

## **PLEASE READ CAREFULLY**

### **GUIDELINES FOR COMPLETING THE APPLICATION**

**NOTE:** YOU are the **PLAINTIFF/APPLICANT**, the party you are filing against is the **DEFENDANT/ADVERSE PARTY**

- (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 only is accepted.
- (3) **PRINT OR WRITE CLEARLY.**
- (4) **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.
- (5) 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 and write that confidential address on the back of the applicable page.
- (6) 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.
- (7) 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.
- (8) **DO NOT SIGN** the Application until you are with a court employee or an advocate (UNLESS you are dropping the application in the lobby drop box during non Judicial hours) . You may need to provide picture identification.
- (9) A Judicial Officer will review your Application to determine if a Protection Order Against Stalking, Aggravated Stalking or Harassment should be issued based upon your detailed description of events that requires court intervention.
- (10) 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.

# JUSTICE / MUNICIPAL CIVIL COURT COVER SHEET

Pahrump Township, Nye County, Nevada

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

*(Assigned by Clerk's office)*

Interpreter Needed:  No  Yes      Language: \_\_\_\_\_

**I. Party Information** *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):	Defendant(s) (name/address/phone):
E-mail Address	E-mail Address
Attorney (name/address/phone):	Attorney (name/address/phone):
Law Firm / Bar #	Law Firm / Bar #
E-mail Address	E-mail Address

**I. Nature of Controversy** *(please select the one most applicable filing type below)*

**Civil Case Filing Types**

Real Property	Torts	Protection Orders
<b>Real Property</b> <input type="checkbox"/> Landlord/Tenant (Summary Eviction) <input type="checkbox"/> Unlawful Detainer Complaint (Writs of Restitution) <input type="checkbox"/> Other Real Property	<b>Negligence</b> <input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence  <b>Other Torts</b> <input type="checkbox"/> Intentional Misconduct <input type="checkbox"/> Other Torts	<b>Protection Order</b> <input type="checkbox"/> Request for Domestic Violence Protective Order <input type="checkbox"/> Request for Protection Order (Non-Domestic Violence) <input type="checkbox"/> Sexual Assault Related <input type="checkbox"/> Request for High Risk Protective Order
<b>Contract Case</b> <b>Seller Plaintiff (Debt Collection)</b> <input type="checkbox"/> Credit Card Collection <input type="checkbox"/> Payday Loan Collection <input type="checkbox"/> Debt Collection Agency <input type="checkbox"/> Other Debt Collection  <b>Other Contract Case</b> <input type="checkbox"/> Contract Buyer Plaintiff <input type="checkbox"/> Other Contract Case	<b>Other Civil Filings</b> <b>Other Civil Filing</b> <input type="checkbox"/> Contested Liens Case <input type="checkbox"/> District Court Order to Seal Records <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Other Civil Matters	<b>Protection Order-Extension Request</b> <input type="checkbox"/> Request for Extended Domestic Violence Protective Order <input type="checkbox"/> Request for Extended Protective Order (Non-Domestic Violence) <input type="checkbox"/> Request for Extended High Risk Protective Order

Date \_\_\_\_\_

Signature of initiating party or representative \_\_\_\_\_

**IN THE JUSTICE COURT OF THE PAHRUMP TOWNSHIP  
COUNTY OF NYE, STATE OF NEVADA**

<p>_____</p> <p>Applicant <i>(print your name above)</i>,</p> <p>vs.</p> <p>_____</p> <p>Adverse Party <i>(print the name of the person you want protection from above)</i>.</p>	<p>CASE NO.: _____</p> <p>DEPT: _____</p>
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**APPLICATION FOR PROTECTION ORDER**

1. **Your information** *(you are the "Applicant")*.

Your name: \_\_\_\_\_

*(first) (middle) (last)*

2. **Who do you want to be protected from** *(this person is the "Adverse Party")*?

Name: \_\_\_\_\_

*(first) (middle) (last)*

3. **Who needs protection** *(check all that apply)*?

