

COMPLETING THE PETITION AND AFFIDAVIT TO RENEW HARASSMENT PROTECTION ORDER.

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

- You (the petitioner) do NOT need to have a past or current relationship with the other party (respondent).
- Harassment means that the other party has knowingly and willingly engaged in a course of conduct towards the person(s) asking for protection (petitioner, additional petitioner(s), and minor children).
 - “Knowingly and willingly” means they are doing things on purpose.
 - “Course of conduct” means a pattern of activity made up of actions that have been repeated over a period of time, however short, with a similar goal.
 - The goal of these actions was to seriously terrify, threaten, or intimidate the victim.
 - These acts did not have a legitimate purpose.
 - These may include acts of following, detaining, restraining the personal liberty of, stalking, telephoning, contacting, or otherwise communicating with the petitioner.
- You will be asked to describe any additional events that happened since the current protection order was issued or modified.
- You will be asked to write a description of why you are requesting that the protection order be renewed.

Read all of the information on this page:

<https://nebraskajudicial.gov/self-help/protection-order-information/harassment-protection-order>

Some courts require a separate Petition for each person asking for protection. Check with the court in which you will be filing the Petition.

Once the protection order is granted, it may not be withdrawn except by an order of the court.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

Choose the county from the drop-down list.

Enter your name and the name of the minor children or additional petitioners asking for protection.

Enter the name of the other party (respondent).

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

Check the box that applies.

Check the box ONLY if you do not speak English and enter the language you speak in the blank.

Enter the case number.

Answer by choosing a box.

Answer the question by checking the correct box.

Enter your relationship to the other party. If "none" enter that in the blank.

Nebraska State Court Form
REQUIRED
DC 19:45 NEW 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

Petitioner, Case No. _____

Additional Petitioner/Minor Child(ren),

Additional Petitioner/Minor Child(ren),

vs.

Respondent.

PETITION AND
AFFIDAVIT TO RENEW
HARASSMENT
PROTECTION ORDER

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

1. MY REQUEST

I, _____, am petitioning for a Renewal of
the Harassment 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 (check only one):

☐ Myself.
☐ Myself and additional petitioner(s).
☐ Only on behalf of the additional petitioner(s).

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

My relationship to the respondent is: _____.

ONLY Check a box if you want your contact information to be kept confidential.

If you do **NOT** check one of the boxes, you must provide your street address and your mailing address if it is different.

REMEMBER Only include your address(es) and email address if you did **NOT** check a box that your contact information is confidential.

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.

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 Harassment 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 Harassment 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.

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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, add the information. Enter their phone number.

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

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. PROTECTED PARTY(IES)

The protected party(ies) on the existing Harassment Protection Order are:

1.
2.
3.
4.
5.
6.

Enter the names of the protected party(ies) on the existing protection order.

5. 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).

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

6. RELIEF REQUESTED

I am asking the court to renew the existing Harassment Protection Order.

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

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

7. 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 Harassment Protection Order.

Once filed, a petition to renew a Harassment 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: _____

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

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.

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