

Temporary Protection Order Application Information

Circle Response

Relationship

Do you have a child or children in common with the Adverse Party?..... YES NO

Are you or have you been married to the Adverse Party?..... YES NO

Are you related by blood (excluding siblings and cousins who are not in a custodial or guardianship relationship with each other) or marriage to the Adverse Party?..... YES NO

Are you having or have you been in a dating relationship with the Adverse Party?..... YES NO

Jurisdiction

Did the incident(s) occur in Henderson Township or was the person affected by the conduct in Henderson Township at the time that the conduct occurred?..... YES NO

Is the adverse party 18 years of age or older? YES NO

Police Report

If you filed a report with a law enforcement agency, did you include a copy with your Temporary Protection Order application? YES NO

If you are not including a copy of the law enforcement report, state the reason:

Text/Email/Social Media Messages

If the incidents involve text, email, social media messages, or video did you include a copy of the content with your Temporary Protection Order application? YES NO

All exhibits/evidence will only be taken at application submission. Text messages, emails, social media posts, police reports, pictures, etc. must be printed on 8½ in. x 11in. standard paper.

Address of Adverse Party

Given that a protection order only becomes enforceable after it is served on the Adverse Party, do you have the home or work address of the Adverse Party in order to facilitate service of the order? YES NO

**IN THE JUSTICE COURT OF THE HENDERSON TOWNSHIP
COUNTY OF CLARK, STATE OF NEVADA**

<p>_____</p> <p>Applicant <i>(print your name above)</i>,</p> <p>vs.</p> <p>_____</p> <p>Adverse Party <i>(print the name of the person you want protection from above)</i>.</p>	<p>CASE NO.: _____</p> <p>DEPT: _____</p>
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APPLICATION FOR PROTECTION ORDER

1. **Your information** *(you are the “Applicant”)*.

Your name: _____

(first) (middle) (last)

2. **Who do you want to be protected from** *(this person is the “Adverse Party”)*?

Name: _____

(first) (middle) (last)

3. **Who needs protection** *(check all that apply)*?

- Me.
- Minor child (see definition on bottom of page 2).
- The following household members, including minor children not included in definition on page 2.

Name	Date of Birth	Relationship to Applicant	Relationship to Adverse Party

4. Why do you need to be protected from the person named above? **Check only one:**

The Adverse Party committed acts of stalking or aggravated stalking against me.

Definition of stalking, aggravated stalking and harassment:

Stalking: A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in a course of conduct directed towards a victim that would cause a reasonable person under similar circumstances to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member, and that actually causes the victim to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member. NRS 200.575(1)

Aggravated Stalking: A person who commits the crime of stalking and in conjunction therewith threatens the person with the intent to cause the person to be placed in reasonable fear of death or substantial bodily. NRS 200.575(2)

Harassment: A person commits harassment when: (a) Without lawful authority, the person knowingly threatens: (1) To cause bodily injury in the future to the person threatened or to any other person; (2) To cause physical damage to the property of another person; (3) To subject the person threatened or any other person to physical confinement or restraint; or (4) To do any act which is intended to substantially harm the person threatened or any other person with respect to his or her physical or mental health or safety; **and** (b) The person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. NRS 200.571

The Adverse Party committed a sexual assault on me.

Definition of sexual assault: A person commits sexual assault if they subject another person to sexual penetration, or forces another person to make a sexual penetration on himself or herself or another, or on a beast, against the will of the victim or under conditions in which the perpetrator knows or should know that the victim is mentally or physically incapable of resisting or understanding the nature of his or her conduct. NRS 200.366

Protection of Children: The parent or guardian of a child may petition any court of competent jurisdiction on behalf of the child for a temporary or extended order against a person who is 18 years of age or older and who the parent or guardian reasonably believes has committed or is committing a crime involving: (a) Physical or mental injury to the child of a nonaccidental nature; or (b) Sexual abuse or sexual exploitation of the child. NRS 33.400

Are you applying on behalf of a minor child? No Yes

Child's name: _____
(first) (middle) (last)

As you complete the application, please keep in mind that you are filling in the questions as they pertain to the actions/incident committed upon the child.

