

## Protection Orders Against Stalking/Harassment

1. **If you need assistance with this form, you may contact Victim Witness Services at 775-289-3410.**
2. In a Protection Order Proceeding:
  - a. You, as the person filling out the application, will be known as the Applicant.
  - b. The person whom you are seeking the order against will be known as the Adverse Party.
3. 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.
4. By submitting an application you are starting a legal process.
  - a. Only a judge can stop this process, which may take time.
  - b. You may be required to appear in Court for a hearing, at which the Adverse Party may be present.
  - c. The majority of the application and process will be a public record.
  - d. If the Adverse Party is served, he/she will receive a copy of the orders issued by the Court and a complete copy of the application, but will not receive a copy of the confidential information sheet.
5. **Requirements for an Order for Protection Against Stalking/Harassment:** in order for the Court to issue an Order, the following facts must be present:
  - a. You must be 18 years of age or older.
  - b. You must establish you are the victim of stalking or harassment.
    - i. **Harassment** is when a person, without lawful authority, knowingly threatens to: cause bodily injury in the future to the person threatened or to any other person; or cause physical damage to the property of another person; or subject the person threatened or any other person to physical confinement or restraint; or do any act which is intended to substantially harm the person threatened or any other person with respect to his or her physical or mental health or safety. And the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out.
    - ii. **Stalking** is when a person, without lawful authority, willfully or maliciously engages in a course of conduct directed towards a victim that would cause a reasonable person under similar circumstances to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member, and that actually causes the victim to feel terrorized, frightened, intimidated, harassed or fearful for his or her immediate safety or the immediate safety of a family or household member, commits the crime of stalking.
  - c. If you fail to establish stalking or harassment, as defined above, has occurred the Court cannot issue a protection order.
6. By filling out this Application, you are making a sworn statement.
7. The Court may: grant your application and issue a temporary order; deny your request; or require a hearing to clarify issues before granting or denying the application.
8. Duration of the Order
  - a. The initial order is a temporary order and is valid for, at most, 45 days.
  - b. The order may, after a hearing, be extended up to 1 year.

## **9. Hearings**

- a. The Adverse Party will be notified of any hearing and will have the right to attend.
  - b. 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.
10. 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.

## **11. Guidelines to Complete Application**

- a. Use black or blue when filling out the Application. Applications completed in pencil or different-colored ink might not be accepted.
  - b. Do not write on the back or along the sides of any pages.
  - c. Use extra paper if necessary. Standard 8½ by 11-inch paper is preferred.
  - d. Print or write clearly.
  - e. 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.
  - f. If there are addresses or telephone numbers you do not want the Adverse Party to know, you should not put that information in the Application. Instead, mark the confidential box.
  - g. 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.
  - h. If there is any part of the Application that is not applicable, please write "n/a" in the associated space(s).
  - i. 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.
  - j. Do not sign the Application until you are with a court employee or an advocate. You may need to provide picture identification.
12. Once you submit your application, the Judge will review your Application to determine if a Protection Order should be issued. The Judge can only consider the information you put in your application.
13. 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.

**\*CONFIDENTIAL\***

**STALKING and HARASSMENT PROTECTION ORDER INFORMATION**

**(TO BE FILLED OUT BY APPLICANT)**

Please provide all information known to you. Please print information clearly. All requested information is helpful to ensure Adverse Party is served. If you do not provide an address for Adverse Party and/or if the Sheriff cannot serve, based on the information you provided, it is your responsibility to have Adverse Party served by private server or other means.

**APPLICANT DATA**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Sex)

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

**Phone Numbers Home: Work: Cell:**

Other Name Used: \_\_\_\_\_  
(Last) (First) (Middle)

Additional Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**ADVERSE PARTY DATA**

Full Name: \_\_\_\_\_ Other Name Used: \_\_\_\_\_  
(Last) (First) (Middle) (Last) (First) (Middle)

Relationship To You: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ and/or Social Security No.: \_\_\_\_\_  
(MM) (DD) (YYYY)

Last Known Home Address: \_\_\_\_\_  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Is this address difficult to find?  No  Yes If yes, please explain: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Scars/Marks/Tattoos (Description and Location): \_\_\_\_\_

