

## Information Worksheet For the Harassment 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, you will **wait to sign until you are in front of the clerk of the court or a notary.**

### For the "Petition and Affidavit to Obtain Harassment 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.

What is your age?:  
I am 19 or older or legally emancipated.  
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?:

I am filing on behalf of myself, myself AND additional petitioner(s), on behalf of others ONLY  
My relationship to the additional petitioner(s)/minor child(ren): custodial parent guardian  
other:

**My relationship to respondent -**

**NOTE: This type of protection order does NOT require that there be a relationship with the respondent.  
IF THERE IS NO CURRENT OR PAST RELATIONSHIP WITH THE RESPONDENT ENTER "N/A"**

Full name of any additional petitioner(s) / Minor Child(ren),  
Address is the same as mine.

Age: Address if different:

**This Person's relationship to respondent - pick one: 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),  
Address is the same as mine.

Age: Address if different:

**This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age:

Address if different:

**This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age:

Address if different:

**This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age:

Address if different:

**This Person's relationship to respondent - pick one: 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:

I can receive emails and 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 (divorce, paternity, custody, juvenile, criminal, or protection orders...) that could affect this action.

To tell the court what type of protection you are asking for, Use this button to go to page 2 of the Petition (number 7), check each type you are asking for.

**Please write a description of the most recent incident(s) of harassment.**

For the purposes of Neb. Rev. Stat. § 28-311.09, Harass means to engage in a knowing and willful course of conduct directed at a specific person which seriously terrifies, threatens, or intimidates the person and which serves no legitimate purpose. Course of conduct means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose, including a series of acts of following, detaining, restraining the personal liberty of, or stalking the person or telephoning, contacting, or otherwise communicating with the person. Go to page 3 of the Petition (number 9) to write your description. This button will take you to that location:

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:

**For the "Protection Order Praeipce" (additional information combined with above) :**

Where the respondent works: \_\_\_\_\_

What hours/days the respondent works: \_\_\_\_\_

The respondent's WORK address: \_\_\_\_\_  
\_\_\_\_\_

What county do you want the respondent to 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 inforamtion:**

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 Praeipce on page 1:

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

**AFTER COMPLETING, LOOK AT ALL OF THE PAGES CAREFULLY.  
IF YOU ARE COMPLETING THESE ON LINE, YOU MUST PRINT THEM TO SIGN.  
DO NOT SIGN THE PETITION UNTIL YOU ARE IN FRONT  
OF THE CLERK OF THE COURT OR A NOTARY.**

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

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

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

**PROTECTION ORDER  
PRAECIPE**

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

\_\_\_\_\_,  
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: \_\_\_\_\_

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

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

Case No. CI \_\_\_\_\_  
(case number assigned by Clerk of Court)

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

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

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

\_\_\_\_\_,  
Defendant/Respondent.

**Names**

Plaintiff /Petitioner:	Social Security Number	Gender	Date of Birth
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_____	_____	_____	_____
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Defendant/Respondent:

\_\_\_\_\_  
Additional Petitioner(s)/  
Minor Children:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(For other information, add pages as required.)

\_\_\_\_\_, Case No. \_\_\_\_\_  
Petitioner,

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

**PETITION AND AFFIDAVIT  
TO OBTAIN HARASSMENT  
PROTECTION ORDER**

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

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

1. I, \_\_\_\_\_, am the petitioner in this case. I am petitioning for a harassment protection order pursuant to [Neb. Rev. Stat. § 28- 311.09](#).

I am filing this petition on behalf of:

Myself. I have been harassed.

Myself and additional petitioner(s) who have been harassed 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 have been harassed 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:

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

Mailing address (if different):

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

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

Mailing address (if different):

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

---

(Phone number)

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

\_\_\_\_\_.

My relationship to the respondent is: \_\_\_\_\_.

5. The respondent is a person who has willfully harassed me and has engaged in a knowing and willful course of conduct directed at me which seriously terrifies, threatens, or intimidates me and serves no legitimate purpose.
6. To my knowledge, 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).
7. I hereby ask the court to enter a protection order (mark all that apply):
- ☐ prohibiting the respondent from imposing any restraint upon the person(s) seeking protection.
  - ☐ prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person(s) seeking protection.
  - ☐ prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person(s) seeking protection.
8. 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.)
9. The dates or approximate dates and facts of the **most recent series of acts and the most severe incident or incident(s)** of harassment toward the person(s) seeking protection are (Please write a brief but detailed description.):

A. Date/Time: \_\_\_\_\_ Description:

B. Date/Time: \_\_\_\_\_ Description:

C. Date/Time: \_\_\_\_\_ Description:

10. I request the court treat this Petition and Affidavit for a Harassment Protection Order as a request for a sexual assault protection order or a domestic abuse 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.

11. 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: \_\_\_\_\_

