

# **CONFIDENTIAL PROTECTION ORDER INFORMATION**

**Law Enforcement: Do not serve this sheet** with documents to be delivered.

**Applicant:** Print clearly all the information you know. This helps law enforcement locate and serve the Adverse Party.

## **YOUR INFORMATION**

Your Name: \_\_\_\_\_ ☐ M ☐ F ☐ O  
(OBO Minor Child) (First) (Middle) (Last)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_  
(MM) (DD) (YY)

Address: \_\_\_\_\_  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ I prefer to be notified of future court dates by ☐ email / ☐ mail

## **ADVERSE PARTY INFORMATION**

Name: \_\_\_\_\_ ☐ M ☐ F ☐ O  
(First) (Middle) (Last)

Other Name Used: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Race: \_\_\_\_\_  
(MM) (DD) (YY)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Is this address difficult to find? ☐ No ☐ Yes: explain: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different) (Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Other Likely Address: \_\_\_\_\_  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street Address) (Bldg/Apt#) (City) (State) (Zip Code)

Scars/Marks/Tattoos (Description and Location): \_\_\_\_\_

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

Do you live with Adverse Party now? ☐ Yes ☐ No

Have you ever lived with Adverse Party? ☐ Yes ☐ No

Does the Adverse Party speak English? ☐ Yes ☐ No: What language does he/she speak? \_\_\_\_\_

Do you work for the same employer? ☐ Yes ☐ No

Is the Adverse Party likely to act violently when served? ☐ Yes ☐ No

Is the Adverse Party likely to avoid service? ☐ Yes ☐ No

Does the Adverse Party have a 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 have a history of violent behavior or crimes? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Do not write in this space. For court purposes only.**

Issuing Court ORI: NV \_\_\_\_\_

Court Case Number: \_\_\_\_\_