

# Temporary Protection Order Application Information

*The following information is requested to make a decision on your application.  
Answering “No” may result in denial of your request.*

Check Response

## Police Report

If you filed a report with a law enforcement agency, did you include a copy with your Temporary Protection Order application? .....

YES NO

If you are not including a copy of the law enforcement report, state the reason:

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## Text/Email/Social Media Messages

If the incidents involve text, email, social media messages, or video did you include a copy of the content with your Temporary Protection Order application? .....

YES NO

## Address of Adverse Party

Given that a protection order only becomes enforceable after it is served on the Adverse Party, do you have the home or work address of the Adverse Party in order to facilitate service of the order? .....

YES NO

## Jurisdiction

If you have a child or children in common with the Adverse Party; if you are or have been married to the Adverse Party; and/or if you are living with the Adverse Party in a domestic partnership or familial relationship (excluding siblings and cousins who are not in a custodial or guardianship relationship with each other), you must file your application in Family Court, not in Henderson Justice Court.

Based on your relationship with the Adverse Party, is Henderson Justice Court the right place to file your application for a Temporary Protection Order? .....

YES NO

Did the incident(s) occur in Henderson Township or was the person affected by the conduct in Henderson Township at the time that the conduct occurred?.....

YES NO

**JUSTICE COURT IN THE TOWNSHIP OF HENDERSON  
CLARK 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 TEMPORARY ORDER FOR PROTECTION  
AGAINST HARASSMENT IN THE WORKPLACE**

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

Your name: \_\_\_\_\_  
*(first) (middle) (last)*

2. **Your authority** ( *check one*).

I am the employer.

I am the authorized agent of the employer.

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

Name: \_\_\_\_\_  
*(first) (middle) (last)*

Address (if known): \_\_\_\_\_  
*Address City, State, Zip County*

4. **Are there any other court cases that involve you and the Adverse Party?**

No

Yes. List the case type, county, state, and case number if you know:

5. **Most Recent Threat/Harassment.**

Think about the **most recent** threat or harassment. These questions ask about the most recent incident only.

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

**What Happened?** Explain the **most recent** event and describe any injuries. You can list past events on the next page.

*Attach more pages if you need more room (2a, 2b, 2c).*

6. **Past Threats / Harassment.**

*Think about any other times the person you want protection from threatened or harassed you and/or other employees. The following questions ask about any past incidents that may have happened.*

Have there been threats of violence in the past?

No (*skip to the next page*)

Yes (*complete the sections on this page*)

Approximate Date: \_\_\_\_\_

What Happened:

Approximate Date: \_\_\_\_\_

What Happened:

Approximate Date: \_\_\_\_\_

What Happened:

*Attach more pages if you need more room (3a, 3b, 3c).*

7. **Locations that need protecting.**

**Workplace.** The workplace where protection is needed is primarily located at the following address.

\_\_\_\_\_  
Employer/Location Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

**Additional Workplace Locations.** List the specific locations that employees might need protection, such as other branches of the workplace or places where employees perform their duties:

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

**Other Places.** The adverse party should stay away from the following places.

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

8. **Have you given the adverse party notice that you are filing this?** ( *check one and answer the questions that follow.*)

Yes. On the following date, \_\_\_\_\_, I gave notice ( *check one or more*):

in person    via email    via telephone    via mail    other: \_\_\_\_\_

No. *In order for the judge to grant this without notice, you have to show that giving notice might cause irreparable, loss, or damage to the employer or employees. Explain why you should be allowed to skip the notice step.*

*If you tried to give notice, but were not able to, explain what efforts you made and any facts that support why you should not have to give notice.*

9. **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

10. **Other Information:** Is there anything else you want the judge to know? Any other conditions you are asking for?

11. **Exhibits:** You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. Note: the adverse party will be able to see all the exhibits you attach. What exhibits are you attaching?

12. **Protections Requested.** I request that an Order for Protection Against Harassment in the Workplace be issued against the Adverse Party so that the Adverse Party will be prohibited from contacting, intimidating, threatening, or otherwise interfering with the employer's business and/or its employees and/or any person present at the workplace, and that the Adverse Party will be ordered to stay away from the employer's workplace. I also request that the Court prohibit the Adverse Party from violating this Order via e-mail, correspondence, telephone, or by an agent.

13. **Length of Protection Order.**

This is a 15-day order, do you need an extended order?  No  Yes

If yes, you need to apply before the end of the 15<sup>th</sup> day.

**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*) \_\_\_\_\_

Attorney /Authorized Agent information: \_\_\_\_\_

Name

Address

City, State, Zip Code

County

Telephone number

Email address

**\*CONFIDENTIAL\***

**HARASSMENT IN THE WORKPLACE PROTECTION ORDER INFORMATION  
(TO BE FILLED OUT BY EMPLOYER/APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. **Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.**

**EMPLOYER/APPLICANT DATA**

Business Name: \_\_\_\_\_ AKA (if applicable): \_\_\_\_\_

Business Contact Person (Employer): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Authorized Agent for Employer: \_\_\_\_\_

Authorized Agent's Address: \_\_\_\_\_

Authorized Agent's Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

This business is a:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_  
*(Please circle one)*

Does this business have a prior relationship with the Adverse Party? (For example, is the Adverse Party a former employee/customer/neighbor business owner, etc.?) If yes, please describe the relationship: \_\_\_\_\_  
\_\_\_\_\_



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**ADVERSE PARTY DATA**

Is Adverse Party in custody now?  **No**  **Yes** If yes, where \_\_\_\_\_

Adverse Party's Full Name: \_\_\_\_\_

Other Name Used by Adverse Party: \_\_\_\_\_

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

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

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

Does the Adverse Party speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_  
(Yes or No)

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

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? 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.

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