

1 Case No. _____
2 Dept. No. _____

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

5
6 _____,)
7 **Employer,**) **APPLICATION FOR TEMPORARY**
8) **ORDER FOR PROTECTION AGAINST**
9 **vs.**) **HARASSMENT IN THE WORKPLACE**
10) **(NRS 33.250)**
11 _____,)
12 **Adverse Party.**)

11 (NOTE: There can only be one Adverse Party.)

12 **HARASSMENT IN THE WORKPLACE— Under NRS 33.240, harassment in the**
13 **workplace occurs when:**
14 **1. A person knowingly threatens to cause or commits an act that causes:**
15 **(a) Bodily injury to himself or another person;**
16 **(b) Damage to the property of another person; or**
17 **(c) Substantial harm to the physical or mental health or safety of a person;**
18 **2. The threat is made or the act is committed against an employer, an employee of the**
19 **employer while the employee performs his duties of employment or a person present**
20 **at the workplace of the employer; and**
21 **3. The threat would cause a reasonable person to fear that the threat will be carried**
22 **out or the act would cause a reasonable person to feel terrorized, frightened,**
23 **intimidated or harassed.**

19 **PLEASE TYPE OR PRINT CLEARLY.**

20 **COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.**

21 I state the following facts under penalty of perjury:

- 22 I am the employer.
23 I am the authorized agent of the employer.
24 I am not the employer or authorized agent of the employer. **(If this box is**
25 **checked, you may not file this form.)**

1 I reasonably believe that the Adverse Party has threatened or committed an act or act(s) of
2 harassment in the workplace as defined above. The event(s) occurred as follows:

3 **NOTE: BE SPECIFIC AS TO WHO THREATENED OR COMMITTED WHAT ACT OR**
4 **ACTS AND AGAINST WHOM. INDICATE APPROXIMATE DATE(S) AND**
5 **LOCATION(S). ALSO LIST SPECIFIC EMPLOYEE(S)/PERSON(S) PRESENT AT THE**
6 **WORKPLACE WHO ARE THE FOCUS OF THE HARASSMENT OR WHOM THE**
7 **ADVERSE PARTY SHOULD BE DIRECTED NOT TO CONTACT.**

8 **THIS FORM IS A PUBLIC RECORD**

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 **NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES;**
22 **CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.**

23 **Check if you use a continuation page (to be incorporated by reference)**

1
2 **NOTICE REQUIREMENTS**

3 **(Complete either A or B, not both)**

4 **A. I HAVE given notice of this Application to the Adverse Party by the following method(s):**

- 5 In Person E-mail Fax
- 6 Telephone Overnight Carrier First Class Mail
- 7 Other: _____

8 Date: _____ Time: _____

9 I have received confirmation that the Adverse Party has received my Application for
10 a Temporary Order for Protection Against Harassment in the Workplace. Confirmation
11 of receipt is attached (i.e., fax, e-mail, postal mail, etc.).

12 I have not received confirmation.

13 **B. I HAVE NOT given notice of this Application to the Adverse Party because**
14 immediate and irreparable injury, loss, or damage will result to the employer, an employee of the
15 employer while the employee performs the duties of his employment, or a person who is present
16 at the workplace of the employer, before the matter can be heard on notice. The irreparable
17 injury, loss, or damage that may result is: _____

18 It is irreparable because of:

- 19 Possible economic or property damage which may include the following: _____
- 20 Continuous threat of stalking/harassment
- 21 Assault/Battery (personal injury)
- 22 Possible death to specified individuals named in the Application
- 23 Other: _____

24 **1. What efforts, if any, have been made to give notice to the Adverse Party?** _____
25 _____

2. Facts supporting waiver of notice requirements: _____

1 **GENERAL INFORMATION**

2 1. a) This matter does not have to be reported to law enforcement; however, has a related
3 report ever been filed? Yes No
4 (Please complete information, if known. You may attach available copies)

5 Approximate date of report(s): _____

6 Name(s) of law enforcement agencies: _____

7 Case number(s): _____

8 b) For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- 9 (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
10 (2) An Order for Protection of Children (NRS 33.400);
11 (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A
12 "TPO Action" is also defined to include the following **Justice/Family/District** action:
(a) An Order for Protection Against Domestic Violence (NRS 33.020)

13 **Please Check the Appropriate Box Below:**

14 In the last 2 years, Applicant or any party seeking protection has not filed a TPO action
15 against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not
16 filed a TPO action against Applicant or any party seeking protection anywhere in the
17 State of Nevada.

18 In the last 2 years, the following TPO action(s) in the State of Nevada have been filed
19 involving Applicant and the Adverse Party:

20

Case # (if known)	Court (Justice/Family)	Place of Filing	Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)

21

22 2. a) Employer's name (if applicable, d/b/a): _____

23 b) The workplace is located in, and the employees primarily perform their duties at the
24 following address: _____

25 Town/City of _____, County of _____, State of _____

Phone #: _____

1 3. **PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW, IF APPLICABLE.**

2 Employee(s) also work at the additional specific locations that need to be enumerated
3 in the Order:

4 Street Address: _____

5 Town/City of _____, County of _____, State of _____

6 Phone #: _____

7 Street Address: _____

8 Town/City of _____, County of _____, State of _____

9 Phone #: _____

10 **(If you wish to designate more specific addresses, please list them in this format on a**
11 **separate sheet.)**

12 The employees perform their duties statewide.

13 Other comments on locations where protection is needed: _____
14 _____
15 _____

16 4. Authorized agent for employer: _____

17 5. Phone number for authorized agent: _____

18 6. Is employer represented by an attorney? Yes No

19 Attorney name: _____ Bar #: _____

20 Address: _____

21 Phone # for attorney: _____ Fax # for attorney: _____

22 7. Are there additional safety concerns that the Court should know (i.e., firearms, dangerous
23 conditions, hazardous premises, nature of business, etc.)? Yes No

24 If yes, please briefly explain: _____
25 _____

1 8. Have there been any other Court actions or any other relationships between the employer
2 and the Adverse Party? Yes No

3 If yes, please describe: _____
4 _____

5 **RELIEF REQUESTED**

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

12 **I FURTHER REQUEST** the following other conditions: _____
13 _____

14 **I FURTHER REQUEST** that this Court set a hearing date for an Extended Order
15 as soon as possible.

16 Yes No

17 If yes, complete the Application for Extended Order for Protection Against
18 Harassment in the Workplace. **NOTE: THIS HEARING WILL BE HELD WITHIN
19 TEN (10) JUDICIAL DAYS PURSUANT TO NRS 33.270(6)(c), UNLESS
20 COMPELLING REASONS REQUIRE OTHERWISE.**

21 **DECLARATION**
22 **(NRS 53.045)**

23 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA**
24 **THAT: (1) I AM THE EMPLOYER OR AUTHORIZED AGENT HEREIN, (2) I HAVE READ THE**
25 **STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE**
STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.

Dated: _____

SIGNATURE

PRINT NAME