

## COMPLETING THE PETITION AND AFFIDAVIT FOR SEXUAL ASSAULT PROTECTION ORDER.

Use this form to ask the court to issue a Sexual Assault Protection Order.

**PLEASE NOTE:** One Petition should be filed for each person asking for protection through a Sexual Assault Protection Order.

- You may complete this form for another person or a minor child who cannot file for themselves.
- You (the petitioner), or the person you are filing for, do NOT need to have a past or current relationship with the other party (respondent).
- You will be asked to write a brief, but detailed description of the date(s) and event(s), of the most severe incident or incident(s) of sexual assault toward the person seeking protection.
  - Sexual assault may be defined as when a person has been subjected to sexual contact or sexual penetration or attempted sexual contact or sexual penetration without consent.
  - For complete definitions, you can refer to Neb. Rev. Statute § 28-318. (<https://nebraskalegislature.gov/laws/statutes.php?statute=28-318> )

Read all of the information on this page: <https://supremecourt.nebraska.gov/self-help/protection-order-information/sexual-assault-protection-order>

It can be helpful to use the [Information Worksheet](#) to collect the information you might need to complete this form.

If you use the Information Worksheet, do NOT file it with the court.

Once the protection order is granted, it may not be withdrawn except by an order of the court.

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Choose the county from the drop-down list.

Enter your name and, if it applies, the name of the minor child or other person who cannot file for themselves.

Enter the name of the other party (respondent).

Check the boxes if they apply, and complete the information requested.

Check the boxes if they apply, and complete the information requested.

If you are printing the Petition and handwriting the answers, check the first box. If you are typing in your answers, check the second box.

**Leave blank.**  
The court clerk will assign a case number.

Enter your name and your relationship to the other party. If there is no relationship, enter "none".

If you filed this for someone else, enter their name and age.

Enter what the relationship of the person you are filing the Petition for is to the respondent. If there is no relationship, enter "none".

Nebraska State Court Form REQUIRED  
DC 19:29 Rev. 01/2020  
Neb. Rev. Stat. § 28-311.11

☒ Printing the form and handwriting the answers.  
☐ Completing the form electronically.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
Choose the county

Case No. \_\_\_\_\_

a/b/o: \_\_\_\_\_ Petitioner,  
(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. \_\_\_\_\_ 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. Neb. Ct. Rule § 2-208 requires people involved in a case who are not attorneys to provide their email address or provide a reason why they cannot receive emails.

☐ I do not have the ability to receive emails. The reason I cannot receive email is:

☐ My email address is:

NOTE: By providing this email address, I acknowledge that I am aware that this information will be public record. I also understand that I will only receive email 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)

1 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)

Check the box that applies. If you check the third box, provide your street address. If your mailing address is different, also check the fourth box and add the information.

Enter the other party's age.

Enter the other party's address. If their mailing address is different, add the information. Enter their phone number.

Enter the name of the person who is asking for protection.

If you **CANNOT** receive emails, check the first box, and use the lines to explain why. If you are able to receive emails, check the second box and enter your email address.

Check the box ONLY if the other party does not speak English and enter the language they speak in the blank.

Check the correct boxes, and if needed, enter the information about the court cases.

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

Write brief, but detailed descriptions of the date(s), and event(s), and the MOST SEVERE incident(s) of sexual assault by the other party. (More spaces are on the next page.)

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, ☐ 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: \_\_\_\_\_  
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Check the box that applies.

Write brief, but detailed descriptions of the date(s), and event(s) and the MOST SEVERE incident(s) of sexual assault by the other party.

[illegible]

If completed by an attorney, enter your name, firm name, and Bar number.

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)**

State of \_\_\_\_\_ )  
\_\_\_\_\_) ss.  
County of \_\_\_\_\_ )

This document was acknowledged before me by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary commission expires:

\_\_\_\_\_  
Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_ Serial Number (if any): \_\_\_\_\_

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

**DO NOT** sign the form until a notary or the Clerk of the District Court is there to witness you signing.

The notary or Clerk of the District Court will complete this section.