Nebraska State Court Form REQUIRED DC 19:44 Rev. 01/20 Neb. Rev. Stat. § 28-311.11	**PETITION AND AFFIDAVIT TO RENEW SEXUAL ASSAULT PROTECTION ORDER**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically.

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

_____,
(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)

vs.

_____,
(other party) Respondent.

PETITION AND AFFIDAVIT TO RENEW SEXUAL ASSAULT PROTECTION ORDER

1. I,_____, am petitioning for a renewal of the sexual assaultprotection order issued on_____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 legallyemancipated. **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 renewal of the sexual assault protection order issued on _____ 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 languagespoken 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 email.

☐ **I agree** to receive notification by email.

email address: _____

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. 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.).

8. I am seeking a renewal for the following reason(s) (required):

_____
_____
_____
_____
_____
_____
_____

9. There have been no material changes in relevant circumstances since the entry of the order.

10. Please describe additional events that happened since the current protection order was issued (not required).

_____
_____
_____
_____
_____

11. I am not requesting a modification of the order.

12. I hereby ask the court to renew the existing protection order.

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)

Subscribed and sworn before me on_____, 20_____.

_____
Clerk of the District Court/Notary Public (Seal)

My Commission Expires: _____

Once filed, a petition for renewal of a sexual assault protection order may not be withdrawn except upon order of the court.