

CONFIDENTIAL

**DOMESTIC VIOLENCE PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you. Please print information clearly.

APPLICANT DATA

Name: _____
(Last) (First) (Middle) (Sex)

Address: _____

Mailing Address: _____
(If different from above)
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Phone Numbers Home: Work: Cell:

Other Name Used: _____
(Last) (First) (Middle)

Additional Contact Person: _____ Phone: _____ Address: _____

ADVERSE PARTY DATA

Full Name: _____ Other Name Used: _____
(Last) (First) (Middle) (Last) (First) (Middle)

Relationship To You: _____ Date of Birth ____/____/____ and/or Social Security No.: _____
(MM) (DD) (YYYY)

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 No If not, what language does he/she speak? _____

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

(Check one)

Are the Applicant and the Adverse Party living together now? Yes No

Are the Applicant and the Adverse Party employed by the same employer? Yes No

Is the Adverse Party likely to react violently when served? Yes No

Is the Adverse Party likely to avoid service? Yes No

Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? Yes No

Does the Adverse Party have access to weapons? Yes No

If yes, please describe type and location of weapon(s): _____

Does the Adverse Party's history include any violent behavior or crimes? Yes No

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.