

## COMPLETING THE PETITION AND AFFIDAVIT TO OBTAIN DOMESTIC ABUSE PROTECTION ORDER.

Use this form to ask the court to issue a Domestic Abuse Protection Order.

For purposes of the Protection from Domestic Abuse Act, abuse means the occurrence of one or more of the following acts:

- a) attempting to cause or intentionally and knowingly causing bodily injury;
- b) placing, by means of credible threat, another person in fear of bodily injury (either verbally or in writing); or
- c) engaging in sexual contact or sexual penetration without consent.

For a Domestic Abuse Protection Order:

- You (the petitioner), the additional petitioner(s), which include minor child(ren), must have had a past or current relationship with the other party (respondent).
  - Refer to number 3 in the petition for examples of relationships.
- You will be asked to write a brief, but detailed description of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the respondent.
  - Examples might include shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, and medical or hospital treatment necessary.

Read all of the information on this page:

<https://nebraskajudicial.gov/self-help/protection-order-information/domestic-abuse-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Once the protection order is granted, it may not be withdrawn except by an order of the court.

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Choose the county from the drop-down list.

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.

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

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

Enter the name of the other party (respondent).

Answer by choosing a box.

Enter your name.

Check the box that applies. If you check the second or third box complete the information.

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

Nebraska State Court Form  
REQUIRED  
DC19-8 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

Petitioner, Case No. \_\_\_\_\_

Additional Petitioner(s)/Minor Child(ren):

Petitioner #2 \_\_\_\_\_  
Petitioner #3 \_\_\_\_\_  
Petitioner #4 \_\_\_\_\_  
Petitioner #5 \_\_\_\_\_  
Petitioner #6 \_\_\_\_\_  
Petitioner #7 \_\_\_\_\_  
Petitioner #8 \_\_\_\_\_  
Petitioner #9 \_\_\_\_\_  
Petitioner #10 \_\_\_\_\_

VS. \_\_\_\_\_  
Respondent

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 Domestic Abuse Protection Order 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. 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.  
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 victims 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: \_\_\_\_\_

☒ I do not speak English. The language that I speak is: \_\_\_\_\_

**PETITION AND AFFIDAVIT TO OBTAIN DOMESTIC ABUSE PROTECTION ORDER**

**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 for a Domestic Abuse 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 for a Domestic Abuse 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.

**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.

Check the box next to what your relationship to the other party is.

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

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

**3. MY RELATIONSHIP TO THE RESPONDENT**  
(Check the ONE that best applies)

<input type="checkbox"/> spouse (husband or wife)	<input type="checkbox"/> someone I am living with
<input type="checkbox"/> former spouse	<input type="checkbox"/> someone I have lived with in the past
<input type="checkbox"/> child	<input type="checkbox"/> someone I am presently dating
<input type="checkbox"/> the parent of one or more of my children	<input type="checkbox"/> someone I have dated in the past
<input type="checkbox"/> someone related to me in the following way: _____	
<input type="checkbox"/> Not applicable because requesting only on behalf of other(s)	

**4. 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: \_\_\_\_\_

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.

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

Enter the information for EACH of the additional petitioner(s) and minor children listed on this Petition.

Scars/Marks/Tattoos: \_\_\_\_\_  
\_\_\_\_\_  
Other distinguishing features: \_\_\_\_\_  
\_\_\_\_\_

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**5. ADDITIONAL PETITIONERS**  
(Use these spaces to provide the information about anyone else that is asking for protection on this Petition and Affidavit for a Protection Order)

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**Petitioner 2:**      ☐ Minor Child      ☐ Other  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to the petitioner \_\_\_\_\_  
Relationship to the respondent \_\_\_\_\_  
This petitioner does not speak English. The language spoken is: \_\_\_\_\_

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**Petitioner 3:**      ☐ Minor Child      ☐ Other  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to the petitioner \_\_\_\_\_  
Relationship to the respondent \_\_\_\_\_  
This petitioner does not speak English. The language spoken is: \_\_\_\_\_

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**Petitioner 4:**      ☐ Minor Child      ☐ Other  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to the petitioner \_\_\_\_\_  
Relationship to the respondent \_\_\_\_\_  
This petitioner does not speak English. The language spoken is: \_\_\_\_\_

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**Petitioner 5:**      ☐ Minor Child      ☐ Other  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to the petitioner \_\_\_\_\_  
Relationship to the respondent \_\_\_\_\_  
This petitioner does not speak English. The language spoken is: \_\_\_\_\_

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**Petitioner 6:**      ☐ Minor Child      ☐ Other  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to the petitioner \_\_\_\_\_  
Relationship to the respondent \_\_\_\_\_  
This petitioner does not speak English. The language spoken is: \_\_\_\_\_

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**NOTE:** To list more additional petitioners, ask for the supplemental form [DC 19-46](#).