5. **How do you know the person you need protection from?** *Check all that apply:*
- We are related by blood or marriage. Explain _____
 - We are or used to be friends/acquaintances.
 - We are neighbors or reside in the same neighborhood.
 - We are or were co-workers.
 - Other: *(specify relationship):* _____

6. **Are there any other current or prior court cases that involve you and the Adverse Party in any court?**
- No.
 - Yes. Please list the case type, county, state, and case number:

7. **Firearms / Guns.**
Does the Adverse Party own a gun or have a gun in his/her possession or control?
- No Yes I don't know.

8. **Most Recent Event.** *Think about the **most recent** event. These questions ask about the most recent event only.*

Approximate date it happened: _____

City / State / Location where it happened: _____

Did the other person use or threaten to use a weapon? No Yes.

What Happened? *Explain the **most recent** event and describe any injuries. Give **specific** and **detailed** information about the event. **You can list past events on the next page.** If you are filing on behalf of a child, include details about what happened to the child.*

Work. The Adverse Party should stay away from my workplace.

Do you and the Adverse Party work at the same place? No Yes

Is your work address **confidential**? No Yes (*do not write details below*)

Employer

Employer

Address

Address

City, State, Zip Code County

City, State, Zip Code County

School/Daycare. The Adverse Party should stay away from my school and/or the child's school/daycare.

Is the school/daycare address **confidential**? No Yes (*do not write details below*)

School/Daycare

School/Daycare

Address

Address

City, State, Zip Code County

City, State, Zip Code County

Other Places. The Adverse Party should stay away from the following places that I and/or the minor children go to regularly.

Location

Location

Why?

Why?

Address

Address

City, State, Zip Code County

City, State, Zip Code County

About Extended Protection Orders:

This application asks the judge to issue up to a 45-day temporary protection order without notifying the other person first.

You can also ask for an extended order that could last for up to 2 years.

If you do, the judge will set a hearing. You and the other person will have to appear in court and explain your side before the judge can extend the protection order.

12. **Other Exhibits.** You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. **The Adverse Party may receive a copy of all documents/evidence you provide.**

Describe what you are attaching: _____

13. **This document does not contain the personal information of any person as defined by NRS 603A.040.**

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Dated _____, 20___. Submitted by: _____
(your signature)

(print your name)

VERIFICATION

I declare that I am the applicant in the above-entitled action; that I have read the foregoing application and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Dated _____, 20___. Submitted by: _____
(your signature)

(print your name)

CONFIDENTIAL PROTECTION ORDER INFORMATION

Law Enforcement: Do not serve this sheet with documents to be delivered.

Applicant: Print clearly all the information you know. This helps law enforcement locate and serve the Adverse Party.

YOUR INFORMATION

Your Name: _____ M F O
(OBO Minor Child) (First) (Middle) (Last)

Birthdate ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Mailing Address: _____
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

ADVERSE PARTY INFORMATION

Name: _____ M F O
(First) (Middle) (Last)

Other Name Used: _____
(First) (Middle) (Last)

Birthdate ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Home Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Is this address difficult to find? No Yes: explain: _____

Mailing Address: _____
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Other Likely Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Position: _____ Work Days: _____ Work Hours: _____

Work Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Scars/Marks/Tattoos (Description and Location): _____

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

Do you live with Adverse Party now? Yes No

Have you ever lived with Adverse Party? Yes No

Does the Adverse Party speak English? Yes No: What language does he/she speak? _____

Do you work for the same employer? Yes No

Is the Adverse Party likely to act violently when served? Yes No

Is the Adverse Party likely to avoid service? Yes No

Does the Adverse Party have a CCW Permit? Yes No

Does the Adverse Party have access to weapons? Yes No

If yes, please describe type and location of weapon(s): _____

Does the Adverse Party have a history of violent behavior or crimes? Yes No

If yes, explain: _____

Do not write in this space. For court purposes only.

Issuing Court ORI: NV _____

Court Case Number: _____