PLEASE READ CAREFULLY

Before you apply for a <u>TEMPORARY PROTECTION ORDER</u>, you, the Applicant, should be aware of the following:

A. In order to apply for an Order for Protection Against Domestic Violence, you must be 18 years of age or older, the victim of a specific type of **ACT**, and you and the Adverse Party must have a specific type of **RELATIONSHIP**.

Under NRS 33.018, the required act can include any of the following:

- 1. Battery (Any physical contact--hitting, pushing, shoving).
- 2. Assault (Threats to commit battery).
- 3. Compelling you by force or threat of force to perform an act from which you have the right to refrain or to refrain from an act which you have the right to perform.
- 4. Sexual assault.
- 5. A knowing, purposeful, or reckless course of conduct intended to harass you. Such conduct may include, but is not limited to:

| Stalking | Arson | Trespassing |
|-------------------------------|--------------------|--|
| Injuring or killing an animal | Larceny | Destruction of private property |
| Carrying a concealed weapon | False imprisonment | Unlawful entry or forcible |
| without a permit | _ | entry into your residence |

- B. Under NRS 33.018, the Adverse Party must commit the above act(s) against one of the following people:
 - 1. His spouse or former spouse;
 - 2. Any other person to whom he is related by blood or marriage;
 - 3. A person with whom he is or was actually residing;
 - 4. A person with whom he has had or is having a dating relationship;
 - 5. A person with whom he has a child in common;
 - 6. The minor child of any of those persons;
 - 7. His minor child; or
 - 8. Any person who has been appointed the custodian or legal guardian for his minor child.
- C. When you fill out the Application, it is helpful to explain the relationship in detail. For example, state how long you have been married or divorced, how long you have been living together and/or when you separated, how long you have been dating and/or when the relationship ended, etc.
- D. By filling out this Application, you are giving a **SWORN STATEMENT** and *asking* the Court to *intervene* to protect you from the Adverse Party.
- E. A legal process is being started. Only a judge can stop this process.
- F. There are three possible rulings that the Court can make after you file the Application:
 - (1) Grant the request for a Temporary Protection Order;
 - (2) Require a hearing to clarify issues on the Application before granting or denying the request;
 - (3) Deny the request.

YOU MAY HAVE TO APPEAR IN COURT IF:

- (1) Your request is granted and an Order is issued with a hearing date scheduled; or
- (2) A hearing is required before a decision can be made as to whether the Court will grant or deny the request.

If the Adverse Party is served, he/she will receive a copy of the TEMPORARY PROTECTION ORDER or ORDER FOR HEARING and a complete copy of the APPLICATION, but will not receive a copy of the confidential information sheet. If the Adverse Party is served, he/she will be notified of any hearing and will have the right to attend. The hearing is your opportunity (and the Adverse Party's opportunity) to speak to a judicial officer and request an extension, modification, correction, or dissolution of the Protection Order.

Any Protection Order that is issued will require that the Adverse Party NOT have any contact with you. "No contact" restrictions may possibly have an effect on child visitation and child custody.

GUIDELINES FOR COMPLETING THE APPLICATION

- (1) Use **BLACK** or **DARK BLUE INK** when filling out the Application. Pencil or different-colored ink is not acceptable.
- (2) Do **NOT** write on the back or along the sides of any pages. Use extra paper if necessary. Standard 8½ by 11-inch paper is preferred.
- (3) PRINT OR WRITE CLEARLY.
- (4) Identify <u>ALL</u> minor children that are <u>LIVING IN</u> your home. Include their dates of birth.
- (5) **BE SPECIFIC.** Get to the point and detail **WHAT** happened and **WHEN** it happened. It is best to start with the **MOST RECENT** incident(s) and to provide approximate dates. If the Adverse Party threatened you, list the exact language that was used. Do not be concerned about profanity. The Court needs to know exactly what was said.
- (6) Once this Application is filed, it becomes a matter of public record. If there are addresses or telephone numbers you do not want the Adverse Party to know, **<u>DO NOT</u>** put that information in the Application. Select the confidential box.
- (7) Please make every effort to provide a home or work address for the Adverse Party, so that he or she can be served or given notice of this Order.
- (8) If there is any part of this Application that you question or do not understand, leave the area blank until you meet with an advocate/court employee.
- (9) **<u>DO NOT SIGN</u>** the Application until you are with a court employee or an advocate. You may need to provide picture identification.
- (10) A Judicial Officer will review your Application to determine if a Protection Order Against Domestic Violence should be issued based upon your detailed description of events that requires court intervention.
- (11) Be advised that the Court cannot provide legal advice. If you need more information about your legal rights and remedies, you are encouraged to consult with an attorney.

