JUSTICE COURT IN THE TOWNSHIP OF HENDERSON CLARK COUNTY, NEVADA

Employer	(print the name of the workplace or employer),	CASE NO.:		
vs.	φ	DEPT:		
Adverse Paprotection from	arty (print the name of the person you want m).			
APPLIC		RDER FOR PROTECTION AGAINST THE WORKPLACE		
The '	Temporary Order should be extended to	For the following reasons:		
in th		order based on the same conduct that is listed for Protection Against Harassment in the		
	No Yes (If yes, move to section 3	3.)		
Thin	Subsequent or additional Threat/Harassment. Think about the threat or harassment that occurred after you filed your last application. You are explaining to the judge why you think the protection needs to continue.			
Appı	oximate date it happened:			
City	/ State / Location where it happened:			
any o	the other person use or threaten to use object that is used to cause or threaten No.	a weapon? (a weapon can be a gun, a knife, or physical harm)?		
	Yes (describe what kind of weapon wa	s used or threatened)		
Did t	the police come?			
Was	anyone arrested? \square No \square Yes: (w	vho?)		
Is the	e adverse party in jail? \Box No \Box	Yes		

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	Attach more pages if you need more room (2a, 2b, 2c).		
	Other conditions: Is there anything else you want the judge to know? Any other new conditions you are asking for?		
-			
-	This document does not contain the personal information of any person as defined		
S 6	603A.040. I declare under penalty of perjury under the law of the State of Nevada that bing is true and correct.		
_	ED, 20		
L	, 2U		
	Submitted By: (your signature)		
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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.

Submitted By: (your signature)	
(p)	rint your name)	
Attorney /Authorized Agent informa	tion:	
	Name	
	Address	
	City, State, Zip Code	County
		County
	Telephone number	
	Email address	