

Information Worksheet For the Sexual Assault 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 a Sexual Assault 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.**

Your e-mail address(see form for additional information regarding providing your e-mail address):

What is your age?:

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

Your relationship to respondent - ☐ none ☐ 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: _____
☐ other: _____

Your relationship to the party seeking protection - ☐ custodial parent ☐ guardian
☐ other: _____

Full name of minor child or other person not able to file for themselves. (If you are filing on behalf of that person.)

Age: _____

If the party you are filing on behalf of does not speak English, what language do they speak? _____

Relationship to respondent - ☐ none ☐ 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 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?:

Name of court, case number and determination of any other proceeding (i.e.,divorce, paternity, custody, juvenile, criminal or protection orders) that could affect this action.

You will be asked to write out a brief but detailed description of the act(s) of sexual assault towards the person seeking protection.

For the "Protection Order Praecipe" (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:

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:

Vehicle Information:		
Make: _____	Model: _____	
Year: _____	Color(s): _____	
Lic Plate #: _____	State: _____	
Type: _____	VIN (if available): _____	
Other information:		
Does the respondent carry a weapon or keep one nearby?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where and what kind?: _____		
Have a history of mental illness?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What kind?: _____		
Use or abuse drugs or alcohol?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What kind?: _____		
Have a history of violence towards others?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make threats against law enforcement?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No