Nebraska State Court Form REQUIRED

DC 19:8 Rev. 11/17 Neb. Rev. Stat. § 42-924

PETITION AND AFFIDAVIT TO
OBTAIN DOMESTIC ABUSE
PROTECTION ORDER

	IN THE DISTRICT COURT OF	COUNTY, NEBRASKA			
	Petitioner,				
	Additional Petitioner/Minor Child(ren),	Ca	se No.		
	Additional Fettioner/willion Child(1611),				
vs.	Additional Petitioner/Minor Child(ren),	OBT	TION AND AFFIDA AIN DOMESTIC A ROTECTION ORD	BUSE	
	Respondent.				
1.	I,, pursuant to Neb. Rev. Stat.§ 42-924. I am filing this pet	am petitioning for ition on behalf of:	· a domestic abuse pro (please check one)	otection order	
	Myself. I am a victim of domestic abuse. Myself and additional petitioner(s) who are victim after mine in the caption of this petition. My relationate custodial parent, guardian, other: Only on behalf of the additional petitioner(s) who shown after mine in the caption of this petition. Note is/are: custodial parent, guardian, others. AND:	ionship to the addit o are in fear of domo My relationship to th	ional petitioner(s)/minor estic abuse and whose	r child(ren) is/are: name(s) is/are s)/minor child(ren)	
	I am 19 or older or legally emancipated OR I do not speak English. The language that I spea	l am a minoı ak is:	r and years	of age.	
2.	Check Only One: I have received address protection from the Secre Program.(Service of any court process shall be managed by Secretary of State, Address Confidentiality Program.	ade by mailing two m, Suite 2300, Sta	copies of the process te Capitol Building, Li	s to the Office of ncoln, NE, 68509)	
	I am living at a safe house or shelter for my own pridentify the name, address, location or phone num		it to Neb. Rev. Stat. § 2	29-4303, I cannot	
	My address is(Street or Route/Box)	(City)	(State)	(ZIP code)	
	Mailing address (if different)	(2.9)	(1.0.0)	(5525)	
	(Street or Route/Box)	(City)	(State)	(ZIP code)	

My relationship to the re	espondent is: (Check the O	NE that best applies):	
spouse (husband former spouse child	or wife)	someone I am presently d someone I have dated in	
someone I am livi someone I have I	ng with ived with in the past of one or more of	Someone related to me in way:	•
Not applicable be only on behalf of			
		an and the	no resides at:
I am filing this petition a	against the respondent who	se age is:, and wr	10 1001000 dt.
I am filing this petition a	against the respondent who	se age is:, and wr	(Zip)
	(City)		
(Street or Route/Box)	(City)		
(Street or Route/Box) Mailing address (if diff	(City)	(State)	(Zip)
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number)	(City) erent)_ (City)	(State)	(Zip)
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of	(City) erent)_ (City) loes not speak English. The	(State) (State) e language that the respondent	(Zip) (Zip)
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of the following are identifications:	(City) erent)_ (City) loes not speak English. The	(State) (State) e language that the respondent respondent : Sex: Race	(Zip) (Zip) t speaks is:
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of The following are identified the skin Tone:	(City) erent)_ (City) loes not speak English. The fying characteristics for the Height:	(State) (State) e language that the respondent respondent : Sex: Rac Weight:	(Zip) (Zip) t speaks is:
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of the following are identified Skin Tone: Eye Color:	(City) erent)_ (City) loes not speak English. The fying characteristics for the Height: Hair Color:	(State) (State) e language that the respondent respondent : Sex: Rac Weight:	(Zip) (Zip) t speaks is:
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of the following are identified Skin Tone: Eye Color:	(City) erent)_ (City) loes not speak English. The fying characteristics for the Height: Hair Color:	(State) (State) e language that the respondent respondent : Sex: Rac Weight:	(Zip) (Zip) t speaks is:
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of The following are identify Skin Tone: Eye Color: Driver's License #:	(City) erent)_ (City) loes not speak English. The fying characteristics for the Height: Hair Color: State	(State) (State) e language that the respondent respondent : Sex: Rac Weight:	(Zip) (Zip) t speaks is:
(Street or Route/Box) Mailing address (if diff (Street or Route/Box) (Phone number) The respondent of The following are identify Skin Tone: Eye Color: Driver's License #:	erent)_ (City) loes not speak English. The fying characteristics for the Height: Hair Color: Sta	(State) e language that the respondent respondent : Sex: Rac Weight: ate: Exp. Date:	(Zip) (Zip) t speaks is:

Mana	espondent and I are parents of the following minor child(ren).				
Name	Age Residence				
I am ti	he parent, but the respondent is not the parent, of the following minor child(ren):				
I herek	by ask the court to enter a protection order (mark all that apply):				
111010	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				

- 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).

A. Date/Time:	Description:	
R Date/Time:	Description:	
. Duto Timo.		
Note/Time:	Description	
C. Date/Time:	Description:	

Additional Petitioner(s) (if needed):					
Petitioner 2 (Minor Child): Name:	Age:	Relationship to the R	espond	ent (from list	on number 4)
Residence:					
The address of this Petitioner is th This Petitioner's address is:	e same as my	/ address above.			
(Street or Route	(Box)		(City)	(State)	(ZIP code)
Petitioner 3 (Minor Child):					
Name:	Age:	Relationship to the R	espond	ent (from list	on number 4)
Residence: The address of this Petitioner is th	e same as my	address above.			
This Petitioner's address is:					
(Street or Route/Box)		(C	ity)	(State)	(ZIP code)
Petitioner 4 (Minor Child):					
Name:	Age:	Relationship to the R	espond	ent (from list	on number 4)
Residence: The address of this Petitioner is th	e 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 R	espond	ent (from list	on number 4)
Residence:					
The address of this Petitioner is th	e 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 R	Respond	ent (from list	on number 4)
Residence:			-	-	
The address of this Petitioner is th	e same as my	address above.			
This Petitioner's address is:					
(Street or Route	/Box)		(City)	(State)	(ZIP code)

12.

I hereby swear, or affirm, under penalty of perjury, the forgoing affidavit is true.	
Signature of Petitioner	
(Firm name and Bar Number <u>IF</u> being completed by an attorney)	
(do NOT sign UNTIL THE CLERK OF THE DISTRICT COURT OR A NOTARY IS PRESENT A	.ND WITNESSES YOU SIGNING)
Subscribed and sworn before me on,	
Clerk of the Court/Notary Public	(Seal)
My Commission Expires:	