

PLEASE READ CAREFULLY

NOTE: YOU are the PLAINTIFF/APPLICANT, the party you are filing against is the DEFENDANT/ADVERSE PARTY

Before you apply for a **TEMPORARY PROTECTION ORDER**, 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 without a permit	False imprisonment	Unlawful entry or forcible 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 has had or is having a dating relationship;
4. A person with whom he has a child in common;
5. The minor child of any of those persons;
6. His minor child; or
7. Any person who has been appointed the custodian or legal guardian for his minor child.

The provisions of this section do not apply to Siblings or Cousins, except those who are in a custodial or guardianship relationship with each other.

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**. Answer **EVERY QUESTION**. If it does not apply to you, write N/A for "not applicable". If the answer is "unknown", write unknown.
- (4) **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.
- (5) 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, **DO NOT** put that information in the Application. Select the confidential box.
- (6) 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.
- (7) 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.
- (8) **DO NOT SIGN** the Application until you are with a court employee or an advocate (UNLESS you are dropping the application in the lobby drop box during non Judicial hours). You may need to provide picture identification.
- (9) 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.
- (10) 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.

JUSTICE / MUNICIPAL CIVIL COURT COVER SHEET

Pahrump Township, Nye County, Nevada

Case No. _____
(Assigned by Clerk's office)

Interpreter Needed: No Yes Language: _____

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):	Defendant(s) (name/address/phone):
E-mail Address	E-mail Address
Attorney (name/address/phone):	Attorney (name/address/phone):
Law Firm / Bar #	Law Firm / Bar #
E-mail Address	E-mail Address

I. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

Real Property	Torts	Protection Orders
<p>Real Property</p> <input type="checkbox"/> Landlord/Tenant (Summary Eviction) <input type="checkbox"/> Unlawful Detainer Complaint (Writs of Restitution) <input type="checkbox"/> Other Real Property	<p>Negligence</p> <input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence <p>Other Torts</p> <input type="checkbox"/> Intentional Misconduct <input type="checkbox"/> Other Torts	<p>Protection Order</p> <input type="checkbox"/> Request for Domestic Violence Protective Order <input type="checkbox"/> Request for Protection Order (Non-Domestic Violence) <input type="checkbox"/> Sexual Assault Related <input type="checkbox"/> Request for High Risk Protective Order
<p style="text-align: center;">Contract Case</p> <p>Seller Plaintiff (Debt Collection)</p> <input type="checkbox"/> Credit Card Collection <input type="checkbox"/> Payday Loan Collection <input type="checkbox"/> Debt Collection Agency <input type="checkbox"/> Other Debt Collection <p>Other Contract Case</p> <input type="checkbox"/> Contract Buyer Plaintiff <input type="checkbox"/> Other Contract Case	<p style="text-align: center;">Other Civil Filings</p> <p>Other Civil Filing</p> <input type="checkbox"/> Contested Liens Case <input type="checkbox"/> District Court Order to Seal Records <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Other Civil Matters	<p>Protection Order-Extension Request</p> <input type="checkbox"/> Request for Extended Domestic Violence Protective Order <input type="checkbox"/> Request for Extended Protective Order (Non-Domestic Violence) <input type="checkbox"/> Request for Extended High Risk Protective Order

Date _____

Signature of initiating party or representative _____

**JUSTICE COURT IN THE TOWNSHIP OF PAHRUMP
NYE COUNTY, NEVADA**

<p>_____</p> <p>Applicant (<i>print your name above</i>),</p> <p>vs.</p> <p>_____</p> <p>Adverse Party (<i>print the name of the person you want protection from above</i>).</p>	<p>CASE NO.: _____</p> <p>DEPT: _____</p>
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APPLICATION FOR PROTECTION ORDER AGAINST DOMESTIC VIOLENCE

1. Your information. (*you are the "Applicant"*)

Your name: _____
(first)
(middle)
(last)

Interpreter Needed? No Yes: (*language?*) _____

2. Who do you want protection from? (*this person is the "Adverse Party"*)

Name: _____
(first)
(middle)
(last)

Is this person currently in jail or prison? No Yes: (*where?*) _____

3. Who needs protection? (*check one or both*)

- Me.
- The minor child(ren) below. (*fill out the chart below and a UCCJEA Declaration, available at <http://selfhelp.nvcourts.gov/>*)

Child's Name	Date of Birth	Parents
		Parent 1: _____ Parent 2: _____
		Parent 1: _____ Parent 2: _____
		Parent 1: _____ Parent 2: _____
		Parent 1: _____ Parent 2: _____

4. **Why do you need protection from the person named above?** (check all that apply)

The adverse party committed an act of domestic violence against me or has threatened to commit an act of domestic violence against me.

The adverse party committed an act of domestic violence against a minor child or has threatened to commit an act of domestic violence against the child.

I am the child's parent or legal guardian.

5. **How are you related to the person you want protection from?** (check all that apply)

You must be a current/former intimate partner, or be related by blood, adoption, or marriage, or be the parent or guardian of the adverse party's child to apply for a domestic violence protection order.

****Do not use this form if you want protection from an adult sibling or an adult cousin.***

Adult siblings and cousins do not qualify to get a domestic violence protection order.

You may be able to apply for a different kind of protection order.

We are married or used to be married.

We are dating or used to date.

We have children together.

Other: The adverse party is my (specify relationship): _____.

6. **Are there any other court cases that involve you and the adverse party?**

No.

Yes. If you know, list the case type, county, state, and case number:

7. **Firearms / Guns.** Does the adverse party own a gun or have a gun in his/her possession or control? No Yes I don't know

If you request an extended order, there will be a hearing where the judge may order the other person to surrender, sell, or transfer any firearm, and may prohibit the other person from having a gun. If the other person needs a gun for work, he / she may be allowed to possess a firearm while on duty. This will be discussed at the hearing for an extended order.