Does the Adverse Party speak English?  Yes  No If not, what language does he/she speak? \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate Number/State: \_\_\_\_\_

- (Check one)**
- Are the Applicant and the Adverse Party living together now?  Yes  No
  - Are the Applicant and the Adverse Party employed by the same employer?  Yes  No
  - Is the Adverse Party likely to react violently when served?  Yes  No
  - Is the Adverse Party likely to avoid service?  Yes  No
  - Does the Adverse Party have a Carrying Concealed Weapon (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's history include any violent behavior or crimes?  Yes  No

Explain: \_\_\_\_\_

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

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

1 Case No. \_\_\_\_\_  
2 Dept. No. \_\_\_\_\_

3  
4  
5 **IN THE JUSTICE COURT OF \_\_\_\_\_ TOWNSHIP**  
6 **COUNTY OF \_\_\_\_\_, STATE OF NEVADA**  
7

8  
9  
10 \_\_\_\_\_ )  
11 **Applicant(s),** ) **APPLICATION FOR ORDER FOR**  
12 **vs.** ) **PROTECTION AGAINST STALKING,**  
13 \_\_\_\_\_ ) **AGGRAVATED STALKING,**  
14 **Adverse Party(s),** ) **OR HARASSMENT (NRS 200.591)**  
15 \_\_\_\_\_ )

16 **STALKING** - A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes the victim to feel terrorized, frightened, intimidated or harassed. (NRS 200.575 (1))  
17 **AGGRAVATED STALKING** - A person commits the crime of aggravated stalking when that person commits the crime of stalking and, in conjunction therewith, threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial bodily harm. (NRS 200.575 (2))  
18 **HARASSMENT** - A person commits the crime of harassment when (a) that person, without lawful authority, knowingly threatens: (1) to cause bodily injury in the future to the person threatened or to any other person; (2) to cause physical damage to the property of another person; (3) to subject the person threatened or any other person to physical confinement or restraint; or (4) to do any act which is intended to substantially harm the person threatened or any other person with respect to his physical or mental health or safety; and (b) the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. (NRS 200.571)

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20  
21 **PLEASE TYPE OR PRINT CLEARLY.**

22 **COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.**

23 I am applying for protection (check all that apply):

24  For Myself

25  On behalf of another person(s)



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**PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.**

1 If yes, approximate date(s):

2 \_\_\_\_\_  
3 Name of law enforcement agency:

4 \_\_\_\_\_  
5 Case/Event number if known:

6 **(NOTE: IT IS NOT NECESSARY TO FILE A LAW ENFORCEMENT REPORT,**  
7 **BUT IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT**  
8 **TO THE COURT HEARING.)**

9 For purposes of this form, a "TPO Action" is defined to include the following **Justice Court**

- 10 (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);  
11 (2) An Order for Protection of Children (NRS 33.400);  
12 (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A  
13 "TPO Action" is also defined to include the following **Justice/Family/District Court** action:  
14 (a) An Order for Protection Against Domestic Violence (NRS 33.020)

15 **Please Check the Appropriate Box Below:**

16 In the last 2 years, Applicant or any party seeking protection has not filed a TPO  
17 action against the Adverse Party anywhere in the State of Nevada, and the Adverse  
18 Party has not filed a TPO action against Applicant or any party seeking protection  
19 anywhere in the State of Nevada.

20 In the last 2 years, the following TPO action(s) in the State of Nevada have been filed  
21 involving Applicant and the Adverse Party:

22 Case # (if known)	23 Court (Justice/Family)	24 Place of Filing	25 Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)

26 ***Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.***

27 1. a) Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_  
28 (Last) (First) (Middle)

1 b) Applicant's relationship to Adverse Party: \_\_\_\_\_

2 c) Provide names below of those for whom you are seeking protection, including  
3 yourself, minors or household members that need this protection. Indicate the relationships of  
4 all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend,  
5 roommate, neighbor, relative, acquaintance, co-worker, stranger):  
6

7 NAME	8 AGE	9 RELATIONSHIP TO APPLICANT	10 RELATIONSHIP TO ADVERSE PARTY
		Self (if applicable)	

15 Explain why protection is needed for the individuals listed above:  
16  
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18