- Me.
- Minor child (see definition on bottom of page 2).
- The following household members, including minor children not included in definition on page 2.

Name	Date of Birth	Relationship to Applicant	Relationship to Adverse Party

4. Why do you need to be protected from the person named above (you must check one)?

The Adverse Party committed acts of stalking or aggravated stalking against me.

**Definition of stalking, aggravated stalking and harassment:**

**Stalking:** A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in a course of conduct directed towards a victim that would cause a reasonable person under similar circumstances to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member, and that actually causes the victim to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member. NRS 200.575(1)

**Aggravated Stalking:** A person who commits the crime of stalking and in conjunction therewith threatens the person with the intent to cause the person to be placed in reasonable fear of death or substantial bodily. NRS 200.575(2)

**Harassment:** A person commits harassment when: (a) Without lawful authority, the person knowingly threatens: (1) To cause bodily injury in the future to the person threatened or to any other person; (2) To cause physical damage to the property of another person; (3) To subject the person threatened or any other person to physical confinement or restraint; or (4) To do any act which is intended to substantially harm the person threatened or any other person with respect to his or her physical or mental health or safety; **and** (b) The person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. NRS 200.571

The Adverse Party committed a sexual assault on me.

**Definition of sexual assault:** A person commits sexual assault if they subject another person to sexual penetration, or forces another person to make a sexual penetration on himself or herself or another, or on a beast, against the will of the victim or under conditions in which the perpetrator knows or should know that the victim is mentally or physically incapable of resisting or understanding the nature of his or her conduct. NRS 200.366

**Protection of Children:** The parent or guardian of a child may petition any court of competent jurisdiction on behalf of the child for a temporary or extended order against a person who is 18 years of age or older and who the parent or guardian reasonably believes has committed or is committing a crime involving: (a) Physical or mental injury to the child of a nonaccidental nature; or (b) Sexual abuse or sexual exploitation of the child. NRS 33.400

Are you applying on behalf of a minor child?  No  Yes

Child's name: \_\_\_\_\_  
(first) (middle) (last)

**As you complete the application, please keep in mind that you are filling in the questions as they pertain to the actions/incident committed upon the child.**

5. **How do you know the person you need protection from** (*check all that apply*)?

- We are related by blood or marriage. Explain \_\_\_\_\_
- We are or used to be friends/acquaintances.
- We are neighbors or reside in the same neighborhood.
- We are or were co-workers.
- Other: (*specify relationship*): \_\_\_\_\_

6. **Are there any other current or prior court cases that involve you and the Adverse Party in any court?**

- No.
- Yes. If you know, please list the case type, county, state, and case number:

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7. **Firearms / Guns.**

**Does the Adverse Party own a gun or have a gun in his/her possession or control?**

- No
- Yes
- I don't know.

8. **Most Recent Event.** *Think about the **most recent** event. These questions ask about the most recent event only.*

Approximate date it happened: \_\_\_\_\_

City / State / Location where it happened: \_\_\_\_\_

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Did the other person use or threaten to use a weapon?  No  Yes.

**What Happened?** *Explain the **most recent** event and describe any injuries. Give **specific and detailed** information about the event. **You can list past events on the next page.** If you are filing on behalf of a child, include details about what happened to the child.*

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Blank lined writing area for notes or arguments.

*Attach more pages if you need more room (pages 4a, 4b, 4c).*

9. **Past Event(s).**

*Think about any other times the person you want protection from threatened or abused you and/or the child/children. The following questions ask about any past events that may have happened.*

Approximate Date: \_\_\_\_\_

What Happened: \_\_\_\_\_

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Approximate Date: \_\_\_\_\_

What Happened: \_\_\_\_\_

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10. **Law enforcement involvement.**

Was law enforcement informed?  No  Yes

**a. If so, please provide a copy of the police/incident report.**

Was anyone arrested?  No  Yes (Who): \_\_\_\_\_

Is the Adverse Party in jail?  No  Yes

11. Temporary Protections Requested (*check all that apply*).

***Do not list any confidential addresses.***  
***The other person will get a copy of this application and will see any addresses you write down.***

- Prohibited Activities.** The Adverse Party should not threaten, physically injure, or harass me and/or the minor child, either directly or through someone acting on his/her behalf.
- No Contact or Restricted Contact.** The Adverse Party should not contact me and/or the minor child at all, either in person, by phone / text, by email or through social media.
- Current Residence.** The Adverse Party should stay away from my current residence.

