

1 Case No. _____
2 Dept. No. _____

3 **IN THE JUSTICE COURT OF LAUGHLIN TOWNSHIP**
4 **COUNTY OF CLARK, STATE OF NEVADA**

5 _____,
6 **Applicant,**

7 vs.

**APPLICATION FOR A TEMPORARY AND/OR
EXTENDED ORDER FOR PROTECTION
AGAINST DOMESTIC VIOLENCE**

8 _____,
9 **Adverse Party.**

10 **Please write or print clearly. Use black or dark blue ink.**
11 **Complete this Application to the best of your knowledge.**

12 Applicant states the following facts under penalty of perjury:

- 13 1. Applicant's Date of Birth: _____ Adverse Party's Date of Birth: _____
- 14 Relationship: I am the _____ (for example, wife, ex-husband, girlfriend, father,
- 15 sister, etc.) of the Adverse Party.
- 16 (a) Length of relationship: _____.
- 17 (b) Have you ever lived together? Yes No If so, how long? _____
- 18 (c) Are you living together now? Yes No
- 19 (d) Date of Separation: _____.
- 20 (e) We have child(ren) **TOGETHER**: Yes or No If yes, where and with whom are
- 21 these child(ren) living? _____

- 22 2. My address is: **CONFIDENTIAL**. (If confidential, do not write address here)
- 23 If address is not confidential, write below:
- 24 Address _____
- 25 City _____ State _____ Zip Code _____
- 26 I own rent this residence. Lease/title is held in all the following name(s):
- 27 _____
- 28 How long have you been living in this residence? _____

3. Adverse Party's address is:
 Address _____
 City _____ State _____ Zip Code _____
 How long has the Adverse Party been living in this residence? _____.

4. My place of employment is **CONFIDENTIAL**. (If confidential, do not write address here)
 If not confidential, state place(s) of employment:

Name of employer _____
 Address: _____ Phone _____
 City _____ County _____ State _____

Name of employer _____
 Address: _____ Phone _____
 City _____ County _____ State _____

Name of employer _____
 Address: _____ Phone _____
 City _____ County _____ State _____

5. Adverse Party's employer is: _____
 Address: _____ Phone _____
 City _____ County _____ State _____

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian, or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1.		Circle one Yes No	Circle one Yes No	
2.		Circle one Yes No	Circle one Yes No	

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
3.		Circle one Yes No	Circle one Yes No	
4.		Circle one Yes No	Circle one Yes No	
5.		Circle one Yes No	Circle one Yes No	
6.		Circle one Yes No	Circle one Yes No	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by Court Order? Yes No

Who was awarded custody/guardianship? Applicant Adverse Party

By what Court? _____

Court Case No. (if known) _____

7. Please check the appropriate box, **IF YOU** or the **ADVERSE PARTY** have ever filed a case in any court for a Divorce, Custody, Paternity, Child Support, Guardianship, Order for Protection Against Domestic Violence, or Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year? Yes No

(b) Is CPS currently involved with your family? Yes No

If yes, give details, including the caseworker's name:

1 9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his
2 or her custody or control? Yes No I don't know

3 (b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or
4 anyone else with a firearm or any other weapon? Yes No I don't know

5 If yes, give details:

6 _____
7 _____
8 _____

9 10. (a) I have been or reasonably believe I will become a victim of domestic violence committed
10 by the Adverse Party.

11 (b) The child(ren) have been or are in danger of becoming a victim of domestic violence
12 committed by the Adverse Party.

13 **In the following space, state the facts that support your Application. Be as specific as you can,
14 starting with the most recent incident. Include the approximate dates and locations, and whether
15 law enforcement or medical personnel have been involved.**

16 **THIS APPLICATION IS A PUBLIC RECORD**

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PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

1 11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed
2 against your spouse, partner, or child(ren)? Yes No

3 If yes, WHEN and where?
4 _____
5 _____

6 12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic
7 violence, or any other crime committed against his/her spouse, partner, or child(ren)?

8 Yes No I don't know If yes, WHEN and where?
9 _____
10 _____
11 _____

12 13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST**
13 **DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid
14 irreparable injury or harm. I request that it include the following relief, and any other relief the
15 Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply
16 to **YOU**):

17 (A) Prohibit the Adverse Party, either directly or through an agent, from threatening,
18 physically injuring, or harassing me and/or the minor child(ren).

19 (B) Prohibit the Adverse Party from any contact with me whatsoever.

20 (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at
21 least 100 yards away from my residence.

22 (D) Obtain law enforcement assistance to accompany me to the following residence,
23 _____ or

24 to accompany the Adverse Party to the following residence,
25 _____

26 to obtain personal property.

27 (E) Grant temporary custody of the minor child(ren) to me.

28 (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in
the Decree of Divorce/Order entered in Case Number _____ in the
_____ Court of the State of _____.

1 (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s
2 school(s), or day care(s), located at **CONFIDENTIAL**

3 (If confidential, do not write name of a school/day care and address here.)

4 If NOT confidential, write name of school(s)/day care(s) and address(es) below:

5 (1) Name of school or day care _____

6 Address _____

7 City _____ County _____ State _____

8
9 (2) Name of school or day care _____

10 Address _____

11 City _____ County _____ State _____

12 (3) Name of school or day care _____

13 Address _____

14 City _____ County _____ State _____

15
16 (H) Order the Adverse Party to stay at least 100 yards away from my place(s) of
17 employment.

