

_____, Case No. _____
o/b/o: _____ Petitioner,

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

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

vs.

_____,
Respondent.

I request to have a **District Court Judge** **County Court Judge** to preside over
this proceeding. (I understand this request may not be granted.)

1. MY REQUEST

I, _____, am petitioning for a renewal
of the Sexual Assault Protection Order issued on _____
pursuant to [the Protection Orders Act](#).

I am 19 or older legally emancipated a minor and _____ years of age.

I am filing this Petition on behalf of myself.

My relationship to the respondent is: _____.

I do not speak English. The language that I speak is: _____.

OR

I am filing this petition on behalf of _____
who is _____ years of age.

My relationship to the party asking for the renewal is:

(you must specify the relationship)

custodial parent guardian other: _____

The person I am filing on behalf of does not speak English. The language
they speak is: _____.

The relationship of the party I am filing on behalf of to the respondent is:

_____.

2. MY CONTACT INFORMATION (check only **one**)

I am requesting my contact information be kept confidential and have completed the Confidential Address Information form [DC 3:03](#) to be filed with my Petition to Renew a Sexual Assault Protection Order.

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. I have completed the Confidential Address Information form [DC 3:03](#) to be filed with my Petition to Renew a Sexual Assault Protection Order.

**If you have checked one of the boxes above,
requesting your contact information be confidential, do
not enter your address(es) or email address below.**

My address is

(Street or Route/Box) (City) (State) (ZIP code)

Mailing address (if different from above)

(Street or Route/Box) (City) (State) (ZIP code)

[Neb. Ct. R. § 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:

I **can** receive emails about this case.

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.

3. THE RESPONDENT (Complete as much as you can)

I am filing this petition against the respondent whose age is: _____.

The respondent's name: _____

Any other name the respondent goes by: _____

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

The respondent resides at:

(Street or Route/Box) (City) (State) (ZIP code)

Mailing address (if different):

(Street or Route/Box) (City) (State) (ZIP code)

(Phone number)

This information about the respondent is also found on the Protection Order Praecipe (Request for Service) [DC 19:1](#) that must be filed with this petition.

Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Race: _____

Skin Tone: _____

Driver's License #: _____ State: _____

Exp. Date: _____

Place of birth: _____

Scars/Marks/Tattoos: _____

Other distinguishing features: _____

4. PRIOR CASE INFORMATION

The petitioner(s) and the respondent have have not been involved in past or current court cases together. (i.e., divorce, paternity, custody, juvenile, criminal, or protection orders.) If so: list where, date, case type, court name(s), and case number(s).

5. RELIEF REQUESTED

I am asking the court to renew the existing Sexual Assault Protection Order.

I am asking for a renewal for the following reason(s) (required).

6. DESCRIBE ADDITIONAL EVENTS

Describe additional events that happened since the existing protection order was issued (not required).

There have been no material changes in relevant circumstances since the entry of the existing order.

I am not requesting a modification of the existing Sexual Assault Protection Order.

Once filed, a petition to renew a Sexual Assault Protection Order may not be withdrawn except upon order of the court.

DO NOT SIGN UNTIL THE CLERK OF THE DISTRICT COURT OR A NOTARY IS PRESENT AND WITNESSES YOU SIGNING.

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

Signature of petitioner

(Name, Firm name, and Bar Number **IF** being completed by an attorney)

Subscribed and sworn before me by _____

on _____, _____.

Clerk of the Court/Notary Public

(Seal)

My Commission Expires: _____