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).
 - o Refer to number 4 in the petition for examples of relationships.
- You will be asked to write a brief, but <u>detailed</u> 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 <u>Information Worksheet</u> 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Once the protection order is granted, it may not be withdrawn except by an order of the court.

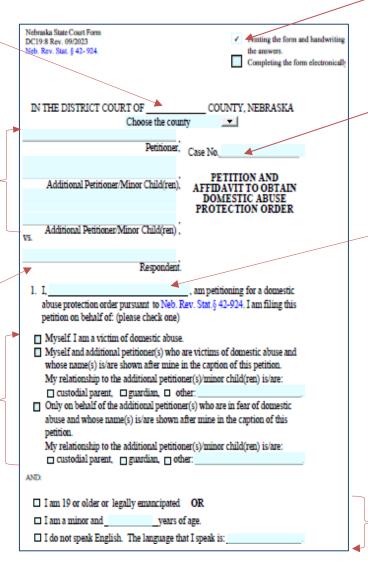
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Choose the county from the drop-down list.

Enter your name and the name of the minor children or additional petitioners asking for protection.

Enter the name of the other party (respondent).

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



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.

Leave blank.

The court clerk will assign a case number.

Enter your name.

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

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Check Only One:

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.

	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. If 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):						
of for or o	ouse (husband or wife) mer spouse ld neone I am living with neone I have lived with in the past father/ mother of one or more of my ldren t applicable because requesting only behalf of other(s)	□someone I am ; □someone I have □someone relate following way:	dated in the past d to me in the			

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.

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Check the box ONLY
if the other party
does not speak
English and enter the
language they speak
in the blank.

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. Enter the other party's age.

Enter the other

Enter the other party's address. If their mailing address is different, check the box and add the information. Enter their phone number.

Enter the details that describe the other person. "Other distinguishing features" are things that would help Law Enforcement recognize the respondent.

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) (State) (ZIP code) □ The respondent does not speak English. The language that the respondent The following are identifying characteristics for the respondent: Sex: Race: Skin Tone: Weight: Height: Eye Color: Hair Color: Driver's License #: Exp. Date: Place of Birth: Scars/Marks/Tattoos: Other distinguishing features: 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).

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The respondent and I are parents of the following minor child(ren). Name: Residence: Name: Age: Enter the name, age Residence: and home address Name: of the children you Residence: and the other party Name: Residence: have together. Name: Residence: I am the parent, but the respondent is not the parent, of the following minor child(ren): Name: Residence: Name: Age: Residence: Name Residence: 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 Check all the boxes attacking me, or otherwise disturbing my peace; prohibiting the respondent from telephoning, contacting, or otherwise that apply for the communicating with me; types of protection removing and excluding the respondent from my residence; you are requesting. 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.

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.

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Age:

Age:

granting me temporary custody of the following minor children for

humane euthanasia of a seriously ill or injured household pet(s) is

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

Name: Age: Residence: Name: Age: Residence: Age: Residence: prohibiting the respondent from possessing or purchasing a firearm as defined in Neb. Rev. Stat. § 28-1201. (Continued) Check granting me sole possession of any household pet(s) owned, possessed, all the boxes that leased, kept, or held by the petitioner, the respondent, or any family or household member residing in the household of the petitioner or apply for the types respondent. The pet(s) I am requesting sole possession of are: of protection you are requesting. 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

recommended by a licensed veterinarian.

petitioner or respondent.

days (not to exceed 90 days):

Residence:

Residence:

Name:

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.

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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):

 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.).

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(b) placing, by means of credible threat, another person in fear of bodily

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(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).

Description:

A. Date/Time:

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.) njury,
odily
evere
fbut

Check the box

that applies.

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

B. Date/Time:	_Description:
C. Date/Time:	Description:
C. Date/Time:	

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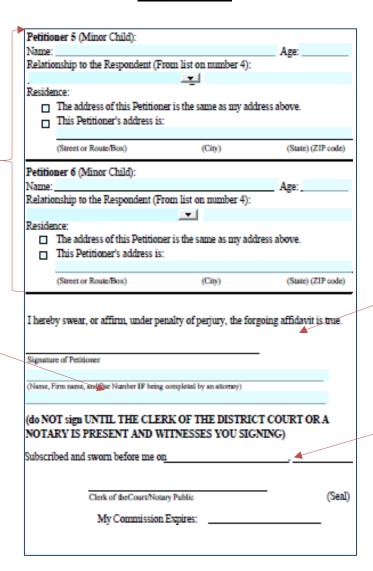
Enter the information for EACH of the additional petitioner(s) and minor children listed on this Petition. (More spaces are on the next page.)

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:						
	Control Destrict	office h	(Parts) (PPP and s)				
	(Street or Route/Box)	(City)	(State) (ZIP code)				
Petitio	uer 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):							
• • • • • • • • • • • • • • • • • • •							
Reside							
	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)				

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(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.



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.