

Information Worksheet For the Domestic Abuse 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 Domestic Abuse 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.

I am 19 or older or legally emancipated.

What is your age?:

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?: _____

Your relationship to respondent - pick one: 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)**

I am filing on behalf of myself, myself AND additional petitioner(s), on behalf of others ONLY

My relationship to the additional petitioners/minor child(ren) : custodial parent guardian

Other: _____

Full name of any additional petitioner(s) / Minor Child(ren),

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Address is the same as mine.

Age: _____

Address if different: _____

**This person's relationship to the respondent: 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),

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Address is the same as mine.

Age: _____

Address if different: _____

**This person's relationship to respondent: 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 the drop down list:

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____

Address is the same as mine. _____
Address if different: _____

This person's relationship to respondent: 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),

Age: _____

Address is the same as mine. _____
Address if different: _____

This person's relationship to respondent: 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),

Age: _____

Address is the same as mine. _____
Address if different: _____

This person's relationship to respondent: 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:

I do **not** agree to receive notification by e-mail.
I agree to receive e-mail communications.

My e-mail address is: _____

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.

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 (domestic violence, protection orders, termination or parental rights, adoption...) that could affect this action.

Name, year of birth, and residence for each child you AND the respondent are the biological parents of:

| Name | Year of Birth | Residence |
|------|---------------|-----------|
|------|---------------|-----------|

Name, year of birth, and residence for each child you are the biological parent of but the respondent is NOT:

| Name: | Year of Birth | Residence |
|-------|---------------|-----------|
|-------|---------------|-----------|

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:

To tell the court what type of protection you are asking for, Use this button to go to page 3 of the Petition (number 9), check each type you are asking for and complete any additional information.

Please write a description of the most recent incident(s) of domestic abuse. (Examples might including shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, medical or hospital treatment necessary).

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. **Go to page 4 of the Petition (number 11) to write your description. This button will take you to that location:**

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 should the other party 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 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

Other directions for service can be entered on the Praecipe on page 1:

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

**PROTECTION ORDER
PRAECIPE**

DC 19:1 Rev. 08/17
Neb. Rev. Stat. §§ 42-924,
28-311.09, and 28-311.11

Petitioner,

Additional Petitioner/Minor Child(ren),

Additional Petitioner/Minor Child(ren),

vs.

Respondent.

Case No. _____

**PROTECTION ORDER
PRAECIPE**

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 _____

Name Street Address/P.O. Box

Check if completed by an attorney. Bar Number and Firm Name City/State/ZIP Code

Phone E-mail Address

(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: _____

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

DC 6:5(12) Rev. 02/18
Neb. Ct. R. § 6-1521

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

_____,
(name of person listed as plaintiff/petitioner in original action)
Plaintiff/Petitioner,

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

If you are filing for a protection order, fill in the next two lines
the same way that they are listed on the petition

o/b/o **OR** Additional Petitioner/Minor Child(ren),

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

Additional Petitioner/Minor Child(ren),
vs.

_____,
(name of person listed as defendant/respondent in original action)
Defendant/Respondent.

| Names | Social Security Number | Gender | Date of Birth |
|--|-------------------------------|---------------|----------------------|
| Plaintiff /Petitioner: | | | |
| _____ | _____ | _____ | _____ |
| Defendant/Respondent: | | | |
| _____ | _____ | _____ | _____ |
| Additional Petitioner(s)/Minor Children: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(For other information, add pages as required.)

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

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 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 or protection orders) If so: when, where, type of case, name of court(s), and case number(s).

A. Date/Time: _____ Description:

B. Date/Time: _____ Description:

C. Date/Time: _____ Description:

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)

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: _____

