Print Form

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/neighboring 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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