

Information Worksheet For the Domestic Abuse Protection Order

When you complete the information on these pages on-line, your answers will transfer to the forms that you will file with the court.

It is important to review each page to make sure they are complete before printing. After printing, **wait to sign until you are in front of the clerk of the court or a notary.**

For the "Petition and Affidavit to Obtain Domestic Abuse Protection Order":

The county in which you will be filing the petition and affidavit:

Full name of the petitioner (your name):

Your address***:

Street Address:

***If your address is confidential under Nebraska or

Federal law check one of the options below

Mailing address if different:

I am receiving address protection from the Secretary of State.

I am living at a safe house or shelter.

If your address is confidential, you may give the court another way to contact you in the signature section of the final page.

THAT PAGE WILL BE KEPT CONFIDENTIAL. DO NOT ENTER CONFIDENTIAL ADDRESS INFORMATION ON THIS PAGE.

I am 19 or older or legally emancipated.

What is your age?:

I am a minor. If I am a minor my age is:

I do not speak English.

What language do you speak if you do not speak English?:

Your relationship to respondent - pick one: spouse (husband or wife) former spouse child
someone I am living with someone I have lived with in the past the father/mother of one or
more of my children someone I am presently dating someone I have dated in the past
someone related to me in the following way:

Not applicable because requesting only on behalf of other(s)

I am filing on behalf of myself, myself AND additional petitioner(s), on behalf of others ONLY

My relationship to the additional petitioners/minor child(ren): custodial parent guardian

Other:

Full name of any additional petitioner(s) / Minor Child(ren),

2

Address is the same as mine.

Age:

Address if different:

This person's relationship to the respondent: spouse (husband or wife), former spouse, child,
someone they are living with, someone they have lived with in the past, the father/mother of one or
more of their children, someone they are presently dating, someone they have dated in the past
someone related to them in the following way:

Type in one of the above OR pick from drop down list:

Full name of any additional petitioner(s) / Minor Child(ren),

3

Address is the same as mine.

Age:

Address if different:

This person's relationship to respondent: spouse (husband or wife), former spouse, child,
someone they are living with, someone they have lived with in the past, the father/mother of one or
more of their children, someone they are presently dating, someone they have dated in the past
someone related to them in the following way:

Type in one of the above OR pick from the drop down list:

Full name of any additional petitioner(s) / Minor Child(ren), 4

Age:

Address is the same as mine.
Address if different:

This person's relationship to respondent: spouse (husband or wife), former spouse, child, someone they are living with, someone they have lived with in the past, the father/mother of one or more of their children, someone they are presently dating, someone they have dated in the past someone related to them in the following way: _____

Type in one of the above OR Pick from drop down list:

Full name of any additional petitioner(s) / Minor Child(ren), 5

Age:

Address is the same as mine.
Address if different:

This person's relationship to respondent: spouse (husband or wife), former spouse, child, someone they are living with, someone they have lived with in the past, the father/mother of one or more of their children, someone they are presently dating, someone they have dated in the past someone related to them in the following way: _____

Type in one of the above OR Pick from drop down list:

Full name of any additional petitioner(s) / Minor Child(ren), 6

Age:

Address is the same as mine.
Address if different:

This person's relationship to respondent: spouse (husband or wife), former spouse, child, someone they are living with, someone they have lived with in the past, the father/mother of one or more of their children, someone they are presently dating, someone they have dated in the past someone related to them in the following way: _____

Type in one of the above OR Pick from drop down list:

[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.

Full name of the respondent (other party): _____

The respondent's address: _____

The respondent's telephone number: _____

The respondent's mailing address if different: _____

What is the age of the respondent?: _____

The respondent does not speak English.

What language does the respondent speak if not English?: _____

Pursuant to [Neb. Rev. Stat. § 25-2740](#), 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.).

The respondent goes by another name (alias). It is: _____

Identifying characteristics of 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:

The respondent and I **have** **have not** been involved in other court cases together.

Name of court, case number and determination of any other proceeding (domestic violence, protection orders, termination or parental rights, adoption...) that could affect this action.

Name, age, and residence for each child you AND the respondent are the biological parents of:
Name Age Residence

Name, age, and residence for each child you are the biological parent of but the respondent is NOT:
Name: Age Residence

Some of your confidential information is needed when you file for a protection order. You provide that on the Social Security Numbers, Gender, and Birth Date(s) form. Go to that page to fill in this information.

IT IS KEPT CONFIDENTIAL.

IF YOU DO NOT HAVE ALL OF THE INFORMATION, COMPLETE AS MUCH AS YOU CAN.

DO NOT GIVE UP.

This button will take you to that page:

To tell the court what type of protection you are asking for, Use this button to go to page 3 of the Petition (number 9), check each type you are asking for and complete any additional information.

Please write a description of the most recent incident(s) of domestic abuse.

(Examples might including shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, medical or hospital treatment necessary).

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. **Go to page 4 of the Petition (number 11) to write your description. This button will take you to that location:**

For the “Protection Order Praecipe” (additional information combined with above) :

Where the respondent works: _____

What hours/days the respondent works: _____

The respondent's WORK address: _____

What county should the other party be given the papers in? _____

(This is also known as "being served")

Other locations that the respondent may be found:

Vehicle Information:

Make: _____

Model: _____

Year: _____

Color(s): _____

Lic Plate #: _____

State: _____

Type: _____

VIN (if available): _____

Other information:

Does the respondent carry a weapon or keep one nearby?:

Yes

No

Where and what kind?: _____

Have a history of mental illness?:

Yes

No

What kind?: _____

Use or abuse drugs or alcohol?:

Yes

No

What kind?: _____

Have a history of violence towards others?:

Yes

No

Make threats against law enforcement?:

Yes

No

Other directions for service can be entered on the Praecipe on page 1:

Additional comments can be added on the Praecipe on page 2:

_____, Case No. _____
Petitioner,

_____,
Additional Petitioner/Minor Child(ren),

**PROTECTION ORDER
PRAECIPE**

_____,
vs. Additional Petitioner/Minor Child(ren),

_____,
Respondent.

TO THE CLERK OF COURT:

Please have the Sheriff of _____ County serve a
copy of the protection order and/or order to show cause, petition, and request for
hearing (if applicable) upon the respondent by personal service at any one of the
following addresses:

Home: _____

Work: _____

Other locations where respondent can be found:

Directions for service:

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

Check if completed by an attorney.

