

IN THE FAMILY DIVISION  
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF WASHOE

\_\_\_\_\_  
Employer (print the name of the workplace or employer),

vs.

\_\_\_\_\_  
Adverse Party (print the name of the person you want  
protection from).

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**APPLICATION FOR TEMPORARY ORDER FOR PROTECTION  
AGAINST HARASSMENT IN THE WORKPLACE**

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

Your name: \_\_\_\_\_  
(first) (middle) (last)

2. **Your authority** ( check one).

I am the employer.

I am the authorized agent of the employer.

3. **Who do you want protection from** (this person is the "Adverse Party")?

Name: \_\_\_\_\_  
(first) (middle) (last)

Address (if known): \_\_\_\_\_  
Address City, State, Zip County

4. **Are there any other court cases that involve you and the Adverse Party?**

No

Yes. List the case type, county, state, and case number if you know:

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



6. **Past Threats / Harassment.**

*Think about any other times the person you want protection from threatened or harassed you and/or other employees. The following questions ask about any past incidents that may have happened.*

Have there been threats of violence in the past?

No (*skip to the next page*)

Yes (*complete the sections on this page*)

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

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

---

---

---

---

---

---

---

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

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

---

---

---

---

---

---

---

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

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

---

---

---

---

---

---

---

*Attach more pages if you need more room (3a, 3b, 3c).*

7. **Locations that need protecting.**

**Workplace.** The workplace where protection is needed is primarily located at the following address.

\_\_\_\_\_  
Employer/Location Name

\_\_\_\_\_  
Address

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

**Additional Workplace Locations.** List the specific locations that employees might need protection, such as other branches of the workplace or places where employees perform their duties:

_____ Location Name	_____ Location Name
_____ Address	_____ Address
_____ City, State, Zip Code                      County	_____ City, State, Zip Code                      County

**Other Places.** The adverse party should stay away from the following places.

_____ Location Name	_____ Location Name
_____ Why?	_____ Why?
_____ Address	_____ Address
_____ City, State, Zip Code                      County	_____ City, State, Zip Code                      County

8. **Have you given the adverse party notice that you are filing this?** ( *check one and answer the questions that follow.*)

Yes. On the following date, \_\_\_\_\_, I gave notice ( *check one or more*):

in person    via email    via telephone    via mail    other: \_\_\_\_\_

No. *In order for the judge to grant this without notice, you have to show that giving notice might cause irreparable, loss, or damage to the employer or employees. Explain why you should be allowed to skip the notice step.*

---

---

---

*If you tried to give notice, but were not able to, explain what efforts you made and any facts that support why you should not have to give notice.*

---

---

---

9. **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

10. **Other Information:** Is there anything else you want the judge to know? Any other conditions you are asking for?

---

---

---

11. **Exhibits:** You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. *Note: the adverse party will be able to see all the exhibits you attach.* What exhibits are you attaching?

---

---

---

12. **Protections Requested.** I request that an Order for Protection Against Harassment in the Workplace be issued against the Adverse Party so that the Adverse Party will be prohibited from contacting, intimidating, threatening, or otherwise interfering with the employer's business and/or its employees and/or any person present at the workplace, and that the Adverse Party will be ordered to stay away from the employer's workplace. I also request that the Court prohibit the Adverse Party from violating this Order via e-mail, correspondence, telephone, or by an agent.

13. **Length of Protection Order.**

This is a 15-day order, do you need an extended order?  No  Yes

If yes, you need to apply before the end of the 15<sup>th</sup> day.

**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.

Submitted By: *(your signature)* \_\_\_\_\_  
*(print your name)* \_\_\_\_\_

Attorney /Authorized Agent information: \_\_\_\_\_

Name

Address

City, State, Zip Code

County

Telephone number

Email address