Personal Belongings.

I need to get my belongings. I want law enforcement to come with me to the adverse party's residence so I can pick up my belongings. The address I need to go to is (*list street address, apartment number, city, state, zip*):

The other person needs to get their belongings. Law enforcement should come with the adverse party to my residence to pick up their belongings.

Work. The adverse party should stay away from my workplace.

Do you and the adverse party work at the same place? No Yes

Is your work address confidential? No Yes (*do not write details below*)

Employer

Employer

Address

Address

City, State, Zip Code

County

City, State, Zip Code

County

School / Day Care. The adverse party should stay away from my school and/or the child(ren)'s school/day care.

Is the school address confidential? No Yes (*do not write details below*)

School/Day Care Name

School/Day Care Name

Address

Address

City, State, Zip Code

County

City, State, Zip Code

County

Other Places. The adverse party should stay away from the following places that I and/or the minor child(ren) go to regularly.

Location Name

Location Name

Why?

Why?

Address

Address

City, State, Zip Code

County

City, State, Zip Code

County

- Children / Custody Orders.** I want temporary custody of the child(ren).
you must complete a UCCJEA Declaration to give more information
- The adverse party should not have visitation at this time.
- The adverse party should have visitation with the child(ren) as follows:

- We already have a custody/visitation order that we should keep following.
 The order is from case (*case number*) _____. It was issued
 in (*county*) _____ County in the State of _____.
- Pets or Animals – Safety.** The adverse party should be ordered not to threaten, physically injure or harass any pets/animals kept by me, the children, or the adverse party, either directly or through someone acting on his/her behalf.
- Pets or Animals – Possession.** I want to keep the pets/animals. The adverse party should be prohibited from taking the pets/animals either directly or through someone acting on his/her behalf.

About Extended Protection Orders:

This application automatically asks the judge to issue up to a 45 day temporary protection order without notifying the other person first. You will get a decision within 1 business day.

You can also ask for an extended order that could last for up to 2 years. If you do, the judge will set a hearing. You and the other person will have to appear in court and explain your side before the judge can extend the protection order.

11. Length of Protection Order.

- I want an order up to 45-days only. *Stop here and sign the next page.*
- I want an order up to 45-days PLUS an extended order that could last up to 2 years. The extended order should require the adverse party to do the following in addition to the temporary requests I already asked for:
**You may have to fill out and file a financial form if you want the judge to grant you any kind of financial support.*
- *Pay rent or mortgage payments for my place of residence.
- *Pay emergency household support for me.
- *Pay child support for the minor child(ren) we have together.
- *Pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this application.
- *Pay any costs and fees I have spent in pursuing this case.

- The judge should make the following long-term arrangement for the pets/animals owned by myself, the child(ren), and/or the adverse party (*describe the pets/animals involved and who should take care of the pets/animals while an extended order is in effect*) _____

- Other: _____

- 12. **UCCJEA Declaration.** If you want the judge to grant you temporary custody of a child, fill out a UCCJEA Declaration and file it with this application.
- 13. You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. The Adverse Party will receive a copy of all documents/evidence you provide.

Describe what you are attaching: _____

- 14. 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*) _____

VICTIM INFORMATION WORKSHEET

Plaintiff
Name:

AKA:

Address:

City:

State:

Zip

Code:

Date of
Birth:

Race:

Sex: M F

Home
Phone:

Business
Phone:

What is your relationship with the Defendant, past and present?

Are there children in common? Yes No If yes, please explain:

Are there any other court actions between You and Defendant? yes No If yes, please explain:

CONFIDENTIAL

CONFIDENTIAL PROTECTION ORDER INFORMATION

Law Enforcement: Do not serve this sheet with documents to be delivered.

Applicant: Print clearly all the information you know. This helps law enforcement locate and serve the Adverse Party.

YOUR INFORMATION

Your Name: _____ M F O
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

Your Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Mailing Address: _____
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ I prefer to be notified of future court dates by email / mail

The Adverse Party is my: spouse ex-spouse ex-dating partner parent of my child parent
 in-law: (explain) _____ other: _____

OTHER PROTECTED PARTIES

Only fill out this section if there are other family members or household members that you asked to be protected under the order. If there are none, skip to "Adverse Party"

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____
.....

Name: _____ M F O
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

The Adverse Party is this person's: parent step-parent ex-dating partner sibling other: _____

ADVERSE PARTY INFORMATION

Name: _____ M F O
(First) (Middle) (Last)

Other Name Used: _____
(First) (Middle) (Last)

Birthdate: ____/____/____ Social Security Number: ____-____-____ Race: _____
(MM) (DD) (YY)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Home Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Is this address difficult to find? No Yes: explain: _____

Mailing Address: _____
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Other Likely Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Position: _____ Work Days: _____ Work Hours: _____

Work Address: _____
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Scars/Marks/Tattoos (Description and Location): _____

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

- Do you live with Adverse Party now? Yes No
- Have you ever lived with Adverse Party? Yes No
- Do you have children with Adverse Party? Yes No
- Does the Adverse Party speak English? Yes No: What language does he/she speak? _____
- Do you work for the same employer? Yes No
- Is the Adverse Party likely to act violently when served? Yes No
- Is the Adverse Party likely to avoid service? Yes No
- Does the Adverse Party have a CCW Permit? Yes No
- Does the Adverse Party have access to weapons? Yes No

If yes, describe type and location of weapon(s): _____

Does the Adverse Party have a history of violent behavior or crimes? Yes No
If yes, explain: _____

Do not write in this space. For court purposes only.
Issuing Court ORI: NV _____ Court Case Number: _____