

## COMPLETING THE PETITION AND AFFIDAVIT TO RENEW SEXUAL ASSAULT PROTECTION ORDER.

Use this form to ask the court to renew an original or modified Sexual Assault Protection Order.

**PLEASE NOTE:** One Petition should be filed for **each person** asking for a renewal of 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 description of why you are requesting that the protection order be renewed.
- You will be asked to describe any additional events that happened since the current protection order was issued or modified.
  - 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://nebraskajudicial.gov/self-help/protection-order-information/sexual-assault-protection-order>

Once the protection order is renewed, it may not be withdrawn except by an order of the court.

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.

Answer by choosing a box.

Answer the question by checking the correct box.

You must complete all of the information in the section you checked.

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).

Enter your name and the date of the order you want to renew.

Check this box if you are filing for yourself.

Check this box if you are filing for someone who is not able to file for themselves.

Nebraska State Court Form  
 REQUIRED  
 DC 19:44 Rev. 09/2025  
 Neb. Rev. Stat. §§ 26-101 et. seq.

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

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

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

o/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 RENEW SEXUAL ASSAULT PROTECTION ORDER**

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: \_\_\_\_\_

Check a box about confidential information **only** if it applies.

If you do **NOT** check one of the boxes, provide your street address. If your mailing address is different, include that information. **REMEMBER** Only include your address if you did **NOT** check a box that your contact information is confidential.

**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.

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.

**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: \_\_\_\_\_

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

Enter the other party's age, their name and any other name they may go by.

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

Enter the description of the other party. Try to complete as much as you can.

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

**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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the box that applies.

Write a description of why you are requesting that the protection order be renewed.

Describe any additional events that happened since the current protection order was issued or modified.

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.

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**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: \_\_\_\_\_

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

**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.