Check the correct box. If you and the other party have been in past or current court cases together, enter the information about the cases.

**6. 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).


**7. RELIEF REQUESTED**

I ask the court to enter a Domestic Abuse Protection Order including the following (mark all that apply):

- ☐ prohibiting the respondent from imposing any restraint upon the person(s) asking for protection.
- ☐ prohibiting the respondent from harassing, threatening, assaulting, molesting, attacking, or otherwise disturbing the peace of the person(s) asking for protection.
- ☐ prohibiting the respondent from telephoning, contacting, or otherwise communicating with the person(s) asking for protection.
- ☐ removing and excluding the respondent from the following residence
- ☐ ordering the respondent to stay away from the following location(s) (specify address, location description, and connection of place to petitioner(s))
- ☐ prohibiting the respondent from possessing or purchasing a firearm as defined in [Neb. Rev. Stat. § 28-1201](#).

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

If you are asking that the other party be removed or kept from your residence, enter the street address.

If you are asking that the other party stay away from certain places, enter the address, location description, and why.

If you are requesting that the court grant you temporary custody of the minor children, enter how many days (no more than 90 days), the children(s) names, and ages.

If you are asking for sole possession of the household pets, enter the name, species and description.

If you are asking for any other conditions for the safety of you, your family, or other household members, describe what it is and why.

☐ granting temporary custody of the following minor children to \_\_\_\_\_ for \_\_\_\_\_ days (not to exceed 90 days):

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

☐ granting sole possession of any household pet(s) to \_\_\_\_\_. This includes pets owned, possessed, leased, kept, or held by the petitioner(s), the respondent, or any family or household member residing in the household of the petitioner(s) or respondent. The pet(s) included in this sole possession are:

Name	Species	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Such sole possession shall last for the duration of the Domestic Abuse Protection Order or until further order of the court. Sole possession does not determine ownership. The petitioner shall not permanently transfer, sell, or dispose of a household pet(s) placed in the petitioner's possession without prior court approval. Court approval shall not be required in cases where humane euthanasia of a seriously ill or injured household pet(s) is recommended by a licensed veterinarian.

☐ prohibiting the respondent from coming into contact with, harming, or killing any household pet(s) owned, possessed, leased, kept, or held by the petitioner(s), the respondent, or any family or household member of the petitioner(s) or respondent.

☐ ordering any other relief the court deems necessary to provide for the safety and welfare of the petitioner(s) and any designated family or household member, (describe relief requested and why):

\_\_\_\_\_  
\_\_\_\_\_

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

### 8. DESCRIBE WHAT HAPPENED

For purposes of the Protection from Domestic Abuse Act, abuse means the occurrence of one or more of the following acts:

- (a) attempting to cause or intentionally and knowingly causing bodily injury with or without a dangerous instrument;
- (b) placing, by means of credible threat, another person in fear of bodily injury (either verbally or in writing); or
- (c) engaging in sexual contact or sexual penetration without consent as defined in [Neb. Rev. Stat. § 28-318](#).

The dates or approximate dates and facts of the most recent and the most severe incident or incident(s) of domestic abuse are as follows.

Please write a brief but detailed description of each incident. Examples might include shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained, medical or hospital treatment necessary.

A. Date/Time: \_\_\_\_\_ Description: \_\_\_\_\_

Write brief, but detailed descriptions of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the other party.



(Continued) Write a brief, but detailed description of the MOST RECENT and the MOST SEVERE incident(s) of domestic abuse by the other party. (More spaces are on the next page.)

[illegible]

9. ADDITIONAL REQUEST

Per the [Protection Orders Act](#), I request the court treat this Petition and Affidavit for a Domestic Abuse Protection Order as a request for a Sexual Assault Protection Order or a Harassment Protection Order if, after the hearing, the court finds that a Sexual Assault Protection Order or Harassment Protection Order better fits the circumstances of the case.

Once filed, a petition for a Domestic Abuse 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: \_\_\_\_\_

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.