

Information Worksheet For the Domestic Abuse Protection Order

This worksheet is to assist you in gathering information needed to complete the petition and affidavit for a protection order, and is not filed with the court. It is not required nor is it a substitute for the petition and affidavit.

For the "Petition and Affidavit to Obtain Domestic Abuse Protection Order":

The county in which you will be filing the petition and affidavit:

Full name of the petitioner (your name):

Your street address***:

*****If your address is confidential under Nebraska or Federal law, enter the county and state only.**

What is your age?:

What language do you speak if you do not speak English?:

Your relationship to respondent - pick one: spouse (husband or wife) former spouse child
 someone I am living with someone I have lived with in the past the father/mother of one or more of my children someone I am presently dating someone I have dated in the past
 someone related to me in the following way:

Not applicable because requesting only on behalf of other(s)

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
 someone they are living with someone they have lived with in the past the father/mother of one or more of their children someone they are presently dating someone they have dated in the past
 someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
 someone they are living with someone they have lived with in the past the father/mother of one or more of their children someone they are presently dating someone they have dated in the past
 someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
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Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
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 someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
 someone they are living with someone they have lived with in the past the father/mother of one or more of their children someone they are presently dating someone they have dated in the past
 someone related to them in the following way:

Full name of any additional petitioner(s) / Minor Child(ren),

Age: _____ Address if different: _____

Relationship to respondent - pick one: spouse (husband or wife) former spouse child
 someone they are living with someone they have lived with in the past the father/mother of one or more of their children someone they are presently dating someone they have dated in the past
 someone related to them in the following way:

Full name of the respondent (other party): _____

The respondent's address and telephone number: _____

What is the age of the respondent?: _____

What language does the respondent speak if they do not speak English?: _____

Identifying characteristics of the respondent:

Sex: Race: Skin tone: Height:

Weight: Eye Color: Hair Color:

Driver's License #: State: Exp. Date:

Place of birth:

Scars/Marks/Tattoos:

Other distinguishing features:

Name of court, case number and determination of any other proceeding (domestic violence, protection orders, termination or parental rights, adoption...) that could affect this action.

Names and years of birth and residence for each child you AND the respondent are the biological parents of:

Names and years of birth and residence for each child you are the biological parent of but the respondent is NOT:

You will be asked to write out a brief but detailed description of the most recent incident(s) of domestic abuse including shoves, kicks or blows inflicted, weapons used, threats made, injuries sustained and medical or hospital treatment necessary, if any.

For the “Protection Order Praecipe” (additional information combined with above) :

Where the respondent works: _____

What hours/days the respondent works: _____

The respondent's WORK address: _____

Other locations that the respondent may be found: _____

Vehicle Information:

Make: _____ Model: _____
 Year: _____ Color(s): _____
 Lic Plate #: _____ State: _____
 Type: _____ VIN (if available): _____

Other information:

Does the respondent carry a weapon or keep one nearby?: Yes No

Where and what kind?: _____

Have a history of mental illness?: Yes No

What kind?: _____

Use or abuse drugs or alcohol?: Yes No

What kind?: _____

Have a history of violence towards others?: Yes No

Make threats against law enforcement?: Yes No