

JUSTICE COURT IN THE TOWNSHIP OF _____
_____ COUNTY, NEVADA

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 EXTENDED ORDER FOR PROTECTION AGAINST HARASSMENT IN THE WORKPLACE

The Temporary Order should be extended for the following reasons:

1. **Are you seeking the extended protection order based on the same conduct that is listed in the Application for Temporary Order for Protection Against Harassment in the Workplace?**

No Yes (If yes, move to section 3.)

2. **Subsequent or additional Threat/Harassment.**

Think about the threat or harassment that occurred after you filed your last application. You are explaining to the judge why you think the protection needs to continue.

Approximate date it happened: _____

City / State / Location where it happened: _____

Did the other person use or threaten to use a weapon? (a weapon can be a gun, a knife, or any object that is used to cause or threaten physical harm)?

No.

Yes (describe what kind of weapon was used or threatened)

Did the police come? No Yes

Was anyone arrested? No Yes: (who?) _____

Is the adverse party in jail? No Yes

What Happened? *Explain the **subsequent or additional** event and describe any injuries. Do not repeat details about past events.*

Attach more pages if you need more room (2a, 2b, 2c).

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

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