

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 _____, 20_____, (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).

8. The respondent and I are parents of the following minor child(ren).

Name	Age	Residence
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I am the parent, but the respondent is not the parent, of the following minor child(ren):

9. I hereby ask the court to renew the existing protection order (mark all that apply):

- prohibiting the respondent from imposing any restraint upon me or upon my liberty;
- prohibiting the respondent from threatening, assaulting, molesting, or attacking me, or otherwise disturbing my peace;
- prohibiting the respondent from telephoning, contacting, or otherwise communicating with me;
- removing and excluding the respondent from my residence; _____

ordering the respondent to stay away from the following location(s):
 (specify address, location description, and connection of place to petitioner)

granting me temporary custody of the following minor children for _____ days (not to exceed 90 days):

Name:	Age:	Residence:
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prohibiting the respondent from possessing or purchasing a firearm as defined in Neb. Rev. Stat. § 28-1201.
 ordering any other relief deemed necessary to provide for the safety and welfare of me and any designated family or household member, (describe relief requested and why):

10. 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.).

11. I am seeking a renewal for the following additional reason(s) (If needed, please write a brief but detailed description of the additional events and/or reasons.):

No additional events have occurred since the original Petition and Affidavit for Domestic Abuse Protection Order was filed.

A. Date/Time (if needed): _____ Description: _____

B. Date/Time (if needed): _____ Description: _____

C. Date/Time (if needed): _____ Description: _____

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

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)

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)

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)

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)

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)

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: _____