

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
(OBO Minor Child) (First) (Middle) (Last)

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

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

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
- 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, please 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: _____