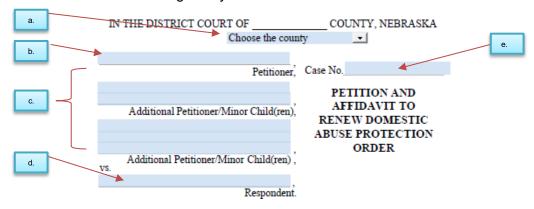
INSTRUCTIONS FOR COMPLETING THE PETITION AND AFFIDAVIT TO RENEW DOMESTIC ABUSE PROTECTION ORDER.

NOTE: THE USE OF THE INFORMATION <u>WORKSHEET</u> FOR THE DOMESTIC ABUSE PROTECTION ORDER WILL ASSIST YOU IN COMPLETING THIS FORM.

HEADING:

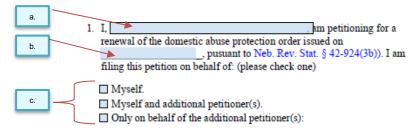
- a. Choose the county in the drop down box below the first blank. This is where you are filing this petition and affidavit.
- b. Enter the first, middle and last names of the petitioner (yourname).
- c. Enter the first, middle and last names of the additional petitioner(s) or minor children who are to be covered by THIS petition and affidavit.
 - i. PLEASE NOTE: Some courts require a separate petition for each person seeking protection. Check with the court in which you will be filing the request.
- d. Enter the first, middle and last names of the respondent (the other party'sname).
- e. The case number will be assigned by the clerk of the district court.



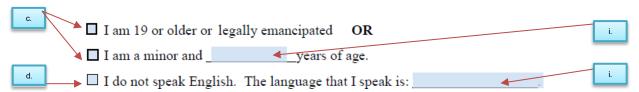
BODY OF PETITION AND AFFIDAVIT:

The numbers below give instructions for completing the paragraphs with the same numbers in the Petition and Affidavit.

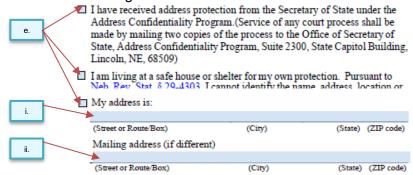
- Paragraph 1. a. Enter your full name in the first paragraph.
 - b. Enter the date the protection order was issued.
 - c. Check the box that represents your role in this case.



- d. Check the box that is correct for if you are 19 or older or legally emancipated or if you are a minor.
 - i. IF YOU ARE A MINOR enter your age in the box provided.
- e. Check the next box if you do NOT speak English.
 - i. If you check the box, enter the language that you speak.



- Paragraph 2. e. Check the box for either: you have received address protection, you are living at a safe house, or that you are providing your address.
 - i. If you check the third option, enter your street address in the space provided.
 - ii. If your mailing address is different from your street address enter what your mailing address is.



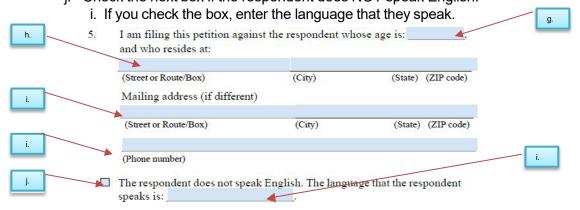
Paragraph 3. f. Check the correct box of Paragraph 3.

- i. If you check the box that you do not have the ability to receive emails, you must write an explanation.
- ii. If you check the box that you can receive emails, enter the email address.
- 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.

Paragraph 4. Check the box that coincides with what your relationship to the respondent is.

4. My relationship to the respondent is: (Check the ONE that best applies): spouse (husband or wife) someone I am presently dating former spouse someone I have dated in the past

- Paragraph 5 g. Enter the age of the respondent.
 - h. Enter the respondent's street address.
 - i. If the respondent's mailing address is different from their street address, enter the mailing address.
 - i. Enter the respondents telephone number.
 - Check the next box if the respondent does NOT speak English.

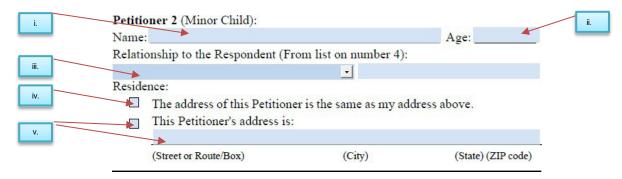


Paragraph 6 Enter the identifying characteristics of the respondent in the boxes to the right of the items listed. NOTE: "Other distinguishing features" are those physical traits that would help Law Enforcement recognize the respondent. The following are identifying characteristics for the respondent: Race: Skin Tone: Height: Weight: Eye Color: Hair Color: Driver's License #: Exp. Date: ___ Place of Birth: Paragraph 7. I. Check the appropriate box. i. IF you AND the respondent HAVE been involved in a past or current court case together, enter the name of the court, the case number, the type of case and the date of the determination. The respondent and I 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). Paragraph 8. Check the appropriate box. 8. I request to have a District Court Judge, or a County Court Judge preside over this proceeding. (I understand this request may not be granted.). Paragraph 9. Write a brief, but detailed reason of why you are requesting that the protection order be renewed. I am seeking a renewal for the following reason(s) (required): Paragraph 11. Describe additional events that happened since the current protection order was issued. 11. Please describe additional events that happened since the current protection order was issued (not required)

Paragraph 13. Enter the information for EACH of the additional petitioner(s)/minor child(ren).

This information includes:

- i. Their full name;
- ii. Their age;
- iii. Their relationship to the respondent (this a drop down list if this form is being completed on line);
- iv. Check box if their address is the same as your address; or
- v. Check box and available space if their address is different from your address.



SIGNATURE BLOCK:

DO NOT SIGN THIS COMPLAINT UNTIL YOU ARE PRESENT IN FRONT OF A NOTARY OR THE CLERK OF THE DISTRICT COURT.

NOTARY VERIFICATION STATEMENT:

THIS WILL BE COMPLETED BY THE CLERK OF THE DISTRICT COURT OR BY A NOTARY