PLEASE READ CAREFULLY

Before you apply for a **TEMPORARY PROTECTION ORDER,** you, the Applicant, should be aware of the following:

A. In order to apply for an Order for Protection Against Domestic Violence, you must be 18 years of age or older, the victim of a specific type of **ACT,** and you and the Adverse Party must have a specific type of **RELATIONSHIP.**

Under NRS 33.018, the required act can include any of the following:

1. Battery (Any physical contact--hitting, pushing, shoving).
2. Assault (Threats to commit battery).
3. Compelling you by force or threat of force to perform an act from which you have the right to refrain or to refrain from an act which you have the right to perform.
4. Sexual assault.
5. A knowing, purposeful, or reckless course of conduct intended to harass you. Such conduct may include, but is not limited to:

Stalking	**Arson**	**Trespassing**
Injuring or killing an animal	**Larceny**	**Destruction of private property**
Carrying a concealed weapon without a permit	**False imprisonment**	**Unlawful entry or forcible entry into your residence**

B. Under NRS 33.018, the Adverse Party must commit the above act(s) against one of the following people:

1. His spouse or former spouse;
2. Any other person to whom he is related by blood or marriage;
3. A person with whom he is or was actually residing;
4. A person with whom he has had or is having a dating relationship;
5. A person with whom he has a child in common;
6. The minor child of any of those persons;
7. His minor child; or
8. Any person who has been appointed the custodian or legal guardian for his minor child.

C. When you fill out the Application, it is helpful to explain the relationship in detail. For example, state how long you have been married or divorced, how long you have been living together and/or when you separated, how long you have been dating and/or when the relationship ended, etc.

D. By filling out this Application, you are giving a **SWORN STATEMENT** and *asking* the Court to *intervene* to protect you from the Adverse Party.

E. A legal process is being started. Only a judge can stop this process.

F. There are three possible rulings that the Court can make after you file the Application:
(1) Grant the request for a Temporary Protection Order;
(2) Require a hearing to clarify issues on the Application before granting or denying the request;
(3) Deny the request.

YOU MAY HAVE TO APPEAR IN COURT IF:

(1) Your request is granted and an Order is issued with a hearing date scheduled; or
(2) A hearing is required before a decision can be made as to whether the Court will grant or deny the request.

If the Adverse Party is served, he/she will receive a copy of the TEMPORARY PROTECTION ORDER or ORDER FOR HEARING and a complete copy of the APPLICATION, but will not receive a copy of the confidential information sheet. If the Adverse Party is served, he/she will be notified of any hearing and will have the right to attend. The hearing is your opportunity (and the Adverse Party's opportunity) to speak to a judicial officer and request an extension, modification, correction, or dissolution of the Protection Order.

Any Protection Order that is issued will require that the Adverse Party NOT have any contact with you. "No contact" restrictions may possibly have an effect on child visitation and child custody.

GUIDELINES FOR COMPLETING THE APPLICATION

(1) Use **BLACK** or **DARK BLUE INK** when filling out the Application. Pencil or different-colored ink is not acceptable.

(2) Do **NOT** write on the back or along the sides of any pages. Use extra paper if necessary. Standard 8½ by 11-inch paper is preferred.

(3) **PRINT OR WRITE CLEARLY**.

(4) Identify **ALL** minor children that are **LIVING IN** your home. Include their dates of birth.

(5) **BE SPECIFIC.** Get to the point and detail **WHAT** happened and **WHEN** it happened. It is best to start with the **MOST RECENT** incident(s) and to provide approximate dates. If the Adverse Party threatened you, list the exact language that was used. Do not be concerned about profanity. The Court needs to know exactly what was said.

(6) Once this Application is filed, it becomes a matter of public record. If there are addresses or telephone numbers you do not want the Adverse Party to know, **DO NOT** put that information in the Application. Select the confidential box.

(7) Please make every effort to provide a home or work address for the Adverse Party, so that he or she can be served or given notice of this Order.

(8) If there is any part of this Application that you question or do not understand, leave the area blank until you meet with an advocate/court employee.

(9) **DO NOT SIGN** the Application until you are with a court employee or an advocate. You may need to provide picture identification.

(10) A Judicial Officer will review your Application to determine if a Protection Order Against Domestic Violence should be issued based upon your detailed description of events that requires court intervention.

(11) Be advised that the Court cannot provide legal advice. If you need more information about your legal rights and remedies, you are encouraged to consult with an attorney.

Case No. _____

IN THE JUSTICE COURT OF DAYTON TOWNSHIP

IN AND FOR THE COUNTY OF LYON, STATE OF NEVADA

_____,

Applicant,

vs

AFFIDAVIT OF APPLICANT

_____,

Adverse Party. /

_____

Once Protective Order is Granted, I,_____, do hereby understand that by calling, visiting or otherwise contacting the Adverse Party, either directly or through an agent, I am in violation of the Order issued by this Court against the Adverse Party.

