

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



**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