

Information Worksheet For the Harassment 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 Harassment 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.

What is your age?: I am 19 or older or legally emancipated.
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?: _____

I am filing on behalf of myself, myself AND additional petitioner(s), on behalf of others ONLY
My relationship to the additional petitioner(s)/minor child(ren): custodial parent guardian
other: _____

My relationship to respondent - _____

**NOTE: This type of protection order does NOT require that there be a relationship with the respondent.
IF THERE IS NO CURRENT OR PAST RELATIONSHIP WITH THE RESPONDENT ENTER "N/A"**

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

Address is the same as mine.

Age: _____ Address if different: _____

This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age: _____ Address if different: _____

This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age: _____

Address if different: _____

This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age: _____

Address if different: _____

This Person's relationship to respondent - pick one: 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),

Address is the same as mine.

Age: _____

Address if different: _____

This Person's relationship to respondent - pick one: 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 (divorce, paternity, custody, juvenile, criminal, or protection orders...) that could affect this action.

To tell the court what type of protection you are asking for, Use this button to go to page 2 of the Petition (number 7), check each type you are asking for.

Please write a description of the most recent incident(s) of harassment.

For the purposes of Neb. Rev. Stat. § 28-311.09, Harass means to engage in a knowing and willful course of conduct directed at a specific person which seriously terrifies, threatens, or intimidates the person and which serves no legitimate purpose. Course of conduct means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose, including a series of acts of following, detaining, restraining the personal liberty of, or stalking the person or telephoning, contacting, or otherwise communicating with the person. Go to page 3 of the Petition (number 9) to write your description. This button will take you to that location:

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:

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 do you want the respondent to 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:

**AFTER COMPLETING, LOOK AT ALL OF THE PAGES CAREFULLY.
IF YOU ARE COMPLETING THESE ON LINE, YOU MUST PRINT THEM TO SIGN.
DO NOT SIGN THE PETITION UNTIL YOU ARE IN FRONT
OF THE CLERK OF THE COURT OR A NOTARY.**

**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)**

**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
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Plaintiff /Petitioner:

_____	_____	_____	_____
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Defendant/Respondent:

_____	_____	_____	_____
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Additional Petitioner(s)/Minor Children:

_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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(For other information, add pages as required.)

**PETITION AND AFFIDAVIT TO
OBTAIN HARASSMENT
PROTECTION ORDER**

DC 19:2 Rev. 01/2020
Neb. Rev. Stat. § 28-311.09

Case No. _____

Petitioner,

Additional Petitioner/Minor Child(ren),

Additional Petitioner/Minor Child(ren),
vs.

Respondent.

**PETITION AND AFFIDAVIT TO
OBTAIN HARASSMENT PROTECTION
ORDER**

1. I, _____, am the petitioner in this case. I am petitioning for a harassment protection order pursuant to Neb. Rev. Stat. § 28-311.09.

I am filing this petition on behalf of:

Myself. I have been harassed.

Myself and additional petitioner(s) who have been harassed 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 have been harassed 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. 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: _____.

My relationship to the respondent is: _____.

5. The respondent is a person who has willfully harassed me and has engaged in a knowing and willful course of conduct directed at me which seriously terrifies, threatens, or intimidates me and serves no legitimate purpose.

6. To my knowledge, 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).

7. I hereby ask the court to enter a protection order (mark all that apply):
prohibiting the respondent from imposing any restraint upon the person(s) seeking protection.
prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person(s) seeking protection.
prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person(s) seeking protection.

8. 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.).

9. The dates or approximate dates and facts of the most recent series of acts and the most severe incident or incident(s) of harassment toward the person(s) seeking protection are (Please write a brief but detailed description.):

A. Date/Time: _____ Description: _____

B. Date/Time: _____ Description:

C. Date/Time: _____ Description:

10. I request the court treat this Petition and Affidavit for a Harassment Protection Order as a request for a sexual assault protection order or a domestic abuse 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.

11. Additional Petitioner(s) (if needed):

Petitioner 2 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

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: _____

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: _____

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)

Petitioner 5 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

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)

Petitioner 6 (Minor Child):

Name: _____ Age: _____ Relationship to the Respondent: _____

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)

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 _____, 20 _____

Clerk of the Court/Notary Public

(Seal)

My Commission Expires: _____

