

**INFORMATION ABOUT
ORDERS FOR PROTECTION AGAINST STALKING AND HARASSMENT
AND ORDERS FOR PROTECTION OF CHILDREN
ISSUED IN JUSTICE COURT**

(1) What are the definitions of “stalking,” “harassment,” and “harm to minors”?

Under **NRS 200.571**, a person commits the crime of **harassment** if:

(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; or
- (2) To cause physical damage to the property of another person; or
- (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 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.

Under **NRS 200.575(1)**, the crime of **stalking** is defined as follows:

A person who, without lawful authority, willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes the victim to feel terrorized, frightened, intimidated or harassed, commits the crime of stalking.

Under **NRS 200.575(2)**, the crime of **aggravated stalking** is defined as follows:

A person who commits the crime of stalking and in conjunction therewith threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial bodily harm commits the crime of aggravated stalking.

Under **NRS 33.400**, crimes involving children are defined as follows:

- (1) A crime involving physical or mental injury to the child of a nonaccidental nature; or
- (2) A crime involving sexual abuse or sexual exploitation of a child.

1 Case No. _____

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5 IN THE JUSTICE COURT OF DAYTON TOWNSHIP
6 IN AND FOR THE COUNTY OF LYON, STATE OF NEVADA

7
8 _____,

9 Applicant,

10 vs

AFFIDAVIT OF APPLICANT

11
12 _____,

13 Adverse Party. /

14 _____

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

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

20
21 _____

22 Applicant Signature

23
24 Subscribed and sworn to before me

25 this ____ day of _____, ____.

26
27 _____

28 Notary Public/Court Clerk

CONFIDENTIAL

**STALKING AND HARASSMENT PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY 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.

APPLICANT DATA

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

Phone: 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 (if any): _____ Date of Birth ___/___/___ and/or Social Security No.: _____
(M) (D) (Y)

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? _____ If not, what language? _____
(Yes or No)

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

(Circle one)
Are the Applicant and the Adverse Party living together now? **Yes or No**
Are the Applicant 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 a Carrying Concealed Weapon (CCW) Permit? **Yes or No**
Does the Adverse Party have access to weapons? **Yes or No**
If yes, please describe type and location of weapon(s): _____

Does the Adverse Party's history include (please circle): assault, assaults w/weapon, battery, 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.

1 Case No. _____
2 Dept. No. _____

3 **IN THE JUSTICE COURT OF DAYTON TOWNSHIP**
4 **COUNTY OF LYON, STATE OF NEVADA**

5 _____)
6)
7)
8 **Applicant(s),**)
9 **vs.**)
10 _____)
11 **Adverse Party(s),**)
12 _____)

**APPLICATION FOR ORDER FOR
PROTECTION AGAINST STALKING,
AGGRAVATED STALKING,
OR HARASSMENT (NRS 200.591)**

13 **STALKING** - A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in
a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes
the victim to feel terrorized, frightened, intimidated or harassed. (NRS 200.575 (1))

14 **AGGRAVATED STALKING** - A person commits the crime of aggravated stalking when that person commits the crime of stalking
and, in conjunction therewith, threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial
bodily harm. (NRS 200.575 (2))

15 **HARASSMENT** - A person commits the crime of harassment when (a) that person, without lawful authority, 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 physical or mental health or safety; and
16 (b) the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. (NRS
17 200.571)

18 **PLEASE TYPE OR PRINT CLEARLY.**

19 **COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.**

20 I am applying for protection (check all that apply):

21 For Myself On behalf of another person(s)

1 Applicant states the following facts under penalty of perjury:

2 I reasonably believe that the Adverse Party has committed and/or is committing the
3 crime of stalking, aggravated stalking or harassment as defined above. The acts occurred as
4 follows:

5 ***(NOTE: BE SPECIFIC AS TO WHO COMMITTED WHAT ACT OR ACTS, AGAINST
6 WHOM, WHEN, WHERE, WHETHER COMMITTED OR THREATENED; INDICATE
7 APPROXIMATE DATE(S) AND LOCATION(S).)***

8 **THIS FORM IS A PUBLIC RECORD**

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21 ***NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES;
22 CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.***

23 ***Check if you use a continuation page (to be incorporated by reference)***

24 This matter does not have to be reported to law enforcement; however, has a report ever been
25 filed? Yes No

1 Case No. _____

2 Applicants Name: _____

3

CONTINUATION PAGE

4

PLEASE TYPE OR PRINT CLEARLY

5 (Note: Be specific as to who committed what act or act(s), against whom, when, where, whether committed or threatened,
6 indicate approximate date(s) and locations(s))

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THE ATTACHED APPLICATION INCORPORATES THE CONTINUATION PAGE BY REFERENCE

1 If yes, approximate date(s):

2 _____

3 Name of law enforcement agency:

4 _____

5 Case/Event number if known:

6 _____

7 **(NOTE: IT IS NOT NECESSARY TO FILE A LAW ENFORCEMENT REPORT, BUT IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT TO THE COURT HEARING.)**

8 For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- 9 (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
- 10 (2) An Order for Protection of Children (NRS 33.400);
- 11 (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A

12 "TPO Action" is also defined to include the following **Justice/Family/District Court** action:

- 13 (a) An Order for Protection Against Domestic Violence (NRS 33.020)

14 **Please Check the Appropriate Box Below:**

15 In the last 2 years, Applicant or any party seeking protection has not filed a TPO action against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not filed a TPO action against Applicant or any party seeking protection anywhere in the State of Nevada.

