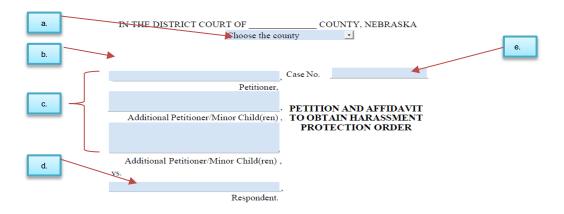
# INSTRUCTIONS FOR COMPLETING THE PETITION AND AFFIDAVIT FOR HARASSMENT PROTECTION ORDER.

# NOTE: THE USE OF THE INFORMATION WORKSHEET FOR THE HARASSMENT PROTECTION ORDER WILL ASSIST YOU IN COMPLETING THIS FORM.

HEADING:

- a. Choose the county in the drop down box below the first blank. This is where you are filing this petition and affidavit.
- b. Enter the first, middle and last names of the petitioner (your name).
- c. Enter the first, middle and last names of the additional petitioner(s) or minor children who are to be covered by THIS petition and affidavit.
  - i. PLEASE NOTE: Some courts require a separate petition for each person seeking protection. Check with the court in which you will be filing the request.
- d. Enter the first, middle and last names of the respondent (the other party's name).
- e. The case number will be assigned by the clerk of the district court.



# BODY OF PETITION AND AFFIDAVIT:

The numbers below give instructions for completing the paragraphs with the same numbers in the Petition and Affidavit.

Paragraph 1. a. Enter your full name in the first paragraph.

a.	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.
b.		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:

- c. Check the box that is correct for if you are 19 or older or legally emancipated or if you are a minor.i. IF YOU ARE A MINOR enter your age in the box provided.
- d. Check the next box if you do NOT speak English.
  - i. If you check the box, enter the language that you speak.

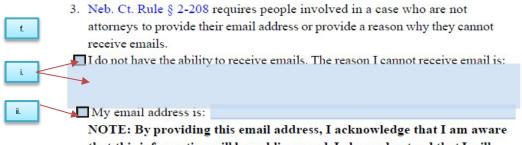
AND:		
I am 19 or older or leg	gally emancipated OR	i
🔌 🗖 I am a minor and	<ul> <li>years of age.</li> </ul>	
I do not speak English	. The language that I speak is	is:

- Paragraph 2. e. Check the box for either: you have received address protection, you are living at a safe house, or that you are providing your address.
  - i. If you check the third option, enter your street address in the space provided.
  - ii. If your mailing address is different from your street address enter what your mailing address is.

2.	Check Only One:				
e	I have received address protection from the Secretary of State under t Address Confidentiality Program. (Service of any court process shall made by mailing two copies of the process to the Office of Secretary State, Address Confidentiality Program, Suite 2300, State Capitol Building, Lincoln, NE, 68509)				
	I am living at a safe house or sh Neb. Rev. Stat. § 29-4303, I can or phone number of the facility.		•		
i.	My address is				
	(Street or Route/Box)	(City)	(State) (ZIP code)		
i.	Mailing address (if different)				
	(Street or Route/Box)	(City)	(State) (ZIP code)		

#### Paragraph 3. f. Check the correct box of Paragraph 3.

- i. If you check the box that you do not have the ability to receive emails, you must write an explanation.
- ii. If you check the box that you can receive emails, enter the email address.



that this information will be public record. I also understand that I will only receive email communications regarding this case from the court.

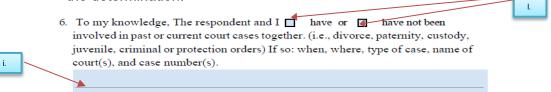
# Paragraph 4. g. Enter the age of the respondent.

- h. Enter the respondent's street address.
  - i. If the respondent's mailing address is different from their street address, enter the mailing address.
- i. Enter the respondents telephone number.
- j. Check the next box if the respondent does NOT speak English.
  - i. If you check the box, enter the language that they speak.

(Street or Route/Box)	(City)	(State) (ZIP co	ode)
Mailing address (if different	:)		
(Street or Route/Box)	(City)	(State) (ZIP c	rode)
(Phone number)			i

#### Paragraph 6. I. Check the appropriate box.

i. IF you AND the respondent HAVE been involved in a past or current court case together, enter the name of the court, the case number, the type of case and the date of the determination.



Paragraph 7. Check all the boxes that apply for the types of protection you are requesting.

- 7. I hereby ask the court to enter a protection order (mark all that apply):
   7. I hereby ask the court to enter a protection order (mark all that apply):
   7. I 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.

#### Paragraph 8. Check the appropriate box.



Judge, or County Court Judge preside over this proceeding. (I understand this request may not be granted.)

Paragraph 9. Write a brief, but detailed description of the MOST RECENT <u>and</u> the MOST SEVERE series of acts of harassment toward the person(s) seeking protection.

9.					
_	A	Date/Time:		•	Description:
			<u>_</u>		1
	-				

Paragraph 11. Enter the information for EACH of the additional petitioner(s)/minor child(ren).

- This information includes:
- i. Their full name;
- ii. Their age;
- iii. Their relationship to the respondent (this a drop down list if this form is being completed on line);
- iv. Check box if their address is the same as your address; or
- v. Check box and available space if their address is different from your address.

i.			ner 2 (Minor Child):			
		Name:			Age:	
		Relatio	nship to the Respondent (I	From list on number 4):		
iii.				•		
		Resider	nce:			
iv.		The address of this Petitioner is the same as my address above.				
		This Petitioner's address is	s:			
ν.						
			(Street or Route/Box)	(City)	(State) (ZIP code)	

#### SIGNATURE BLOCK:

# DO NOT SIGN THIS COMPLAINT UNTIL YOU ARE PRESENT IN FRONT OF A NOTARY OR THE CLERK OF THE DISTRICT COURT.

NOTARY VERIFICATION STATEMENT:

# THIS WILL BE COMPLETED BY THE CLERK OF THE DISTRICT COURT OR BY A NOTARY