

CONFIDENTIAL PROTECTION ORDER INFORMATION

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

Applicant: Print clearly all the information you know. This helps law enforcement locate and serve the Adverse Party.

YOUR INFORMATION

Your Name: _____ M F O
(First) (Middle) (Last)

Birthdate: _____ Social Security Number: _____ Race: _____
(MM) (DD) (YY)

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

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ I prefer to be notified of future court dates by email / mail

The Adverse Party is my: spouse ex-spouse ex-dating partner parent of my child parent
 in-law: (*explain*) _____ other: _____

OTHER PROTECTED PARTIES

Only fill out this section if there are children that you asked to be protected under the order. If there are none, skip to "Adverse Party"

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: _____ Social Security Number: _____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: _____ Social Security Number: _____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: _____ Social Security Number: _____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: _____ Social Security Number: _____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____

ADVERSE PARTY INFORMATION

Name: _____ M F O
(First) (Middle) (Last)

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

Birthdate: _ Social Security Number: _ Race: _____
(MM) (DD) (YY)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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

Is this address difficult to find? No Yes: explain: _____

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

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Position: _____ Work Days: _____ Work Hours: _____

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

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

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

- Do you live with Adverse Party now? Yes No
- Have you ever lived with Adverse Party? Yes No
- Do you have children with Adverse Party? Yes No
- Does the Adverse Party speak English? Yes No: What language does he/she speak? _____
- Do you work for the same employer? Yes No
- Is the Adverse Party likely to act violently when served? Yes No
- Is the Adverse Party likely to avoid service? Yes No
- Does the Adverse Party have a Concealed Carry Weapons Permit? Yes No
- Does the Adverse Party have access to weapons? Yes No

If yes, describe type and location of weapon(s): _____

Does the Adverse Party have a history of violent behavior or crimes? Yes No
If yes, explain: _____

Do not write in this space. For court purposes only.
Issuing Court ORI: NV _____ Court Case Number: _____