Do you and the Adverse Party live together?     No     Yes

If yes, whose name is listed on the lease/title? \_\_\_\_\_

Does the Adverse Party know where you live?     No     Yes

If no, is your address confidential?     No     Yes (*don't list your address*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
County

Do you and the Adverse Party live in the same complex/property/trailer park?     No     Yes

No. Should the Adverse Party stay away from the entire complex/property/trailer park?     No     Yes

Yes. If so, explain the distance and need for protection in that complex/property/trailer park: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Belongings.**

I need to get my belongings. I want law enforcement to come with me to the Adverse Party's residence so I can pick up my belongings. The address I need to go to is (*list street address, apartment number, city, state, zip*):

\_\_\_\_\_  
\_\_\_\_\_

The other party needs to get his/her belongings. Law enforcement should come with the Adverse Party to my residence to pick up his/her belongings.



**Work.** The Adverse Party should stay away from my workplace.

Do you and the Adverse Party work at the same place?  No  Yes

Is your work address confidential?  No  Yes (*do not write details below*)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code County

\_\_\_\_\_  
City, State, Zip Code County

**School/Daycare.** The Adverse Party should stay away from my school and/or the child's school/daycare.

Is the school/daycare address confidential?  No  Yes (*do not write details below*)

\_\_\_\_\_  
School/Daycare

\_\_\_\_\_  
School/Daycare

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code County

\_\_\_\_\_  
City, State, Zip Code County

**Other Places.** The Adverse Party should stay away from the following places that I and/or the minor children go to regularly.

\_\_\_\_\_  
Location

\_\_\_\_\_  
Location

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code County

\_\_\_\_\_  
City, State, Zip Code County

**About Extended Protection Orders:**

*This application automatically asks the judge to issue a 45-day temporary protection order without notifying the other person first.*

*You can also ask for an extended order that could last for up to 2 years.*

*If you do, the judge will set a hearing. You and the other person will have to appear in court and explain your side before the judge can extend the protection order.*

**12. Length of Protection Order.**

- I want an order up to 45 days only.
- I want an order up to 45 days PLUS an extended order that could last up to 2 years.

**13. Other Exhibits.** You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. **The Adverse Party will receive a copy of all documents/evidence you provide.**

**Describe what you are attaching:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. This document does not contain the personal information of any person as defined by NRS 603A.040.**

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

Dated \_\_\_\_\_, 20\_\_\_\_. Submitted by: \_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(print your name)

**VERIFICATION**

I declare that I am the applicant in the above-entitled action; that I have read the foregoing application and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Dated \_\_\_\_\_, 20\_\_\_\_. Submitted by: \_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(print your name)

# 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: \_\_\_\_\_

**VICTIM INFORMATION WORKSHEET**

1  
2 **Plaintiff  
Name:** \_\_\_\_\_

3  
4 **AKA:** \_\_\_\_\_

5  
6 **Address:** \_\_\_\_\_

7  
8 **City:** \_\_\_\_\_

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

**Zip  
Code:** \_\_\_\_\_

9  
10 **Date of  
Birth:** \_\_\_\_\_

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

**Sex:**  M  F

11  
12 **Home  
Phone:** \_\_\_\_\_

**Business  
Phone:** \_\_\_\_\_

13  
14 **What is your relationship with the Defendant, past and present?**

15  
16  
17 **Are there children in common?**  Yes  No **If yes, please explain:**

18  
19  
20  
21 **Are there any other court actions between You and Defendant?**  yes  No **If yes,  
please explain:**

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28 **CONFIDENTIAL**