Print Form

CONFIDENTIAL

STALKING AND HARASSMENT PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY ADVERSE PARTY)

Instructions: Please provide all information and print legibly. The court requests this information in order to notify you about upcoming hearings or activity in your case.

ADVERSE PARTY DATA

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

Date of Birth: ____/____/___ and/or Social Security No.: _____
(M) (D) (Y)

Home Address: _____
(Street Address) (Building/Apartment #) (City) (State) (Zip Code)

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

Home Phone:_____ Cell Phone: _____

Occupation: _____ Employer: _____

Work Address: _____
(Street Address) (City) (State) (Zip Code)

Work Days: _____ Work Hours: _____ Work Phone:_____

Additional Contact Person:_____Phone:_____Address:_____

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

(Check one)

Are the Adverse Party and the Applicant living together now? ☐ **Yes** ☐ **No**
Are the Adverse Party and the Applicant employed by the same employer? ☐ **Yes** ☐ **No**

Do not write in this space. For court purposes only.
Issuing Court ORI: NV_____ Court Case Number: _____

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