16 In the last 2 years, the following TPO action(s) in the State of Nevada have been filed involving Applicant and the Adverse Party:

17 Case # (if known)	18 Court (Justice/Family)	19 Place of Filing	20 Approx. Date Filed	21 Outcome (TPO granted, denied, rescinded, etc.)

22 ***Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.***

23 1. a) Applicant's Name Age

24 _____

25 (Last)

(First)

(Middle)

1 b) Applicant's relationship to Adverse Party: _____

2 c) Provide names below of those for whom you are seeking protection, including
3 yourself, minors or household members that need this protection. Indicate the relationships of
4 all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend,
5 roommate, neighbor, relative, acquaintance, co-worker, stranger):
6

7 NAME	8 AGE	9 RELATIONSHIP TO APPLICANT	10 RELATIONSHIP TO ADVERSE PARTY
		Self (if applicable)	

15 Explain why protection is needed for the individuals listed above:
16 _____
17 _____
18 _____

19 **(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)**
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22 2. Has the Adverse Party ever lived with any Party listed above? Yes No

23 If so, for how long? _____

24 3. Is anyone listed above living with the Adverse Party now? Yes No

25 If so, who? _____

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4. Date of separation (if applicable): _____

5. Are there children involved? Yes No If so, how are they involved?

6. Has the Adverse Party ever been involved in any other relevant Court actions (e.g.,
eviction, divorce, custody, criminal, etc.)?

Yes No If yes, please explain: _____

7. Residence(s) where protection is needed:

CONFIDENTIAL (*If confidential, check and move to the next question*) or,

If not confidential, list address, city, state and zip code:

8. Place(s) of employment where protection is needed:

CONFIDENTIAL (*If confidential, check and move to the next question*) or,

If not confidential, list name, address, city, state and zip code:

9. Location of school(s) where protection is needed:

CONFIDENTIAL (*If confidential, check and move to the next question*) or,

If not confidential, list name, address, city, state and zip code:

1 10. Other specific locations frequented where protection is needed (i.e., sports, extra-
2 curricular activities, church, employment, after-school activities, etc.):

3 CONFIDENTIAL (*If confidential, check and move to the next question*) or,

4 If not confidential, list name, address, city, state and zip code:
5 _____
6 _____

7 11. If there are persons other than those listed on page 4 that the Adverse Party should be
8 directed not to contact, please name the individuals and explain why these precautions
9 are needed: _____
10 _____

11 12. If there are any other safety concerns that the Court should know (e.g., firearms, etc.),
12 please briefly explain:
13 _____
14 _____

15
16 **RELIEF REQUESTED**

17 **THEREFORE, I REQUEST** that a Temporary Order be issued against the Adverse
18 Party requiring the Adverse Party to refrain from contacting, intimidating, threatening or
19 otherwise interfering with me and/or other persons identified in this application, either
20 directly or through an agent.

21 **I FURTHER REQUEST** that the Court require the Adverse Party to stay away from
22 the places listed above.
23
24
25

1 **I FURTHER REQUEST** the following other conditions:

2 _____
3 _____
4 _____

5 **I FURTHER REQUEST** that this Court set a hearing date for an Extended Order as
6 soon as possible.

7 Yes No

8 **(NOTE: IF GRANTED AND SERVED, A TEMPORARY ORDER MAY BE ENFORCED**
9 **FOR UP TO 30 DAYS, EXCEPT THAT IF AN EXTENDED ORDER IS REQUESTED, THE**
10 **TEMPORARY ORDER REMAINS IN EFFECT UNTIL THE HEARING ON THE**
11 **EXTENDED ORDER IS HELD BY THE COURT. IF GRANTED AND SERVED, AN**
12 **EXTENDED ORDER MAY BE ENFORCED FOR UP TO ONE YEAR.)**

13 **I ACKNOWLEDGE** that an Extended Order may only be granted after notice of the petition for the
14 Order and of the Hearing thereon is served upon the Adverse Party pursuant to the Rules of Civil
15 Procedure, and a hearing is held on the petition.

16 **DECLARATION**
17 **(NRS 53.045)**

18 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF**
19 **NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS**
20 **CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE**
21 **STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.**

22 Dated: _____

23 _____
24 Signature of Applicant

25 _____
Applicant's Name (Please Print)

SUBSCRIBED AND SWORN TO BEFORE ME ON _____ 20 _____

NOTARY PUBLIC / COURT CLERK

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AFFIRMATION

The undersigned does hereby affirm that the preceding document, Harassment and Stalking
Protective Order Application does / does not contain social security numbers

Dated: _____

Signature of Applicant

Applicant's Name (Please Print)