

1 CASE NO. _____

2
3 IN THE JUSTICE COURT OF NEW RIVER TOWNSHIP
4 COUNTY OF CHURCHILL, STATE OF NEVADA
5 71 N. MAINE ST. FALLON, NV 89406

6 In the matter of the Application of:

7
8 _____
9 (Applicant Name)
10 For a Temporary Order for Protection
11 Against Domestic Violence or Stalking
12 And or Harassment

13 *******IMPORTANT INFORMATION REGARDING APPLICATION, PLEASE READ*******

14 Please be advised that the Applicant is required to contact the court to inquire on the status of the
15 application. If the Protection Order is issued, it is the responsibility of the Applicant to pick up a copy or
16 request it be mailed to them. **IT IS NOT THE RESPONSIBILITY OF THE COURT TO ADVISE**
17 **THE APPLICANT OF THE STATUS OF THE APPLICATION OR COURT DATES, UNLESS**
18 **SPECIAL ORDER FOR THE COURT.**

19 If the Applicant has any further questions regarding this matter, do not hesitate to contact the
20 court. To check the status of your application regarding the Court's decision call: **775-423-2845.**

21 Dated: _____

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24 _____
25 Justice Court Clerk
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1 Case No. _____

2 **IN THE JUSTICE COURT OF NEW RIVER TOWNSHIP**
3 **COUNTY OF CHURCHILL, STATE OF NEVADA**

4 _____
5 **Applicant,**

6 VS.

**APPLICATION FOR A TEMPORARY AND/OR
EXTENDED ORDER FOR PROTECTION
AGAINST DOMESTIC VIOLENCE**

7 _____
8 **Adverse Party,**

9 **Please print CLEARLY. Use black or dark blue ink.**
10 **Complete this Application to the best of your knowledge.**

11 This matter does not have to be reported to law enforcement; however, has a report ever been filed?

12 Circle one: Yes / No If yes, date _____ which Law Enforcement Agency: _____

13 **Applicant states the following facts under penalty of perjury:**

14 1. Applicant's Date of Birth: _____ Adverse Party's Date of Birth: _____

15 Relationship: I am the _____ (for example, wife, ex-husband, girlfriend, father,
16 sister, etc.) of the Adverse Party.

17 (a) Length of relationship: _____.

18 (b) Have you ever lived together? Yes No If so, how long? _____

19 (c) Are you living together now? Yes No

20 (d) Date of Separation: _____.

21 (e) We have child(ren) **TOGETHER**: Yes or No If yes, where and with whom are
these child(ren) living? _____

22 2. My address is: **CONFIDENTIAL. (If confidential, do not write address here)**

23 If address is **not confidential**, write: Address _____

24 City _____ State _____ Zip Code _____ I own rent this residence.

25 Lease/title is held in the following name(s): _____.

26 How long have you been living in this residence? _____.

27 **Adverse Party's address is:** Address _____

28 City _____ State _____ Zip Code _____

How long has the Adverse Party been living in this residence? _____.

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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 _____

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) CIRICLE ONE	ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE	WHO CHILD LIVES WITH
		YES or NO	YES or NO	
1.		YES or NO	YES or NO	
2.		YES or NO	YES or NO	
3.		YES or NO	YES or NO	
4.		YES or NO	YES or NO	
5.		YES or NO	YES or NO	
6.		YES or NO	YES or 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) _____

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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:

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? Yes No I don't know

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? Yes No I don't know

If yes, give details:

10. (a) I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

(b) The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

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DO NOT WRITE ON THE BACK OF ANY PAGES

In the following space, state the facts that support your Application. Be as specific as you can, starting with the most recent incident. Include the approximate dates and locations, and whether law enforcement or medical personnel have been involved.

THIS APPLICATION IS A PUBLIC RECORD
PLEASE WRITE CLEARLY

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CONTINUE TO THE NEXT PAGE IF YOU NEED MORE ROOM FOR YOUR STATEMENT.

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? Yes No

If yes, WHEN and where?

12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)?

Yes No I don't know If yes, WHEN and where?

13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to **YOU**):

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

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

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

(D) Obtain law enforcement assistance to accompany **me** to the following residence,

OR

to accompany the **Adverse Party** to the following residence,

_____ to obtain personal property.

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

(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 _____.

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

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

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

4 (1) Name of school or day care _____

5 Address _____

6 City _____ County _____ State _____

7 (2) Name of school or day care _____

8 Address _____

9 City _____ County _____ State _____

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

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

14 (1) Name _____

15 Address _____

16 City _____ County _____ State _____

17 (2) Name _____

18 Address _____

19 City _____ County _____ State _____

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

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

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

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27 _____
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1 **IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER**
2 **FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION**

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

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

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

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

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

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

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

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

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

19 (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in
20 the Decree of Divorce/Order entered in Case Number _____ in the
21 _____ Court of the State of _____.

22 (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s
23 school, or day care, located at: **CONFIDENTIAL**
24 (If confidential, do not write name of school and address here).

25 If address is not confidential, please write name of school or day care and address(es)
26 below:

27 (1) Name of school or day care _____

28 Address: _____

City _____ County _____ State _____

1 (2) Name of school or day care _____

2 Address _____

3 City _____ County _____ State _____

4 3) Name of school or day care _____

5 Address _____

6 City _____ County _____ State _____

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

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

10 (1) Name of Employer _____

11 Address: _____

12 City _____ County _____ State _____

13 (2) Name of Employer _____

14 Address _____

15 City _____ County _____ State _____

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

18 (1) Name _____

19 Address: _____

20 City _____ County _____ State _____

21 (2) Name _____

22 Address _____

23 City _____ County _____ State _____

24 (3) Name _____

25 Address _____

26 City _____ County _____ State _____

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

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

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

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

10 (N) I further request the following other conditions:
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16 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE**
17 **STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN**
18 **THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM**
19 **TO BE TRUE AND CORRECT**

20 Dated: _____

21
22 _____
23 Signature of Applicant

24 _____
25 Applicant's Name (Please Print)
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CONFIDENTIAL

**STALKING AND HARASSMENT PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.

APPLICANT DATA

Name: _____
(Last) (First) (Middle) Address
Mailing Address: _____
(If different from above) (Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Phone: 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 (if any): _____ Date of Birth ____/____/____ and/or Social Security No.: _____
(M) (D) (Y)

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? _____ If not, what language? _____
(Yes or No)

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

Are the Applicant and the Adverse Party living together now? **(Circle one) Yes or No**
Are the Applicant and the Adverse Party employed by the same employer? **Yes or No**
Is the Adverse Party likely to react violently when served? **Yes or No**
Is the Adverse Party likely to avoid service? **Yes or No**
Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? **Yes or No**
Does the Adverse Party have access to weapons? **Yes or No**
If yes, please describe type and location of weapon(s): _____

Does the Adverse Party's history include (please circle): assault, assaults w/weapon, battery, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? 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.

CONFIDENTIAL