

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

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: \_\_\_\_\_ Age: \_\_\_\_\_

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: \_\_\_\_\_

**ADVERSE PARTY PARENT OR GUARDIAN 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 the parent or guardian of the Adverse Party now?  Yes  No

Have you ever lived with the parent or guardian of the Adverse Party?  Yes  No

Do you have children with the parent or guardian of the Adverse Party?  Yes  No

Does the parent or guardian of the Adverse Party speak English?  Yes

No: What language does he/she speak? \_\_\_\_\_

Do you work for the same employer?  Yes  No

Is the parent or guardian of the Adverse Party likely to act violently when served?  Yes  No

Is the parent or guardian of the Adverse Party likely to avoid service?  Yes  No

Does the parent or guardian of the Adverse Party have a CCW Permit?  Yes  No

Does the parent or guardian of the Adverse Party have access to weapons?  Yes  No

If yes, describe type and location of weapon(s): \_\_\_\_\_

Does the parent or guardian of 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: \_\_\_\_\_