

**PETITION AND AFFIDAVIT TO  
RENEW DOMESTIC ABUSE  
PROTECTION ORDER**

**IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA**

\_\_\_\_\_  
Petitioner,

Case No. \_\_\_\_\_

\_\_\_\_\_  
Additional Petitioner/Minor Child(ren),

\_\_\_\_\_  
Additional Petitioner/Minor Child(ren),

vs.

**PETITION AND AFFIDAVIT TO  
RENEW DOMESTIC ABUSE  
PROTECTION ORDER**

\_\_\_\_\_  
Respondent.

1. I, \_\_\_\_\_, am petitioning for a renewal of the domestic abuse protection order issued on \_\_\_\_\_, (pursuant to Neb. Rev. Stat. § 42-924(3b)).

I am filing this petition on behalf of: **(please check one)**

Myself. I continue to be in fear for the reason(s) set forth in the original petition and affidavit and/or for the reasons as set forth in number 11 of this document:

Myself and additional petitioner(s). We continue to be in fear for the reason(s) set forth in the original petition and affidavit and/or for the reasons as set forth in number 11 of this document:

Only on behalf of the additional petitioner(s) who continues to be in fear for the reason(s) set forth in the original petition and affidavit and/or for the reasons as set forth in number 11 of this document:

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. I do not agree to receive notification by e-mail.

I agree to receive notification by e-mail.

e-mail address: \_\_\_\_\_

**NOTE: By providing this e-mail address, I acknowledge that I am aware that this information will be public record. I also understand that I will only receive e-mail communications regarding this case from the court.**

4. My relationship to the respondent is: (Check the ONE that best applies):

spouse (husband or wife)

someone I am presently dating

former spouse

someone I have dated in the past

child

someone I am living with

Someone related to me in the following

someone I have lived with in the past

way: \_\_\_\_\_

the father/mother of one or more of

my children

Not applicable because requesting

only on behalf of other(s)

5. I am filing this petition against the respondent whose age is: \_\_\_\_\_, and 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: \_\_\_\_\_

6. The following are identifying characteristics for 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:  
\_\_\_\_\_  
\_\_\_\_\_

7. 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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





12. Additional Petitioner(s) (if needed):

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**Additional 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)

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**Additional 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)

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**Additional 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)

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**Additional 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)

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**Additional 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)

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I hereby swear, or affirm, under penalty of perjury, the forgoing affidavit is true.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(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 District Court/Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_