mail 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. I hereby ask the court to enter a protection order (mark all that apply):

- prohibiting the respondent from imposing any restraint upon the person seeking protection.
- prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person seeking protection.
- prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person 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.)

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

Signature of Petitioner

(Firm name and Bar Number **IE** 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 District Court/Notary Public

(Seal)

My Commission Expires: _____

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withdrawn except upon order of the court.**