

Information Worksheet For the Sexual Assault 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 a Sexual Assault 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?: _____

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" (examples of relationships might be spouse , former spouse, child, someone you are living with, or have lived with in the past, the father/mother of one or more of your children, someone you are presently dating, or have dated in the past, someone related to you).

For Sexual Assault Protection Orders, a separate petition must be filed for each person seeking protection.

What is the name of the person who the protection is for? _____

I am filing for myself

I am filing for a minor child or other person not able to file for themselves.

Your relationship to the minor child or other person seeking protection -

custodial parent

guardian other: _____

Full name of the minor child or other person

not able to file for themselves : _____

Age: _____

The minor child or other person not able to file for themselves does not speak English.

What language do they speak if they do not speak English?: _____

The minor child's or other person's 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"

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?: _____

The respondent and I the person seeking protection 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

Write a description of the date(s) and event(s) of sexual assault toward the person seeking protection.

For purposes of Neb. Rev. Stat. § 28-311.11, sexual assault offense means:

(a) Conduct amounting to sexual assault under section [28-319](#) or [28-320](#) or sexual assault of a child under section [28-319.01](#) or [28-320.01](#) or an attempt to commit any of such offenses; or (b) Subjecting or attempting to subject another person to sexual contact or sexual penetration without his or her consent, as such terms are defined in section [28-318](#). This button will take you to that location:

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.).

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:

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: _____

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

Additional Comments can be added on page 2 of the Praecepte.

Other directions for service: _____

**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,

o/b/o:

_____,
(if you are filing this Petition for another person or minor child who
cannot file for themselves, then enter their name on this line)

Case No. _____

**PROTECTION ORDER
PRAECIPE**

vs.

Respondent.

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/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**

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

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

o/b/o: **Plaintiff/Petitioner,**

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

_____,
(if you are filing for protection for another person or minor child
who cannot file for themselves, then enter their name on this line)

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:			
_____	_____	_____	_____
Minor Children:	(or another person who cannot file for themselves)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(For other information, add pages as required.)

**PETITION AND AFFIDAVIT TO
OBTAIN SEXUAL ASSAULT
PROTECTION ORDER**

DC 19:29 Rev. 01/2020
Neb. Rev. Stat. § 28-311.11

_____,
(your name) Petitioner,

Case No. _____

o/b/o:

_____,
(if you are filing this Petition for another person or minor child who
cannot file for themselves, then enter their name on this line)

**PETITION AND AFFIDAVIT TO
OBTAIN SEXUAL ASSAULT
PROTECTION ORDER**

vs.

_____,
(other party) Respondent.

1. I, _____, am petitioning for a sexual assault protection order pursuant to Neb. Rev. Stat. § 28-311.11. I am filing this petition on behalf of myself. I have been a victim of sexual assault. My relationship to the respondent is: _____.

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: _____.

OR

I am petitioning for a sexual assault protection order pursuant to Neb. Rev. Stat. § 28-311.11 on behalf of _____ who is _____ years of age, has been a victim of sexual assault, and whose name is shown after mine in the caption of this petition. My relationship to the party seeking protection is:

custodial parent.

guardian.

other: _____.

(you must specify the relationship)

The person seeking protection does not speak English. The language spoken is: _____.

The relationship of the party seeking protection to the respondent 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:_____

5. The respondent is a person who has willfully committed acts of sexual assault as defined in Neb. Rev. Stat. §§ 28-318 to 28-320.01 against _____.

(name of the person seeking protection)

6. To my knowledge, the respondent and I or the person seeking protection 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 seeking protection.
- prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person seeking protection.
- prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person 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 date(s) or approximate date(s) and event(s) and the most severe incident or incident(s) of sexual assault toward the person seeking protection was/were: (Please write a brief but detailed description.)

A. Date/Time: _____ Description:

B. (If needed) Date/Time: _____ Description:

C. (If needed) Date/Time: _____ Description:

10. I request the court treat this Petition and Affidavit for a Sexual Assault Protection Order as a request for a domestic abuse 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.

I hereby swear, or affirm, under penalty of perjury, the foregoing affidavit is true.

Signature of Petitioner

(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 District Court/Notary Public

(Seal)

My Commission Expires: _____

**Once filed, a petition for a sexual assault protection order may not be
withdrawn except upon order of the court.**

