

# DOMESTIC VIOLENCE ORDER FOR PROTECTION INFORMATION SHEET

Instructions to the Applicant: Please provide all information known to you in printed format. All requested information is necessary for service. Shaded areas ( ) are mandatory for entry into the statewide repository.

## APPLICANT DATA

List person(s) requesting order for protection:

Name	Date Of Birth	Race	Sex
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
(Last)	(M) (D) (Y)		
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
(First)			
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
(Middle)			

## 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.:

(M) (D) (Y)

Home Address:

(Street Address) (Building/Apartment #) (City) (County) (State)

Other Likely Address:

(Street Address) (Building/Apartment #) (City) (County) (State)

Occupation:  Employer:

Work Address:

(Street Address) (City) (County) (State)

Work Days:  Work Hours:

Hair Color:  Eye Color:  Height:  Weight:  Sex:  Race:

Scars/Marks/Tattoos Description and Location:

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

Additional Contact Person:  Phone:  Address:

Does the Adverse Party speak English?  If not, what language?

(Yes or No) (Circle one)

Are you and the Adverse Party living together now?

Yes or No

Are you 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 access to weapons?

Yes or No

Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit?

Yes or No

If yes, please describe type and location:

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, other?

<b>Do not write in this space. For court purposes only.</b>		
Issuing Court ORI: NV <input type="text"/>	Court Case Number: <input type="text"/>	Confidential Y/N <input type="text"/>

(1 copy attached to Service document.)

(1 copy with Order forwarded to Repository.)