18 (I) Order the Adverse Party to stay at least 100 yards away from the following places,
19 which I or the minor child(ren) frequent regularly:

20 (1) Name _____

21 Address _____

22 City _____ County _____ State _____

23 (2) Name _____

24 Address _____

25 City _____ County _____ State _____

26 (3) Name _____

27 Address _____

28 City _____ County _____ State _____

1 (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically
2 injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the
3 minor child(ren), or me.

4 (2) Prohibit the Adverse Party, either directly or through an agent, from taking
5 possession of any animal owned or kept by me or the minor child(ren).

6 (K) I further request the following other conditions:

7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____

14 **IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER**
15 **FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION**

16
17 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION
18 AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that
19 hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it
20 include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to **YOU**).

21 (A) Prohibit the Adverse Party, either directly or through an agent, from threatening,
22 physically injuring, or harassing me and/or the minor child(ren).

23 (B) Prohibit the Adverse Party from any contact with me whatsoever.

24 (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at
25 least 100 yards away from my residence.

26 (D) Grant temporary custody of the minor child(ren) to me.

27 (E) Grant the Adverse Party visitation with the minor child(ren).

28 (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You
may be required to file an Affidavit of Financial Condition prior to the hearing).

1 (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay
2 towards my support and maintenance.

3 (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in
4 the Decree of Divorce/Order entered in Case Number _____ in the
5 _____ Court of the State of _____.

6 (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s
7 school, or day care, located at: **CONFIDENTIAL**
(If confidential, do not write name of school and address here).

8 If address is not confidential, please write name of school or day care and address(es)
9 below:

10 (1) Name of school or day care _____
11 Address: _____
12 City _____ County _____ State _____

13
14 (2) Name of school or day care _____
15 Address _____
16 City _____ County _____ State _____

17 3) Name of school or day care _____
18 Address _____
19 City _____ County _____ State _____

20
21 (J) Order the Adverse Party to stay at least 100 yards away from my place of
22 employment. **CONFIDENTIAL**
23 If address is not confidential, please write name of employer and address(es) below:

24 (1) Name of Employer _____
25 Address: _____
26 City _____ County _____ State _____

1 (2) Name of Employer _____
2 Address _____
3 City _____ County _____ State _____

4 (3) Name of Employer _____
5 Address _____
6 City _____ County _____ State _____

7
8 (K) Order the Adverse Party to stay at least 100 yards away from the following places,
9 which I or the minor child(ren) frequent regularly:

10 (1) Name _____
11 Address: _____
12 City _____ County _____ State _____

13
14 (2) Name _____
15 Address _____
16 City _____ County _____ State _____

17 (3) Name _____
18 Address _____
19 City _____ County _____ State _____

20
21 (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically
22 injuring or threatening to injure any animal that is owned or kept by the Adverse Party,
23 the minor child(ren), or me.

24 (2) Prohibit the Adverse Party, either directly or through an agent, from taking
25 possession of any animal owned or kept by me or the minor child(ren).

26 (3) I request the Court to specify the arrangements for the possession and care of any
27 animal owned or kept by the Adverse Party, the minor child(ren), or me.

1 (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of
2 my attendance at any hearing concerning this Application.

3 (N) I further request the following other conditions:

4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____

14
15 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE**
16 **STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN**
17 **THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM**
 TO BE TRUE AND CORRECT

18 Dated: _____

19
20 _____
 Signature of Applicant

21
22 _____
 Applicant's Name (Please Print)

DOMESTIC VIOLENCE ORDER FOR PROTECTION INFORMATION SHEET

Instructions to the Applicant: Please provide all information known to you in printed format. All requested information is necessary for service. Shaded areas () are mandatory for entry into the statewide repository.

APPLICANT DATA **CONFIDENTIAL**

List person(s) requesting order for protection:

Name	Date Of Birth	Race	Sex
_____	____/____/____	_____	_____
(Last) (First) (Middle)	(M) (D) (Y)		
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

APPLICANT'S PHONE NO: _____ ADVERSE PARTY DATA

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

Relationship To You: _____ Date of Birth ____/____/____ And/ Or Social Security No.: _____
(M) (D) (Y)

Home Address: _____
(Street Address) (Building/Apartment #) (City) (County) (State)

Other Likely Address: _____
(Street Address) (Building/Apartment #) (City) (County) (State)

Occupation: _____ Employer: _____

Work Address: _____
(Street Address) (City) (County) (State)

Work Days: _____ Work Hours: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Sex _____ Race: _____

Scars/Marks/Tattoos Description and Location: _____

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

Additional Contact Person: _____ Phone: _____ Address: _____

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

Are you and the Adverse Party living together now? **Yes or No**

Are you and the Adverse Party employed by the same employer? **Yes or No**

Is the Adverse Party likely to react violently when served? **Yes or No**

Is the Adverse Party likely to avoid service? **Yes or No**

Does the Adverse Party have access to weapons? **Yes or No**

Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? **Yes or No**

If yes, please describe type and location: _____

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

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

Issuing Court ORI: NV _____ Court Case Number: _____ Confidential Y/N _____