

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 other family members or household members 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: _____

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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: _____

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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 CCW 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: _____