

CONFIDENTIAL

**HARASSMENT IN THE WORKPLACE PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY EMPLOYER/APPLICANT)**

Instructions: Please provide all information known to you and 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.

EMPLOYER/APPLICANT DATA

Business Name: _____ AKA (if applicable): _____

Business Contact Person (Employer): _____

Nature of Business: _____

Business Address: _____

Business Phone: _____ Business Fax Number: _____

Business E-mail: _____

Authorized Agent for Employer: _____

Authorized Agent's Address: _____

Authorized Agent's Telephone Number: _____ Fax Number: _____

This business is a: Sole Proprietorship Partnership Corporation Other _____

(Please circle one)

Does this business have a prior relationship with the Adverse Party? (For example, is the Adverse Party a former employee/customer/neighbor business owner, etc.?) If yes, please describe the relationship: _____

ADVERSE PARTY DATA

Adverse Party's Full Name: _____

Other Name Used by Adverse Party: _____

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: _____ Date of Birth: _____

Occupation: _____ Employer: _____ Work Days: _____ Work Hours: _____

Work Phone: _____ Work Address: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Sex: M ___ F ___ Race: _____

Scars/Marks/Tattoos (Description and Location): _____

Does the Adverse Party speak English? _____ If not, what language? _____
(Yes or No)

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

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, 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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