

1 Case No. \_\_\_\_\_  
2 Dept. No. \_\_\_\_\_

3 **IN THE JUSTICE COURT OF \_\_\_\_\_ TOWNSHIP**  
4 **COUNTY OF \_\_\_\_\_, STATE OF NEVADA**

5 \_\_\_\_\_,  
6 **Applicant,**

7 vs.

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

8 \_\_\_\_\_,  
9 **Adverse Party.**

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

12 Applicant states the following facts under penalty of perjury:

- 13 1. Applicant's Date of Birth: \_\_\_\_\_ Adverse Party's Date of Birth: \_\_\_\_\_
- 14 Relationship: I am the \_\_\_\_\_ (for example, wife, ex-husband, girlfriend, father,
- 15 sister, etc.) of the Adverse Party.
- 16 (a) Length of relationship: \_\_\_\_\_.
- 17 (b) Have you ever lived together? Yes  No  If so, how long? \_\_\_\_\_
- 18 (c) Are you living together now? Yes  No
- 19 (d) Date of Separation: \_\_\_\_\_.
- 20 (e) We have child(ren) **TOGETHER**: Yes  or No  If yes, where and with whom are
- 21 these child(ren) living? \_\_\_\_\_

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

23  If address is not confidential, write below:

24 Address \_\_\_\_\_

25 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

26 I  own  rent this residence. Lease/title is held in all the following name(s):

27 \_\_\_\_\_  
28 How long have you been living in this residence? \_\_\_\_\_.

3. Adverse Party's address is:  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How long has the Adverse Party been living in this residence? \_\_\_\_\_.

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 \_\_\_\_\_

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)   | ADVERSE PARTY'S CHILD (Yes/No)   | WHO CHILD LIVES WITH |
|-----------------------|---------------|--|--|----------------------|
| 1.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| 2.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |

| NAME (first and last) | DATE OF BIRTH | APPLICANT'S CHILD (Yes/No)   | ADVERSE PARTY'S CHILD (Yes/No)   | WHO CHILD LIVES WITH |
|-----------------------|---------------|--|--|----------------------|
| 3.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| 4.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| 5.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| 6.                    |               | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Select one<br><input type="checkbox"/> Yes <input type="checkbox"/> 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) \_\_\_\_\_

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:

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

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

5 If yes, give details:  
6  
7  
8

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

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

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

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
**THIS APPLICATION IS A PUBLIC RECORD**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.**

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

3 If yes, WHEN and where?  
4

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

7  Yes  No  I don't know If yes, WHEN and where?  
8  
9

10  
11 13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST**  
12 **DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid  
13 irreparable injury or harm. I request that it include the following relief, and any other relief the  
14 Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply  
15 to **YOU**):

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

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

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

21  (D) Obtain law enforcement assistance to  accompany me to the following residence,  
\_\_\_\_\_ or

22  to accompany the Adverse Party to the following residence,  
\_\_\_\_\_

23 to obtain personal property.

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

25  (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in  
26 the Decree of Divorce/Order entered in Case Number \_\_\_\_\_ in the  
27 \_\_\_\_\_ Court of the State of \_\_\_\_\_ .  
28

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

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

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

5 (1) Name of school or day care \_\_\_\_\_

6 Address \_\_\_\_\_

7 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

8  
9 (2) Name of school or day care \_\_\_\_\_

10 Address \_\_\_\_\_

11 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

12 (3) Name of school or day care \_\_\_\_\_

13 Address \_\_\_\_\_

14 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

15  
16  (H) Order the Adverse Party to stay at least 100 yards away from my place(s) of  
17 employment.

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

20 (1) Name \_\_\_\_\_

21 Address \_\_\_\_\_

22 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

23 (2) Name \_\_\_\_\_

24 Address \_\_\_\_\_

25 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

26 (3) Name \_\_\_\_\_

27 Address \_\_\_\_\_

28 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

1 (J)  (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, the  
3 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 (K) I further request the following other conditions:  
7  
8  
9  
10  
11  
12  
13

14 **IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER**  
15 **FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION**  
16

---

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

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

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

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

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

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

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

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



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

3  (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in  
4 the Decree of Divorce/Order entered in Case Number \_\_\_\_\_ in the  
5 \_\_\_\_\_ Court of the State of \_\_\_\_\_.

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

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

10 (1) Name of school or day care \_\_\_\_\_

11 Address: \_\_\_\_\_

12 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

13  
14 (2) Name of school or day care \_\_\_\_\_

15 Address \_\_\_\_\_

16 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

17 3) Name of school or day care \_\_\_\_\_

18 Address \_\_\_\_\_

19 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

20  
21  (J) Order the Adverse Party to stay at least 100 yards away from my place of  
22 employment.  **CONFIDENTIAL**

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

24 (1) Name of Employer \_\_\_\_\_

25 Address: \_\_\_\_\_

26 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

1 (2) Name of Employer \_\_\_\_\_  
2 Address \_\_\_\_\_  
3 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

4 (3) Name of Employer \_\_\_\_\_  
5 Address \_\_\_\_\_  
6 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

7  
8  (K) Order the Adverse Party to stay at least 100 yards away from the following places,  
9 which I or the minor child(ren) frequent regularly:

10 (1) Name \_\_\_\_\_  
11 Address: \_\_\_\_\_  
12 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

13  
14 (2) Name \_\_\_\_\_  
15 Address \_\_\_\_\_  
16 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

17 (3) Name \_\_\_\_\_  
18 Address \_\_\_\_\_  
19 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

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

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

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

3 (N)  I further request the following other conditions:  
4  
5  
6  
7  
8  
9  
10  
11  
12

13  
14 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE**  
15 **STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN**  
16 **THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM**  
17 **TO BE TRUE AND CORRECT**

18 Dated: \_\_\_\_\_

19 \_\_\_\_\_  
Signature of Applicant

20  
21 \_\_\_\_\_  
Applicant's Name (Please Print)  
22  
23  
24  
25  
26  
27  
28