

Information Worksheet For the Sexual Assault 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 a Sexual Assault 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

I am receiving address protection from the Secretary of State. _____

I am living at a safe house or shelter. _____

Mailing address if different: _____

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?: _____

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" (examples of relationships might be spouse , former spouse, child, someone you are living with, or have lived with in the past, the father/mother of one or more of your children, someone you are presently dating, or have dated in the past, someone related to you).

For Sexual Assault Protection Orders, a separate petition must be filed for each person seeking protection.

What is the name of the person who the protection is for? _____

I am filing for myself

I am filing for a minor child or other person not able to file for themselves.

Your relationship to the minor child or other person seeking protection -
guardian other: _____

custodial parent

Full name of the minor child or other person
not able to file for themselves : _____

Age: _____

The minor child or other person not able to file for themselves does not speak English.

What language do they speak if they do not speak English?: _____

The minor child's or other person's 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"**

[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?:

The respondent and I the person seeking protection 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

Write a description of the date(s) and event(s) of sexual assault toward the person seeking protection.

For purposes of Neb. Rev. Stat. § 28-311.11, sexual assault offense means:

(a) Conduct amounting to sexual assault under section [28-319](#) or [28-320](#) or sexual assault of a child under section [28-319.01](#) or [28-320.01](#) or an attempt to commit any of such offenses; or (b) Subjecting or attempting to subject another person to sexual contact or sexual penetration without his or her consent, as such terms are defined in section [28-318](#). This button will take you to that location:

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.).

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 Praecipe” (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:

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: _____

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

Additional Comments can be added on page 2 of the Praeceptum.

Other directions for service: _____

**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.**

o/b/o: _____ Petitioner, Case No. _____

_____,
(if you are filing this Petition for another person or
minor child who cannot file for themselves, then
enter their name on this line)

**PROTECTION ORDER
PRAECIPE**

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: _____

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

Case No. _____

o/b/o:

Petitioner,

_____,
(if you are filing this Petition for another person or
minor child who cannot file for themselves, then
enter their name on this line)

vs.

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

Respondent.

Names

Plaintiff /Petitioner:

Social Security Number

Gender

Date of Birth

Defendant/Respondent:

Additional Petitioner(s)/

Minor Children:

(For other information, add pages as required.)

_____, Case No. _____
o/b/o: _____, Petitioner,

_____,
(if you are filing this Petition for another person or
minor child who cannot file for themselves, then
enter their name on this line)

**PETITION AND AFFIDAVIT
TO OBTAIN SEXUAL
ASSAULT PROTECTION
ORDER**

vs.

_____,
Respondent.

1. I, _____, am petitioning for a sexual
assault protection order pursuant to [Neb. Rev. Stat. § 28-311.11](#). I am filing this
petition on behalf of myself. I have been a victim of sexual assault. My
relationship to the respondent is: _____.

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: _____.

OR

I am petitioning for a sexual assault protection order pursuant to [Neb. Rev.
Stat. § 28-311.11](#) on behalf of _____ who
is _____ years of age, has been a victim of sexual assault, and whose
name is shown after mine in the caption of this petition. My relationship to the
party seeking protection is:

custodial parent.

guardian.

other: _____
(you must specify the relationship)

The person seeking protection does not speak English.

The language spoken is: _____.

The relationship of the party seeking protection to the respondent 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. 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: _____

5. The respondent is a person who has willfully committed acts of sexual assault as defined in [Neb. Rev. Stat. §§ 28-318 to 28-320.01](#) against _____
(name of the person seeking protection)

6. To my knowledge, the respondent and I or the person seeking protection 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 seeking protection.
prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person seeking protection.
prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person seeking protection.
8. Pursuant to [Neb. Rev. Stat. § 25-2740](#), I request to have a District Court Judge, County Court Judge preside over this proceeding. (I understand this request may not be granted.)
9. The date(s) or approximate date(s) and event(s) and the most severe incident or incident(s) of sexual assault toward the person seeking protection was/were: (Please write a brief but detailed description.)
- a. Date/Time: _____ Description:

b. (If needed) Date/Time:_____ Description:

c. (If needed) Date/Time:_____ Description:

10. I request the court treat this Petition and Affidavit for a Sexual Assault Protection Order as a request for a domestic abuse 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.

I hereby swear, or affirm, under penalty of perjury, the foregoing 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)**

State of _____)
_____) ss.
County of _____)

This document was acknowledged before me by _____ ,
this _____ day of _____, 20_____ .

Notary commission expires:

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

**Once filed, a petition for a sexual assault protection order may not be
withdrawn except upon order of the court.**

