

**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  
(OBO Minor Child) (First) (Middle) (Last)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race: \_\_\_\_\_  
(MM) (DD) (YY)

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

**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

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 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 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: \_\_\_\_\_