

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

Use this form to ask the court to issue a 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 brief, but detailed description of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the respondent.
 - 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 protection. Check with the court in which you will be filing the Petition.

Once the protection order is granted, it may not be withdrawn except by an order of the court.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

Leave blank.
The court clerk will assign a case number.

Enter the name of the other party (respondent).

Enter your name.

Check the box that applies. If you check the second or third box complete the information.

Nebraska State Court Form
DC19:8 Rev. 09/2023
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 OBTAIN DOMESTIC ABUSE PROTECTION ORDER

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: _____

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

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.

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):

<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)	

Check the box that applies. If you check the third box, provide your street address. If your mailing address is different, also check the fourth box and add the information.

Check the box that applies.

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).

Enter the name, age and home address of the children you and the other party have together.

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)

Enter the name, age, and home address the children that you are the parent of, but the other party is not the parent of.

Check all the boxes that apply for the types of protection you are requesting.

If you are asking that the other party be removed or kept from your residence, enter the street address.

If you are asking that the other party stay away from certain places, enter the address, location description, and why.

(Continued) Check all the boxes that apply for the types of protection you are requesting.

☐ 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.

If you are requesting that the court grant you temporary custody of the minor children, enter how many days (no more than 90 days), the children(s) names, ages and home addresses.

If you are asking for sole possession of the household pets, enter the name, species and description.

If you are asking for any other conditions for the safety of you, your family, or other household members, describe what it is and why.

☐ 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.)

Check the box that applies.

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:

Write a brief, but detailed description of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the other party. (More spaces are on the next page.)

Write brief, but detailed descriptions of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the other party.

[illegible]

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

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)

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

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

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 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)

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.