

1 CASE NO. _____

2
3 IN THE JUSTICE COURT OF NEW RIVER TOWNSHIP
4 COUNTY OF CHURCHILL, STATE OF NEVADA
5 71 N. MAINE ST. FALLON, NV 89406

6 In the matter of the Application of:

7
8 _____
9 (Applicant Name)
10 For a Temporary Order for Protection
11 Against Domestic Violence or Stalking
12 And or Harassment

13 *******IMPORTANT INFORMATION REGARDING APPLICATION, PLEASE READ*******

14 Please be advised that the Applicant is required to contact the court to inquire on the status of the
15 application. If the Protection Order is issued, it is the responsibility of the Applicant to pick up a copy or
16 request it be mailed to them. **IT IS NOT THE RESPONSIBILITY OF THE COURT TO ADVISE**
17 **THE APPLICANT OF THE STATUS OF THE APPLICATION OR COURT DATES, UNLESS**
SPECIAL ORDER FOR THE COURT.

18 If the Applicant has any further questions regarding this matter, do not hesitate to contact the
19 court. To check the status of your application regarding the Court's decision call: **775-423-2845.**

20
21 Dated: _____

22
23
24 _____
25 Justice Court Clerk
26

JUSTICE COURT IN THE TOWNSHIP OF NEW RIVER
CHURCHILL COUNTY, NEVADA

CASE NO.: _____

Applicant (print your name above),

vs.

Adverse Party (print the name of the person you
want protection from above).

APPLICATION FOR PROTECTION ORDER AGAINST DOMESTIC VIOLENCE

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

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

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.

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8. **Most Recent Threat / Abuse / Incident.**

Think about the *most recent incident*. 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?) _____

What Happened? Explain the *most recent event* and describe any injuries. Give *specific and detailed information* about the event. You can list past events on the next page. If you are filing on behalf of a child, include details about what happened to the child.

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

9. **Past Threats / Abuse / Incident.**

Think about any other times the person you want protection committed an act of domestic violence against you and/or the children. The following questions ask about any past incidents that may have happened.

Has there been abuse or threats of violence in the past?

- No *(skip to the next page)*
- Yes *(complete the sections on this page)*

Approximate Date: _____

What Happened? _____

Attach more pages if you need more room. (Pages 4a, 4b, 4c)

Approximate Date: _____

What Happened? _____

Attach more pages if you need more room. (Pages 4a, 4b, 4c)

10. **Temporary Protections Requested.** (*check all that apply*)

***Do not list any confidential addresses.
The other person will get a copy of this application and will see any
addresses you write down.***

- Prohibited Activities.** The adverse party should not threaten, physically injure, or harass me and/or the minor child(ren), either directly or through someone acting on his/her behalf.
- Contact with You.** The adverse party should:
- Not contact me at all, either in person, by phone/text, by email, or through social media.
 - Contact me to discuss parenting issues only by: text email phone calls
 in writing other: _____
- Contact with Children.** The adverse party should:
- Not contact the minor children at all, either in person, by phone/text, by email, or through social media.
 - Contact the children by: text email phone calls in writing other:

- Current Residence.** The adverse party should stay away from my current residence.
Do you and the adverse party live together? No Yes
If yes, whose name is listed on the lease/title? _____
If yes, when did you start living together? _____

Does the adverse party know where you live? No Yes
If no, is your address confidential? No Yes (*don't list your address*)

Address

City, State, Zip Code

County

This is a: temporary address permanent address

Do you and the adverse party live in the same complex/property/trailer park?

- No. Should the Adverse Party stay away from the entire complex / property / trailer park?
 No Yes
- Yes. Explain the distance and need for protection in that complex / property / trailer park:

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*) _____

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: _____