If I violate the Order, I am subject to arrest by the Lyon County Sheriff's Office and a citation will be issued for Contempt of Court for failure to comply with a Court Order.

_____

Applicant Signature

Subscribed and sworn to before me

this _____ day of _____, _____.

_____

Notary Public/Court Clerk

CONFIDENTIAL

DOMESTIC VIOLENCE PROTECTION ORDER INFORMATION

(TO BE FILLED OUT BY APPLICANT)

Instructions: Please provide all information known to you. Please print information clearly.

APPLICANT DATA

Name: _____
(Last) (First) (Middle) (Sex)

Address: _____

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

Phone Numbers	**Home:**	**Work:**	**Cell:**

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

Additional Contact Person: _____ Phone: _____ Address: _____

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.: _____
(MM) (DD) (YYYY)

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: _____

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

Work Phone: _____ Work Address: _____
(Street Address) (City) (State) (Zip Code)

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

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

_____

Does the Adverse Party speak English? ☐ Yes ☐ No If not, what language does he/she speak? _____

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

(Check one)

Are the Applicant and the Adverse Party living together now? ☐ Yes ☐ No

Are the Applicant and the Adverse Party employed by the same employer? ☐ Yes ☐ No

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

Is the Adverse Party likely to avoid service? ☐ Yes ☐ No

Does the Adverse Party have a Carrying Concealed Weapon (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's history include any violent behavior or crimes? ☐ Yes ☐ No

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.

Case No. _____
Pro. No. _____

IN THE JUSTICE COURT OF DAYTON TOWNSHIP

COUNTY OF LYON, STATE OF NEVADA

_____,
Applicant,

vs.

_____,
Adverse Party.

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

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

Applicant states the following facts under penalty of perjury:

1. Applicant's Date of Birth: _____ Adverse Party's Date of Birth: _____

Relationship: I am the _____(for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party.

(a) Length of relationship: _____.

(b) Have you ever lived together? Yes ☐ No ☐ If so, how long? _____

(c) Are you living together now? Yes ☐ No ☐

(d) Date of Separation: _____.

(e) We have child(ren) **TOGETHER:** Yes☐ or No ☐ If yes, where and with whom are these child(ren) living? _____

2. My address is: ☐ **CONFIDENTIAL.** (If confidential, do not write address here)

☐ If address is not confidential, write below:

Address_____

City_____ State_____ Zip Code_____

I ☐ own ☐ rent this residence. Lease/title is held in all the following name(s):

_____

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:

_____

_____

_____

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

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

If yes, give details:

_____

_____

_____

_____.

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

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

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

THIS APPLICATION IS A PUBLIC RECORD

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

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

If yes, WHEN and where?

_____

_____.

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

☐ Yes ☐ No ☐ I don't know If yes, WHEN and where?

_____

_____

_____.

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

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

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

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

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence,

_____ or

☐ to accompany the Adverse Party to the following residence,

_____

to obtain personal property.

☐ (E) Grant temporary custody of the minor child(ren) to me – Justice Courts have limited jurisdiction to this action.

☐ (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 _____.

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

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

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

(1) Name of school or day care _____

Address _____

City _____ County _____ State _____

(2) Name of school or day care _____

Address _____

City _____ County _____ State _____

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

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

(1) Name _____

Address _____

City _____ County _____ State _____

(2) Name _____

Address _____

City _____ County _____ State _____

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

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

(K) I further request the following other conditions:

_____

_____

_____

_____.

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

14. ☐ I request the Court hold a hearing for an **EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.
(Please check all the choice(s) that may apply to **YOU**).

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

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

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

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

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

☐ (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).

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

☐ (H) 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 _____.

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

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

(1) Name of school or day care_____

Address: _____

City _____ County _____ State _____

☐ (J) Order the Adverse Party to stay at least 100 yards away from my place of employment. ☐ **CONFIDENTIAL**

If address is not confidential, please write name of employer and address(es) below:

(1) Name of Employer _____

Address: _____

City _____ County _____ State _____

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

(1) Name _____

Address: _____

City _____ County _____ State _____

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

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

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

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

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

_____

_____

_____

_____.

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

Dated: _____

_____
Signature of Applicant

_____
Applicant's Name (Please Print)

SUBSCRIBED AND SWORN TO BEFORE ME ON _____ 20 _____

_____
NOTARY PUBLIC / COURT CLERK

AFFIRMATION

Thu undersigned does hereby affirm that the preceding document, Domestic Violence Protective Order Application ☐ does / ☐ does not contain social security numbers.

Dated: _____

_____
Signature of Applicant

_____
Applicant's Name (Please Print)