

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

HEADING:

- a. Choose the county in the drop down box below the first blank. This is where you are filing this Petition and Affidavit.
- b. Enter the first, middle and last names of the plaintiff (your name).
- c. If you are filing this petition on behalf of a minor child or a person who is unable to file the petition for themselves, enter their first, middle and last names on the next line.
 - i. **PLEASE NOTE:** It is intended that **each person** requesting protection through a Sexual Assault Protection Order will file a **separate** Petition and Affidavit.
- d. Enter the first, middle and last names of the respondent (the other party's name).
- e. The case number will be assigned by the clerk of the district court.

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

Choose the county ▼

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)

**PETITION AND AFFIDAVIT
TO RENEW SEXUAL
ASSAULT PROTECTION
ORDER**

vs.

 Respondent.

BODY OF PETITION AND AFFIDAVIT:

The numbers below give instructions for completing the paragraphs with the same numbers in the Petition and Affidavit.

- Paragraph 1.
- a. Enter your full name in the first space.
 - b. Enter the date of the original or previously modified sexual assault protection order.
 - c. Enter your relationship to the respondent in the next blank. If you do not have any relationship to the respondent, enter "none".

1. I, _____, am petitioning for a renewal of the sexual assault protection 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: _____

- d. Check the box that is correct for if you are 19 or older or legally emancipated or if you are a minor.
 - i. IF YOU ARE A MINOR – enter your age in the box provided.
- e. Check the next box if you do NOT speak English.
 - i. If you check the box, enter the language that you speak.

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: _____

- f. **IF** you are filing this petition on behalf of a minor child or someone who cannot file for themselves,
 - i. Enter the date of the original or previously modified sexual assault protection order.
 - ii. Enter their full name.
 - iii. Enter their age.

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

f. Check the box that represents YOUR relationship to the person you are filing the petition for.

custodial parent.
 guardian.
 other: _____
(you must specify the relationship)

g. Check the next box if the person you are filing the Petition for does not speak English.
i. If you check the box that the person you are filing the Petition on behalf of does not speak English, enter the language that the person you are filing the Petition for speaks.

The person seeking protection does not speak English.
The language spoken is: _____

h. Enter the relationship of the person you are filing the Petition for to the respondent. If they do not have any relationship to the respondent, enter "none".

The relationship of the party seeking protection to the respondent is: _____

Paragraph 2. j. Check the box for either: you have received address protection, you are living at a safe house, or that you are providing your address.

i. If you check the third option, enter your street address in the space provided.
ii. If your mailing address is different from your street address enter what your mailing address 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)

Paragraph 3. k. Check the correct box of Paragraph 3.

i. If you check the box that you do not have the ability to receive emails, you must write an explanation.
ii. If you check the box that you can receive emails, enter the email address.

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: _____

Paragraph 4 l. Enter the age of the respondent.

m. Enter the respondent's street address.

i. If the respondent's mailing address is different from their street address, enter the mailing address.

n. Enter the respondents telephone number.

o. Check the next box if the respondent does NOT speak English.

i. If you check the box, enter the language that they speak

4. I am filing this petition against the respondent whose age is: and who resides at:

m.

(Street or Route/Box) (City) (State) (ZIP code)

i. Mailing address (if different):

n.

(Street or Route/Box) (City) (State) (ZIP code)

o.

(Phone number)

The respondent does not speak English. The language that the respondent speaks is:

ii.

Paragraph 5. Enter the name of the person who is requesting to be protected in this Petition and Affidavit.

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)

Paragraph 6. q. Check the appropriate boxes.
 i. IF you and the respondent **AND/OR** the person you are filing this petition for and the respondent HAVE been involved in a past or current court case together, enter the name of the court, the case number, the type of case and the date of the determination.

q. 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).

i.

Paragraph 7. Check the appropriate box.

7. 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.)

Paragraph 8. Write a brief, but detailed reason of why you are requesting that the protection order be renewed.

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

Paragraph 10. Describe additional events that happened since the current protection order was issued.

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

SIGNATURE BLOCK:

DO NOT SIGN THIS PETITION AND AFFIDAVIT UNTIL YOU ARE PRESENT IN FRONT OF A NOTARY OR THE CLERK OF THE DISTRICT COURT.

NOTARY VERIFICATION STATEMENT:

THIS WILL BE COMPLETED BY THE CLERK OF THE DISTRICT COURT OR BY A NOTARY