

_____, Case No. _____
o/b/o: _____, Petitioner,

_____,
(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.

_____,
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. [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. 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, County Court Judge preside over this proceeding. (I understand this request may not be granted.)
9. The date(s) or approximate date(s) and event(s) and the most severe incident or incident(s) of sexual assault toward the person seeking protection was/were: (Please write a brief but detailed description.)
- a. Date/Time: _____ Description:

b. (If needed) Date/Time:_____ Description:

c. (If needed) Date/Time:_____ Description:

10. I request the court treat this Petition and Affidavit for a Sexual Assault Protection Order as a request for a domestic abuse protection order or a harassment 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.

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 a sexual assault protection order may not be
withdrawn except upon order of the court.**