

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.

Circle 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:

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 15th 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

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**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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