

**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: \_\_\_\_\_

**ADVERSE PARTY'S PARENT / GUARDIAN'S INFORMATION**

If a protection order is issued against a minor, their parent/guardian must be served with the order as well. Enter as much information as you can to help law enforcement locate and serve the Adverse Party's parent or guardian.

Parent/Guardian's 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 this person now?  Yes  No
  - Have you ever lived with this person?  Yes  No
  - Do you have children with this person?  Yes  No
  - Does this person speak English?  Yes  No: What language does he/she speak? \_\_\_\_\_
  - Do you work for the same employer?  Yes  No
  - Is this person likely to act violently when served?  Yes  No
  - Is this person likely to avoid service?  Yes  No
  - Does this person have a Concealed Carry Weapons Permit?  Yes  No
  - Does this person have access to weapons?  Yes  No
- If yes, describe type and location of weapon(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this person 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: \_\_\_\_\_