

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

**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  
OBTAIN DOMESTIC ABUSE  
PROTECTION ORDER**

\_\_\_\_\_  
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. 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)

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)

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

\_\_\_\_\_  
(Street or Route/Box) (City) (State) (Zip)

Mailing address (if different)\_

\_\_\_\_\_  
(Street or Route/Box) (City) (State) (Zip)

\_\_\_\_\_  
(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
------	-----	-----------

---

---

---

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

---

---

---

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)

---

---

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

Name:	Age:	Residence:
-------	------	------------

---

---

---

- 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. 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 facts of the most recent incidents of domestic abuse are as follows: (Please write a brief but detailed description of each incident. Examples might including shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, medical or hospital treatment necessary).



12. 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

\_\_\_\_\_  
(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: \_\_\_\_\_