| 1 | Case No |
|--------|--|
| 2 | Dept. No |
| 3 | IN THE JUSTICE COURT OF TOWNSHIP |
| 4 | COUNTY OF, STATE OF NEVADA |
| 5 | |
| | Applicant, |
| 6 7 | vs. APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE |
| 8 | Adverse Party. |
| 9 | Adverse Party. |
| 10 | Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your knowledge. |
| 11 | Applicant states the following facts under penalty of perjury: |
| 12 | 1. Applicant's Date of Birth: Adverse Party's Date of Birth: |
| 13 | Relationship: I am the(for example, wife, ex-husband, girlfriend, father, |
| 14 | sister, etc.) of the Adverse Party. |
| 15 | (a) Length of relationship: |
| | (b) Have you ever lived together? Yes \(\subseteq \text{No } \subseteq \text{If so, how long?} \) |
| 16 | (c) Are you living together now? Yes No |
| 17 | (d) Date of Separation: |
| 18 | (e) We have child(ren) TOGETHER: Yes or No If yes, where and with whom are |
| 19 | these child(ren) living? |
| 20 | |
| 21 | 2. My address is: CONFIDENTIAL. (If confidential, do not write address here) |
| 22 | ☐ If address is not confidential, write below: |
| | Address |
| 23 | City State Zip Code |
| 24 | I own rent this residence. Lease/title is held in all the following name(s): |
| 25 | |
| 26 | How long have you been living in this residence? |
| 27 | |

| | Adverse Party's address | 3 1S: | | | |
|---------------------------------|---|-------------------|--|-----------------------------------|---------------|
| | Address | | | | |
| | City | | | | |
| | How long has the Adve | | | | |
| 4. | My place of employmen | nt is CONF | IDENTIAL. (If confid | lential, do not write add | dress here |
| | If not confidential, | state place(s) of | employment: | | |
| | Name of employer | | | | |
| | Address: | | | | |
| | City | | | | |
| | Name of employer | | | | |
| | Address: | | | | _ |
| | City | | | | |
| | Name of employer | | | | |
| | Address: | | | | |
| | City | | | | |
| | | : | | | |
| 5. | Adverse Party's employ | /er is: | | | |
| 5. | Adverse Party's employ Address: | | | | |
| 5. | Adverse Party's employ Address: City | | | | |
| 5.6. | Address: | | County | PhoneState | |
| | Address: | te(s) of birth of | County the minor child(ren) of | PhoneState | |
| 6. | Address: City (a) The name(s) and dat | te(s) of birth of | County the minor child(ren) of | PhoneState | who CHIL LIVE |
| 6. | Address: City (a) The name(s) and dat guardian, or who live in | DATE OF | County the minor child(ren) of as follows: | Phone State State ADVERSE PARTY'S | |

| | ME (first and last) | DATE | APPLICA | | ADVERSE | | WHO |
|----|---|-------------------------|-----------------------------|--------|--|--------|---------|
| | | OF | CHILD (Y | es/No) | PARTY'S | | CHILD |
| | | BIRTH | | | CHILD (Y | es/No) | LIVES |
| | | | Circle one | | Circle one | | WITH |
| 3. | | | Yes | No | Yes | No | |
| | | | Circle one | | Circle one | | |
| | | | Yes | No | Yes | No | |
| 4. | | | Circle one | | Circle one | | |
| 5. | | | Yes | No | Yes | No | |
| | | | 1 65 | | 1 05 | | |
| | | | Circle one | | Circle one | | |
| 6. | | | Yes | No | Yes | No | |
| 7. | By what Court? Court Case No. (if known Please check the appropri any court for a Divorc Order for Protection A indicate when and where | ate box, IF Y e, | y, Paternity stic Violence, | VERSE | PARTY have ld Support, [alking/Harass | Guardi | anship, |
| | | | TCES (CPS) e | | | | |

| 1 2 3 4 5 5 | 9. | (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? Yes No I don't know (b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? Yes No I don't know 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 by the Adverse Party. |
| LO | | (b) The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party. |
| L2 L3 L4 L5 | startii | following space, state the facts that support your Application. Be as specific as you can, ng with the most recent incident. Include the approximate dates and locations, and whether inforcement or medical personnel have been involved. THIS APPLICATION IS A PUBLIC RECORD |
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| 11. | Have YOU ever been arrested or charged with domestic violence, or any other crime committed |
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| | against your spouse, partner, or child(ren)? Yes No |
| | If yes, WHEN and where? |
| • | To your knowledge, has the ADVERSE PARTY ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? Yes No I don't know If yes, WHEN and where? |
| | |
| | An emergency exists, and I need a TEMPORARY ORDER FOR PROTECTION AGAINST |
| | DOMESTIC VIOLENCE issued immediately, without notice to the Adverse Party, to avoid |
| | irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply |
| | to YOU): |
| | (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, |
| | physically injuring, or harassing me and/or the minor child(ren). |
| | (B) Prohibit the Adverse Party from any contact with me whatsoever. |
| | (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence. |
| | □ (D) Obtain law enforcement assistance to □ accompany me to the following residence,or |
| | to accompany the Adverse Party to the following residence, |
| | to obtain personal property. |
| | (E) Grant temporary custody of the minor child(ren) to me. |
| | (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in |
| | the Decree of Divorce/Order entered in Case Number in the |
| | Court of the State of |

