JUSTICE COURT IN THE TOWNSHIP OF WASHOE COUNTY, NEVADA

Employer (print the name of the workplace or employer),	CASE NO.:
vs.	DEPT:
Adverse Party (print the name of the person you want protection from).	
	PROTECTION AGAINST THE WORKPLACE
The Temporary Order should be extended	for the following reasons:
	n order based on the same conduct that is listed r for Protection Against Harassment in the
\square No \square Yes (If yes, move to section	3.)
2. Subsequent or additional Threat/Haras Think about the threat or harassment that You are explaining to the judge why you th	occurred <u>after</u> you filed your last application.
Approximate date it happened:	
City / State / Location where it happened:	
Did the other person use or threaten to use any object that is used to cause or threaten DNO .	e a weapon? (a weapon can be a gun, a knife, or n physical harm)?
☐ Yes (describe what kind of weapon w	as used or threatened)
Did the police come? \square No \square Yes	
Was anyone arrested? \square No \square Yes: (who?)
Is the adverse party in jail? \square No \square	Yes

2011	not repeat details about past events.
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	Attach more pages if you need more room (2a, 2b, 2c).
	er conditions: Is there anything else you want the judge to know? Any other new litions you are asking for?
This 603	s document does not contain the personal information of any person as defined
I de	A.040. eclare under penalty of perjury under the law of the State of Nevada that is true and correct.
ΓED _	
	Submitted By: (your signature)
	(print your name)

VERIFICATION

I declare that I am the applicant in the above-entitled action; that I have read the foregoing application and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Submitted By:	(your signature)	
()	orint your name)	
·	•	
Attorney /Authorized Agent inform	ation:	
, E	Name	
	Address	
	City, State, Zip Code	County
	Telephone number	
	Email address	