19 **(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A**  
20 **PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR**  
21 **RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF**  
22 **PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER**  
23 **33.)**

24 2. Has the Adverse Party ever lived with any Party listed above? Yes No

25 If so, for how long? \_\_\_\_\_

26 3. Is anyone listed above living with the Adverse Party now? Yes No

If so, who? \_\_\_\_\_

1 4. Date of separation (if applicable): \_\_\_\_\_

2 5. Are there children involved? Yes No If so, how are they involved?  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 6. Has the Adverse Party ever been involved in any other relevant Court actions (e.g.,  
6 eviction, divorce, custody, criminal, etc.)?

7 Yes No If yes, please explain: \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_

12 7. Residence(s) where protection is needed:

13 CONFIDENTIAL (*If confidential, check and move to the next question*) or,  
14 If not confidential, list address, city, state and zip code:

15 \_\_\_\_\_  
16 \_\_\_\_\_

17 8. Place(s) of employment where protection is needed:

18 CONFIDENTIAL (*If confidential, check and move to the next question*) or,  
19 If not confidential, list name, address, city, state and zip code:

20 \_\_\_\_\_  
21 \_\_\_\_\_

22 9. Location of school(s) where protection is needed:

23 CONFIDENTIAL (*If confidential, check and move to the next question*) or,  
24 If not confidential, list name, address, city, state and zip code:

25 \_\_\_\_\_  
\_\_\_\_\_

1 10. Other specific locations frequented where protection is needed (i.e., sports, extra-  
2 curricular activities, church, employment, after-school activities, etc.):

3 CONFIDENTIAL (*If confidential, check and move to the next question*) or,

4 If not confidential, list name, address, city, state and zip code:  
5 \_\_\_\_\_  
6 \_\_\_\_\_

7 11. If there are persons other than those listed on page 4 that the Adverse Party should be  
8 directed not to contact, please name the individuals and explain why these precautions  
9 are needed: \_\_\_\_\_  
10 \_\_\_\_\_

11 12. If there are any other safety concerns that the Court should know (e.g., firearms, etc.),  
12 please briefly explain:  
13 \_\_\_\_\_  
14 \_\_\_\_\_

15  
16 **RELIEF REQUESTED**

17 **THEREFORE, I REQUEST** that a Temporary Order be issued against the Adverse  
18 Party requiring the Adverse Party to refrain from contacting, intimidating, threatening or  
19 otherwise interfering with me and/or other persons identified in this application, either  
20 directly or through an agent.

21 **I FURTHER REQUEST** that the Court require the Adverse Party to stay away from  
22 the places listed above.  
23  
24  
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1 **I FURTHER REQUEST** the following other conditions:

2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 **I FURTHER REQUEST** that this Court set a hearing date for an Extended Order as soon as possible.

5 Yes No

6 **I require and request the following accommodations(s):**

7  Interpreter/Translator (specify language): \_\_\_\_\_

8  Assistance for Hearing Impairment (specify assistance): \_\_\_\_\_

9 \_\_\_\_\_  
10  Other (specify): \_\_\_\_\_  
11 \_\_\_\_\_

12  
13 **(NOTE: IF GRANTED AND SERVED, A TEMPORARY ORDER MAY BE ENFORCED FOR UP TO 30 DAYS, EXCEPT THAT IF AN EXTENDED ORDER IS REQUESTED, THE TEMPORARY ORDER REMAINS IN EFFECT UNTIL THE HEARING ON THE EXTENDED ORDER IS HELD BY THE COURT. IF GRANTED AND SERVED, AN EXTENDED ORDER MAY BE ENFORCED FOR UP TO ONE YEAR.)**

14 **I ACKNOWLEDGE** that an Extended Order may only be granted after notice of the petition for the Order and of the Hearing thereon is served upon the Adverse Party pursuant to the Rules of Civil Procedure, and a hearing is held on the petition.

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16  
17  
18 **DECLARATION**  
19 **(NRS 53.045)**

20 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF  
21 NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS  
22 CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE  
23 STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.

24 Dated: \_\_\_\_\_

25 \_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME