



PETITION AND AFFIDAVIT TO
OBTAIN HARASSMENT
PROTECTION ORDER

DC 19.2 Rev. 11/17

Neb. Rev. Stat. § 28-311.09

IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

Alexander Amil George
Petitioner,

Case No. CI 18- 276

Eli George
Additional Petitioner/Minor Child(ren),

PETITION AND AFFIDAVIT TO
OBTAIN HARASSMENT PROTECTION
ORDER

~~276 Alexander Amil George~~
Additional Petitioner/Minor Child(ren),

vs.

ABraham M Wagner
Respondent.

ASSIGNED TO Wheelock

1. I, Alexander George, 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: _____

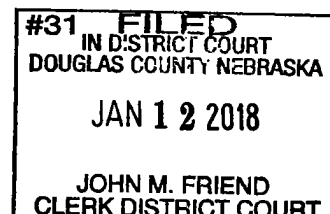
2. Check Only One:

- ☐ 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: 5147 Riverport Omaha NE
(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:

Alex Anil George 85@outlook.com

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: 37 and who resides at:

2412 Alexander Rd
(Street or Route/Box)

(City)

(State)

(ZIP code)

Mailing address (if different)

(Street or Route/Box)

(City)

(State)

(ZIP code)

402-706-8580

(Phone number)

☐ The respondent does not speak English. The language that the respondent speaks is: _____

My relationship to the respondent is: NONE

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).

Dissolution CI 17-10515

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 facts of the most recent series of acts of harassment toward the person(s) seeking protection are (Please write a brief but detailed description.):

A. Date/Time:

Dec of 2017

Description:

I Drove by the guys house and saw my wife there. I found out he was with my wife. He and my wife cursed me with a loaded gun down to my house to give my Attorney John Kinney. He attacked my Attorney. He has sent me text saying he will text me. He also claimed he had sex with my wife. He has texted. He texted I'm coming for you soon you fat fucking

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stop. See you soon. You piece of shit
I AM on oxygen And he had threatened
to kill me. I have texts. He also
hit my 11 year old son.

B. Date/Time: Hit Description: Disciplined. He And My son to
be X wife has threatened to take
up things to put me in jail.

Being on oxygen I'm scared he is 6'4"
265 pounds MMA UFC fighter.

C. Date/Time: Dec. 17 Description: Threatening
texts on the phone he threatened
my life and while chasing me
in the house he showed a gun.

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

Petitioner 2 (Minor Child):

Name: El George Age: 7 Relationship to the Respondent: Son

Residence:

☐ The address of this Petitioner is the same as my address above.

☒ This Petitioner's address is:

5147 Overport, Omaha NE 68132
640 Bailey Circle Spillion NE 68046
(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.



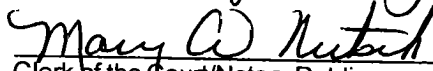
Signature of Petitioner

(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

January 12, 2018



Clerk of the Court/Notary Public

(Seal)

My Commission Expires: 5-10-19