If completed by an attorney:

Bar Number: _____

**(If you are concealing your address or phone, do not provide them. Make
separate arrangements with the clerk.)**

Fill in any of the following information if known.

Description of Respondent:

Alias: _____

Sex: _____ Age: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Race: _____

Skin Tone: _____

Place of Birth: _____

Scars, Marks, and Tattoos: _____

Other Distinguishing Features: _____

Employer: _____

Work Days and Hours: _____

Description of Respondent's Vehicle:

Drivers Lic. No.: _____ Issuing State: _____

Expiration: _____

Vehicle Lic. No.: _____ Vehicle Year: _____

Issuing State: _____ Type: _____

Make: _____ Model: _____ Color(s): _____

VIN: _____

Does the Respondent:

Carry a weapon or keep a weapon nearby? yes no

Where and what kind? _____

Have a history of mental illness? yes no _____

Use or abuse alcohol or drugs? yes no What kind? _____

Have a history of violence toward others? yes no

Make threats against law enforcement? yes no

Other Comments: _____

(county where original action was filed)

**THIS DOCUMENT IS CONFIDENTIAL AND SHALL NOT BE MADE
PART OF THE CASE FILE OR PROVIDED TO THE PUBLIC**

_____, Case No. CI _____
(case number assigned by Clerk of Court)
Plaintiff/Petitioner,
(name of person listed as plaintiff/petitioner in original action)

If you are filing for a protection order, fill in the next two
lines the same way that they are listed on the petition

**SOCIAL SECURITY
NUMBERS, GENDER, AND
BIRTH DATE(S)**

_____,
o/b/o **OR** Additional Petitioner/Minor Child(ren),

_____,
vs. Additional Petitioner/Minor Child(ren),

_____,
Defendant/Respondent.
(name of person listed as defendant/respondent in original action)

Names	Social Security Number	Gender	Date of Birth
Plaintiff /Petitioner:			
Defendant/Respondent:			
Additional Petitioner(s)/Minor Children:			

(For other information, add pages as required.)

_____,
Petitioner, Case No. _____

_____,
Additional Petitioner/Minor Child(ren),

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

_____,
vs. Additional Petitioner/Minor Child(ren),

_____,
Respondent.

1. I, _____, am petitioning for a domestic abuse protection order pursuant to [Neb. Rev. Stat. § 42-924](#). I am filing this petition on behalf of: (please check one)

Myself. I am a victim of domestic abuse.

Myself and additional petitioner(s) who are victims of domestic abuse and whose name(s) is/are shown after mine in the caption of this petition.

My relationship to the additional petitioner(s)/minor child(ren) is/are:

custodial parent, guardian, other: _____.

Only on behalf of the additional petitioner(s) who are in fear of domestic abuse and whose name(s) is/are shown after mine in the caption of this petition.

My relationship to the additional petitioner(s)/minor child(ren) is/are:

custodial parent, guardian, other: _____.

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. [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):

spouse (husband or wife)

former spouse

child

someone I am living with

someone I have lived with in the past

the father/ mother of one or more of my children

Not applicable because requesting only on behalf of other(s)

someone I am presently dating

someone I have dated in the past

someone related to me in the

following way:

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).

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

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

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

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

9. I hereby ask the court to enter a 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)

(Continued on next page.)

(Continued from previous page.)

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

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

Name: _____ Age: _____

Residence: _____

prohibiting the respondent from possessing or purchasing a firearm as
defined in [Neb. Rev. Stat. § 28-1201](#).

granting me sole possession of any household pet(s) owned, possessed,
leased, kept, or held by the petitioner, the respondent, or any family or
household member residing in the household of the petitioner or
respondent. The pet(s) I am requesting sole possession of are:

Name	Species	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Such sole possession shall last for the duration of the protection order or
until further order of the court. Sole possession does not determine
ownership. The petitioner shall not permanently transfer, sell, or dispose
of a household pet(s) placed in the petitioner's possession without prior
court approval. Court approval shall not be required in cases where
humane euthanasia of a seriously ill or injured household pet(s) is
recommended by a licensed veterinarian.

enjoining the respondent from coming into contact with, harming, or
killing any household pet(s) owned, possessed, leased, kept, or held by the
petitioner, the respondent, or any family or household member of the
petitioner or respondent.

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. 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.

The dates or approximate dates and facts of the most recent **and** the most severe incident or incident(s) of domestic abuse are as follows: (Please write a brief but detailed description of each incident. Examples might include shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, medical or hospital treatment necessary).

A. Date/Time: _____Description:

B. Date/Time: _____ Description:

C. Date/Time: _____ Description:

12. I request the court treat this Petition and Affidavit for a Domestic Abuse Protection Order as a request for a sexual assault protection order or a harassment protection order if it appears to the court, based on facts contained in this Petition and Affidavit and the evidence presented at a show cause hearing, that another type of protection order is more appropriate in this case, and the court makes such findings.

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)

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 code)

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 code)

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 code)

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 code)

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: _____

