

COMPLETING THE PETITION AND AFFIDAVIT TO RENEW DOMESTIC ABUSE PROTECTION ORDER.

Use this form to ask the court to renew an original or modified Domestic Abuse Protection Order.

For purposes of the Protection from Domestic Abuse Act, abuse means the occurrence of one or more of the following acts:

- a) attempting to cause or intentionally and knowingly causing bodily injury;
- b) placing, by means of credible threat, another person in fear of bodily injury (either verbally or in writing); or
- c) engaging in sexual contact or sexual penetration without consent.

For a Domestic Abuse Protection Order:

- You (the petitioner), the additional petitioner(s), which include minor child(ren), must have had a past or current relationship with the other party (respondent).
 - Refer to number 4 in the petition for examples of relationships.
- 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.
 - Examples might include shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, and medical or hospital treatment necessary.

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

Some courts require a separate Petition for each person asking for a renewal. Check with the court in which you will be filing the Petition.

Once the protection order is renewed, it may not be withdrawn except by an order of the court.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

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 your name and the name of the minor children or additional petitioners asking for protection.

Enter the case number.

Enter the name of the other party (respondent).

Enter your name and the date of the protection order.

Check the box that applies.

If you CANNOT give your address due to one of these reasons, check the box that applies. If you CAN give your address, use the line on the next page.

Check all of the boxes that apply. If you check the second or third box complete the information.

Nebraska State Court Form
REQUIRED
DC 19-49 Rev. 01/20
Neb. Rev. Stat. § 42-924

☐ Printing the form and handwriting the answers.
☒ Completing the form electronically

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

Petitioner, Case No. _____

Additional Petitioner/Minor Child(ren), _____

Additional Petitioner/Minor Child(ren), _____

vs. Respondent, _____

PETITION AND AFFIDAVIT TO RENEW DOMESTIC ABUSE PROTECTION ORDER

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
☐ Myself and additional petitioner(s).
☐ Only on behalf of the additional petitioner(s): _____

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.

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.

☐ My address is:

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

Mailing address (if different)

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

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: _____

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

<input type="checkbox"/> spouse (husband or wife)	<input type="checkbox"/> someone I am presently dating
<input type="checkbox"/> former spouse	<input type="checkbox"/> someone I have dated in the past
<input type="checkbox"/> child	<input type="checkbox"/> someone related to me in the following way:
<input type="checkbox"/> someone I am living with	_____
<input type="checkbox"/> someone I have lived with in the past	
<input type="checkbox"/> the father/ mother of one or more of my children	
<input type="checkbox"/> Not applicable because requesting only on behalf of other(s)	

If you did NOT check one of the address boxes on the previous page, check this box and provide your street address. If your mailing address is different, add the information.

Check the box that applies.

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Enter the other party's age.

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

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

Enter the details that describe the other person. "Other distinguishing features" are things that would help Law Enforcement recognize the respondent.

Check the correct box. If you and the other party have been in past or current court cases together, enter the information about the cases.

5. 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: _____

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).

Write a description of why you are requesting that the protection order be renewed.

Check the box that applies.

Describe any additional events that happened since the current protection order was issued or modified.

Enter the information for EACH of the additional petitioner(s) and minor children listed on this Petition. (More spaces are on the next page.)

8. 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.)

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

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

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

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

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

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 code)

(If needed)
Continue entering
the information for
EACH of
the additional
petitioner(s) and
minor children listed
on this Petition.

Petitioner 3 (Minor Child):		
Name: _____		Age: _____
Relationship to the Respondent (From list on number 4): _____		
Residence:		
<input type="checkbox"/> The address of this Petitioner is the same as my address above.		
<input type="checkbox"/> This Petitioner's address is:		
_____ (Street or Route/Box)	_____ (City)	_____ (State) (ZIP code)
Petitioner 4 (Minor Child):		
Name: _____		Age: _____
Relationship to the Respondent (From list on number 4): _____		
Residence:		
<input type="checkbox"/> The address of this Petitioner is the same as my address above.		
<input type="checkbox"/> This Petitioner's address is:		
_____ (Street or Route/Box)	_____ (City)	_____ (State) (ZIP code)
Petitioner 5 (Minor Child):		
Name: _____		Age: _____
Relationship to the Respondent (From list on number 4): _____		
Residence:		
<input type="checkbox"/> The address of this Petitioner is the same as my address above.		
<input type="checkbox"/> This Petitioner's address is:		
_____ (Street or Route/Box)	_____ (City)	_____ (State) (ZIP code)
Petitioner 6 (Minor Child):		
Name: _____		Age: _____
Relationship to the Respondent (From list on number 4): _____		
Residence:		
<input type="checkbox"/> The address of this Petitioner is the same as my address above.		
<input type="checkbox"/> This Petitioner's address is:		
_____ (Street or Route/Box)	_____ (City)	_____ (State) (ZIP code)

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

14. Thereby ask the court to renew the existing protection order.

I hereby swear, or affirm, under penalty of perjury, the forgoing 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 _____,

Clerk of the Court/Notary Public (Seal)

My Commission Expires: _____

DO 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.