

COMPLETING THE PETITION AND AFFIDAVIT TO OBTAIN HARASSMENT PROTECTION ORDER.

Use this form to ask the court to issue a Harassment Protection Order.

For a Harassment Protection Order:

- You (the petitioner) do NOT need to have a past or current relationship with the other party (respondent).
- You will have to explain how the other party has knowingly and willingly engaged in a course of conduct towards the person(s) asking for protection (petitioner, additional petitioner(s), and minor children).
 - “Knowingly and willingly” means they are doing things on purpose.
 - “Course of conduct” means a pattern of activity made up of actions that have been repeated over a period of time, however short, with a similar goal.
 - The goal of these actions was to seriously terrify, threaten, or intimidate the victim.
 - These acts did not have a legitimate purpose.
 - These may include acts of following, detaining, restraining the personal liberty of, stalking, telephoning, contacting, or otherwise communicating with the petitioner.
- You will be asked to write a brief, but detailed description of the MOST RECENT and the MOST SEVERE series of acts of harassment that seriously terrifies, threatens, or intimidates the victim and serves no legitimate purpose.

Read all of the information on this page:

<https://supremecourt.nebraska.gov/self-help/protection-order-information/harassment-protection-order>

It can be helpful to use the [Information Worksheet](#) to collect the information you might need to complete this form.

If you use the Information Worksheet, do NOT file it with the court.

Some courts require a separate Petition for each person asking for protection. Check with the court in which you will be filing the Petition.

Once the protection order is granted, it may not be withdrawn except by an order of the court.

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Choose the county from the drop-down list.

Enter your name and the name of the minor children or additional petitioners asking for protection.

Enter the name of the other party (respondent).

Check the box that applies. If you check the second or third box complete the information.

If you are printing the Petition and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

Leave blank.
The court clerk will assign a case number.

Enter your name.

Check all of the boxes that apply. If you check the second or third box complete the information.

Nebraska State Court Form
REQUIRED
DC 19:2 Rev. 01/2020
Neb. Rev. Stat. § 28-311.09

☒ Printing the form and handwriting the answers.
☐ Completing the form electronically.

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

_____, Case No. _____
Petitioner,
_____, PETITION AND AFFIDAVIT
Additional Petitioner/Minor Child(ren), TO OBTAIN HARASSMENT
_____, PROTECTION ORDER
Additional Petitioner/Minor Child(ren),
vs. _____
Respondent.

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. 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:

My relationship to the respondent is:

Check the box that applies. If you check the third box, provide your street address. If your mailing address is different, also check the fourth box and add the information.

If you **CANNOT** receive emails, check the first box, and use the lines to explain why. If you are able to receive emails, check the second box and enter your email address.

Enter the other party's age.

Enter the other party's address. If their mailing address is different, check the box and add the information. Enter their phone number.

Check the box ONLY if the other party does not speak English and enter the language they speak in the blank.

Choose the relationship from the drop-down list. with the other party. If "none" type that in the blank.

Check the correct box. If you and the other party have been in past or current court cases together, enter the information about the cases.

Check all the boxes that apply for the types of protection you are requesting.

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 ☐ 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.):

Check the box that applies.

Write brief, but detailed descriptions of the MOST RECENT and the MOST SEVERE series of acts of harassment toward the person(s) seeking protection.

[illegible]

Enter the information
for EACH of
the additional
petitioner(s) and
minor children listed
on this Petition.
(More spaces are on
the next page.)

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 (From list on number 4): _____
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 (From list on number 4): _____
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 (From list on number 4): _____
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)

(If needed)
Continue entering
the information for
EACH of
the additional
petitioner(s) and
minor children listed
on this Petition.

Petitioner 5 (Minor Child):
Name: _____ Age: _____
Relationship to the Respondent (From list on number 4):

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 6 (Minor Child):
Name: _____ Age: _____
Relationship to the Respondent (From list on number 4):

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)

I hereby swear, or affirm, under penalty of perjury, the forgoing 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 _____,

Clerk of the Court/Notary Public (Seal)

My Commission Expires: _____

If completed by an
attorney, enter your
name, firm name,
and Bar number.

DO NOT sign the
form until a notary
or the Clerk of the
District Court is
there to witness
you signing.

The notary or Clerk
of the District Court
will complete this
section.