COMPLETING THE PETITION AND AFFIDAVIT TO RENEW SEXUAL ASSAULT PROTECTION ORDER.

Use this form to ask the court to renew an original or modified Sexual Assault Protection Order.

PLEASE NOTE: One Petition should be filed for **each person** asking for a renewal of a Sexual Assault Protection Order.

- You may complete this form for another person or a minor child who cannot file for themselves.
- You (the petitioner), or the person you are filing for, do NOT need to have a past or current relationship with the other party (respondent).
- You will be asked to write a description of why you are requesting that the protection order be renewed.
- You will be asked to describe any additional events that happened since the current protection order was issued or modified.
 - Sexual assault may be defined as when a person has been subjected to sexual contact or sexual penetration or attempted sexual contact or sexual penetration without consent.
 - For complete definitions, you can refer to Neb. Rev. Statute § 28-318.(https://nebraskalegislature.gov/laws/statutes.php?statute=28-318)

Read all of the information on this page: https://supremecourt.nebraska.gov/self-help/protection-order-information/sexual-assault-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.

Once the protection order is renewed, it may not be withdrawn except by an order of the court.

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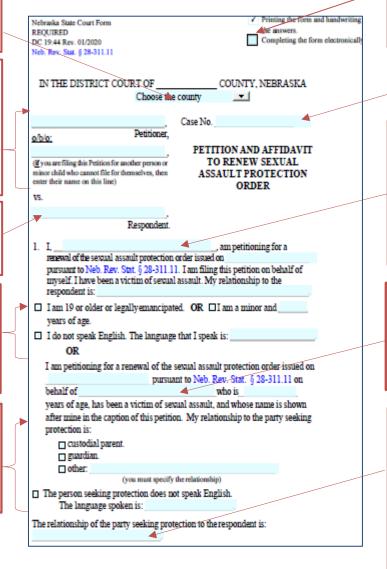
Choose the county from the drop-down list.

Enter your name and, if it applies, the name of the minor child or other person who cannot file for themselves.

Enter the name of the other party (respondent).

Check the boxes if they apply, and complete the information requested.

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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.

Enter the case number.

Enter your name, the date of the protection order, and your relationship to the other party. If there is no relationship, enter "none".

If you filed for someone else, enter the date of the protection order, their name, and age.

Enter what the relationship of the person you are filing the Petition for is to the respondent.

If there is no relationship, enter "none".

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2. Check Only One:

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.

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

Confidentiality Program, Suite 2 ☐ I am living at a safe house of Rev. Stat. § 29-4303, I cannot id	r shelter for my own prot	ection. Pursuar	at to Neb.
of the facility. My address is:			
(Street or Route/Box) Mailing address (if differen	(City) nf):	(State)	(ZIP code)
(Street or Route/Box)	(City)	(State)	(ZIP code)
 Neb. Ct. Rule § 2-208 requi to provide their email addres 			
☐ I do not have the ability to re	ceive emails. The reasor	I cannot recei	ive email is:
☐My email address is:			
☐My email address is: NOTE: By providing this emaths information will be public.		•	
NOTE: By providing this ema	record. I also understa	and that I will	
NOTE: By providing this ema this information will be public	record. I also understa ling this case from the	and that I will court.	
NOTE: By providing this ema this information will be public email communications regard 4. I am filing this petition again resides at:	record. I also understa ling this case from the ust the respondent who	and that I will court. se age is:	and who
NOTE: By providing this emaths information will be public email communications regard 4. I am filing this petition again	record. I also understa ling this case from the nst the respondent whos (City)	and that I will court. se age is:	only receive
NOTE: By providing this emathis information will be public email communications regard 4. I am filing this petition again resides at: (Street or Route/Box)	record. I also understa ling this case from the nst the respondent whos (City)	and that I will court. se age is: (State)	and who

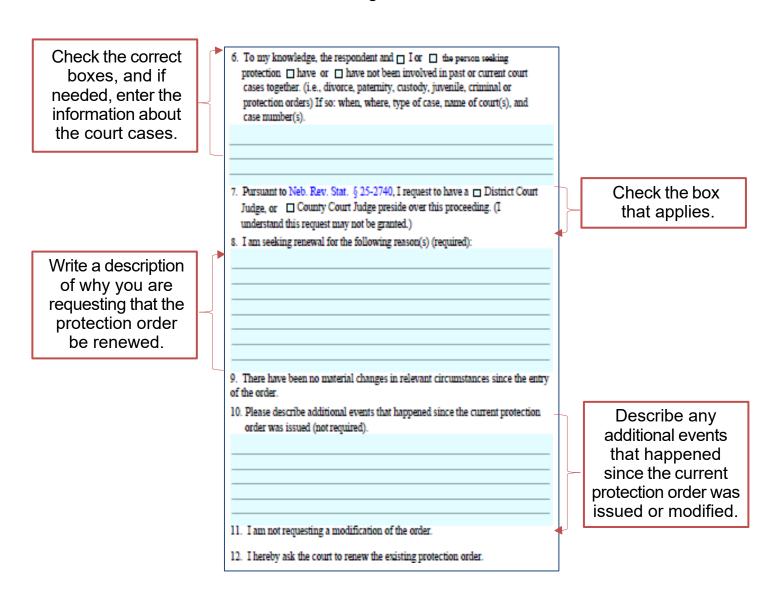
Check the box that applies. If you check the third box, provide your street address. If your mailing address is different, add the information.

Enter the other party's age.

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

Enter the name of the person who is asking for the protection to continue.

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

po 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.