

INSTRUCTIONS ON COMPLETING APPLICATION

The court clerk will give you these numbers. Use them on all forms you file later.

1	Case No. _____		
2	Dept. No. _____		
3	IN THE JUSTICE COURT OF _____	TOWNSHIP	
4	COUNTY OF _____	STATE OF NEVADA	
5			
6			
7	_____)	Applicant(s)	APPLICATION FOR ORDER FOR PROTECTION AGAINST STALKING, AGGRAVATED STALKING, OR HARASSMENT (NRS 200.591)
8	vs.		
9	_____)	Adverse Party(s)	
10			
11			
12	<p>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))</p> <p>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))</p> <p>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)</p>		
13			
14	PLEASE TYPE OR PRINT CLEARLY.		
15	COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.		
16	I am applying for protection (check all that apply):		
17	<input type="checkbox"/> For Myself	<input type="checkbox"/> On behalf of another person(s)	
18			
19			
20			
21			
22			
23			
24			
25			

Your full name.

Full name of the person(s) you want the order against.

Check both boxes if you are applying for yourself and for others.

The name of the township in which you are filing your case.

The name of the county in which you are filing your case.

This is the most important part of your Application. This information will explain to the judge why an order is needed. Give details of the most recent incidents.

If you need more space, request a Continuation Page.

1	Applicant states the following facts under penalty of perjury:
2	I reasonably believe that the Adverse Party has committed and/or is committing the
3	crime of stalking, aggravated stalking or harassment as defined above. The acts occurred as
4	follows:
5	<i>(NOTE: BE SPECIFIC AS TO WHO COMMITTED WHAT ACT OR ACTS, AGAINST WHOM, WHEN, WHERE, WHETHER COMMITTED OR THREATENED; INDICATE APPROXIMATE DATE(S) AND LOCATION(S).)</i>
6	
7	THIS FORM IS A PUBLIC RECORD
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	<i>NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES; CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.</i>
22	<input type="checkbox"/> <i>Check if you use a continuation page (to be incorporated by reference)</i>
23	
24	This matter does not have to be reported to law enforcement; however, has a report ever been
25	filed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Application for Order for Protection Against Stalking, Aggravated Stalking, or Harassment (NRS 200.591) 2 of 7 January 2007

If you check yes, fill in the information as requested. Leave the lines on page 3 blank if you check no.

A report to law enforcement may be useful to the judge. However, filing a criminal report is not required.

Complete **either** Section, **not both**.

Your full name (last first).

Your age.

1 If yes, approximate date(s):
 2 _____
 3 Name of law enforcement agency:
 4 _____
 5 Case/Event number if known:
 6 _____

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

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

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

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

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

18 Case # (if known)	Court (Justice/Family)	Place of Filing	Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)
19				
20				
21				

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

23 1. a) Applicant's Name _____ Age _____

24 (Last) (First) (Middle)

25

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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 _____

17 _____

18 _____

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

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

23 If so, for how long? _____

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

25 If so, who? _____

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Others you are applying for. →

Answer these questions either yes or no. ←

For safety reasons, you may want to keep some or all locations confidential. Be aware that this may limit law enforcement's ability to enforce your Order.

1 Explain why protection is needed for the individuals listed above:
 2 _____
 3 _____
 4 _____
 5
 6 (NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)
 7
 8
 9 2. Have the minor and the Adverse Party ever lived together? Yes No
 10 If so, for how long? _____
 11 3. Is anyone listed on Page 4 living with the Adverse Party now? Yes No
 12 If so, who? _____
 13 4. Are there other children involved? Yes No. If so, how are they involved?
 14 _____
 15
 16 5. Residence(s) where protection is needed:
 17 CONFIDENTIAL (If confidential, check and move to the next question) or,
 18 If not confidential, list address, city, state and zip code:
 19 _____
 20
 21 6. Place(s) of employment where protection is needed:
 22 CONFIDENTIAL (If confidential, check and move to the next question) or,
 23 If not confidential, list name, address, city, state and zip code:
 24 _____
 25 _____

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Application for Order for Protection of Children (NRS 33.400) January 2007

Answer these questions either yes or no.

List where you live (unless confidential).

List where you work (unless confidential).

1 7. School(s) where protection is needed:

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

3 If not confidential, list name, address, city, state and zip code:

4 _____

5 _____

6 8. Other specific locations frequented where protection is needed (i.e., sports, extra-

7 curricular activities, church, employment, after-school activities, etc.):

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

9 If not confidential, list name, address, city, state and zip code:

10 _____

11 _____

12 _____

13 9. If there are persons other than those listed on page 4 that the Adverse Party should be

14 directed not to contact, please name the individuals and explain why these precautions are

15 needed: _____

16 10. If there are any other safety concerns that the Court should know (i.e., firearms, etc.),

17 please briefly explain: _____

18 _____

19 _____

20 _____

21 _____

22 **RELIEF REQUESTED**

23 **THEREFORE, I REQUEST** that a Temporary Order be issued requiring the Adverse

24 Party to refrain from contacting, intimidating, threatening or otherwise interfering with the minor

25 and/or other persons identified in this application, either directly or through an agent.

Application for Order for Protection of Children (NRS 33.400) 6 of 7 January 2007

List any schools attended by you or by others you are applying for (unless confidential).

These are places you go to often or regularly, like church or a relative's house (unless confidential).

List any safety concerns that relate to the Adverse Party and this case.

1	I FURTHER REQUEST the following other conditions:	
2	_____	
3	_____	
4	_____	
5	I FURTHER REQUEST that this Court set a hearing date for an Extended Order as soon as possible.	
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7		
8	(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.)	
9		
10		
11	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.	
12		
13		
14	<u>DECLARATION</u> (NRS 53.045)	
15		
16	I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF	
17	NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS	
18	CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE	
19	STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.	
20	Dated: _____	
21		_____
22		APPLICANT'S SIGNATURE
23		_____
24		PRINT NAME
25		
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Indicate if you want a court hearing to extend the Temporary Order.

If you need relief not listed above, please list it here.

Date the Application.

Sign the Application.