| 1 | (G) Order the Adverse | e Party to stay at least 100 yard | s away from the minor child(ren)' |
|---------|-----------------------------------|-----------------------------------|-----------------------------------|
| 2 | school(s), or day care | (s), located at CONFIDEN | TIAL |
| 3 | (If confidential, do no | ot write name of a school/day ca | are and address here.) |
| 4 | ☐ If NOT confiden | tial, write name of school(s)/da | y care(s) and address(es) below: |
| 5 | (1) Name of school or da | y care | |
| 6 | | | |
| 7 | | County | |
| 8 | (2) Name of school or da | y care | |
| 9 | | y cure | |
| 10 11 | | County | |
| 12 | | | |
| | | y care | |
| 13 | | | |
| 14 | City | County | State |
| 15 | (H) Order the Adverse employment. | e Party to stay at least 100 yard | s away from my place(s) of |
| 17 | | Party to stay at least 100 yards | s away from the following places, |
| 18 | | child(ren) frequent regularly: | s away from the following places, |
| 19 | (1) Name | | |
| 20 | | | |
| 21 | | County | State |
| 22 | | | |
| 23 | (2) Name | | |
| 24 | Address | | |
| 25 | City | County | State |
| 26 | (3) Name | | |
| 27 | | | |
| 28 | City | | |
| 11 | | | |

| 1 | (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically |
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| 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 | (12) I farther request the fellowing emer conditions: |
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| | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER |
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| 13 14 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER |
| 13 14 15 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER |
| 13 14 15 16 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION |
| 13 14 15 16 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION |
| 13 14 15 16 17 18 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that |
| 13 14 15 16 17 18 19 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it |
| 13 14 15 16 17 18 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate. |
| 13 14 15 16 17 18 19 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate. (Please check all the choice(s) that may apply to YOU). |
| 13 14 15 16 17 18 19 20 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |
| 13 14 15 16 17 18 19 20 21 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |
| 13 14 15 16 17 18 19 20 21 22 23 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |
| 13 14 15 16 17 18 19 20 21 22 23 24 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |
| 13 14 15 16 17 18 19 20 21 22 23 24 25 26 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |
| 13 14 15 16 17 18 19 20 21 22 23 24 | IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION 14. |

| 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 |
| 4 | the Decree of Divorce/Order entered in Case Numberin the |
| | Court of the State of |
| 5 | (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s |
| 6 | school, or day care, located at: CONFIDENTIAL |
| 7 | (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 | |
| 11 | (1) Name of school or day care |
| 12 | Address: |
| | City County State |
| 13 | |
| 14 | (2) Name of school or day care |
| 15 | Address |
| 16 | CityState |
| 17 | |
| 18 | 3) Name of school or day care |
| 19 | AddressState |
| 20 | City State |
| 21 | (J) Order the Adverse Party to stay at least 100 yards away from my place of |
| | employment. CONFIDENTIAL |
| 22 | If address is not confidential, please write name of employer and address(es) below: |
| 23 | |
| 24 | (1) Name of Employer |
| 25 | Address: |
| 26 | City County State |
| 27 | |

| Τ | (2) Name of Employer | | |
|----|---------------------------------------|-----------------------|---------------------------------------|
| 2 | 2 Address | | |
| 3 | City | | |
| 4 | | | |
| 5 | 5 (3) Name of Employer | | |
| 6 | Address_ | | |
| 7 | City | County | State |
| 8 | | at least 100 yards | s away from the following places, |
| 9 | which I or the minor child(ren) freq | uent regularly: | • |
| 10 | | | |
| | (1) Name | | |
| 11 | Address: | | |
| 12 | City | | |
| 13 | .3 | | |
| 14 | (2) Name | | |
| 15 | Address | | |
| 16 | City | _County | State |
| 17 | | | |
| 18 | (3) Name | | |
| 19 | Address | | |
| | City | _County | State |
| 20 | | | |
| 21 | (L) (1) Prohibit the Adverse Party, e | ither directly or the | hrough an agent, from physically |
| 22 | injuring or threatening to injure ar | ny animal that is o | 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 th | e minor child(ren). |
| 26 | (3) I request the Court to specify | y the arrangement | es for the possession and care of any |
| 27 | animal owned or kept by the Adver | ese Party, the mine | or child(ren), or me. |
| 28 | 28 | | |

| 1 | (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of |
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| 2 | my attendance at any hearing concerning this Application. |
| 3 | (N) I further request the following other conditions: |
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| 14 | |
| | I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE |
| 15 | I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN |
| 15 16 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM |
| 15 16 17 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN |
| 15 16 17 18 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT |
| 15 16 17 18 19 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: |
| 15 16 17 18 19 20 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT |
| 15 16 17 18 19 20 21 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: |
| 15 16 17 18 19 20 21 22 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: |
| 15 16 17 18 19 20 21 22 23 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: Signature of Applicant |
| 15 16 17 18 19 20 21 22 23 24 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: Signature of Applicant |
| 15 16 17 18 19 20 21 22 23 24 25 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: Signature of Applicant |
| 15 16 17 18 19 20 21 22 23 24 | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT Dated: Signature of Applicant |