

**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:

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

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.

**\*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.

1 Case No. \_\_\_\_\_

2 Pro. No. \_\_\_\_\_

3 **IN THE JUSTICE COURT OF DAYTON TOWNSHIP**

4 **COUNTY OF LYON, 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	

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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:

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\_\_\_\_\_  
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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 – Justice Courts have limited  
28 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 \_\_\_\_\_.

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

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

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

6 (1) Name of school or day care \_\_\_\_\_

7 Address \_\_\_\_\_

8 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

9  
10 (2) Name of school or day care \_\_\_\_\_

11 Address \_\_\_\_\_

12 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

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

17 (1) Name \_\_\_\_\_

18 Address \_\_\_\_\_

19 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

20 (2) Name \_\_\_\_\_

21 Address \_\_\_\_\_

22 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

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

1 (K) I further request the following other conditions:  
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6 **IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER**  
7 **FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION**  
8

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

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

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

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

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

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

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

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

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

24  (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in  
25 the Decree of Divorce/Order entered in Case Number \_\_\_\_\_ in the  
26 \_\_\_\_\_ Court of the State of \_\_\_\_\_.

27  (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s  
28 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 \_\_\_\_\_

1 Address: \_\_\_\_\_

2 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

3  
4  (J) Order the Adverse Party to stay at least 100 yards away from my place of  
5 employment.  **CONFIDENTIAL**

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

7 (1) Name of Employer \_\_\_\_\_

8 Address: \_\_\_\_\_

9 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

10  
11  (K) Order the Adverse Party to stay at least 100 yards away from the following places,  
12 which I or the minor child(ren) frequent regularly:

13 (1) Name \_\_\_\_\_

14 Address: \_\_\_\_\_

15 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

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

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

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

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

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

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

5                    Dated: \_\_\_\_\_

6                    \_\_\_\_\_  
7                    Signature of Applicant

8                    \_\_\_\_\_  
9                    Applicant's Name (Please Print)

10                    SUBSCRIBED AND SWORN TO BEFORE ME ON \_\_\_\_\_ 20 \_\_\_\_\_

11                    \_\_\_\_\_  
12                    NOTARY PUBLIC / COURT CLERK

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13  
14                    AFFIRMATION

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

17  
18                    Dated: \_\_\_\_\_

19                    \_\_\_\_\_  
20                    Signature of Applicant

21                    \_\_\_\_\_  
22                    Applicant's Name (Please Print)