

CONFIDENTIAL

**ORDER FOR PROTECTION OF CHILDREN INFORMATION
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and please 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.

APPLICANT DATA

Name: _____
(Last) (First) (Middle) Address _____
Mailing Address: (if different from above) _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Phone: Home: _____ Work: _____ Cell: _____

Name of Minor: _____
(Last) (First) (Middle) _____
Other Name Used By Minor: _____
(Last) (First) (Middle) _____
Additional Contact Person: _____ Phone: _____ Address: _____

ADVERSE PARTY DATA

Full Name: _____ Other Name Used: _____
(Last) (First) (Middle) (Last) (First) (Middle) _____
Relationship To Minor (if any): _____ Date of Birth ___/___/___ and/or Social Security No.: _____
(M) (D) (Y) _____
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 or No) _____ If not, what language? _____

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

(Circle one)

Are the Minor and the Adverse Party living together now? **Yes or No**
Are the Minor and the Adverse Party employed by the same employer? **Yes or No**
Is the Adverse Party likely to react violently when served? **Yes or No**
Is the Adverse Party likely to avoid service? **Yes or No**
Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? **Yes or No**
Does the Adverse Party have access to weapons? **Yes or No**
If yes, please describe type and location of weapon(s): _____
Does the Adverse Party's history include (please circle): assault, assaults w/weapon, battery, 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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