Print Form

CONFIDENTIAL

STALKING AND HARASSMENT PROTECTION ORDER INFORMATION

(TO BE FILLED OUT BY 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.

APPLICANT DATA

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

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

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

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?_____ If not, what language? _____
(Yes or No)

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 (please circle): assault, assaults w/weapon, battery, 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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