

CONFIDENTIAL

**HARASSMENT IN THE WORKPLACE PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY EMPLOYER/APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. **Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.**

EMPLOYER/APPLICANT DATA

Business Name: _____ AKA (if applicable): _____

Business Contact Person (Employer): _____

Nature of Business: _____

Business Address: _____

Business Phone: _____ Business Fax Number: _____

Business E-mail: _____

Authorized Agent for Employer: _____

Authorized Agent's Address: _____

Authorized Agent's Telephone Number: _____ Fax Number: _____

This business is a: Sole Proprietorship Partnership Corporation Other _____
(Please circle one)

Does this business have a prior relationship with the Adverse Party? (For example, is the Adverse Party a former employee/customer/neighbor business owner, etc.?) If yes, please describe the relationship: _____

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ADVERSE PARTY DATA

Is Adverse Party in custody now? No Yes If yes, where _____

Adverse Party's Full Name: _____

Other Name Used by Adverse Party: _____

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

Is this address difficult to find? No Yes If yes, please explain _____

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

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

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Occupation: _____ Employer: _____ Work Days: _____ Work Hours: _____

Work Phone: _____ Work Address: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Sex: M ___ F ___ Race: _____

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

Does the Adverse Party speak English? _____ If not, what language? _____
(Yes or No)

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

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? Explain: _____

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

Issuing Court ORI: NV _____ Court Case Number: _____

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

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