

JUSTICE / MUNICIPAL CIVIL COURT COVER SHEET

Court

Case No.

(Assigned by Clerk's Office)

Interpreter Needed: ☐ No ☐ Yes

Language:

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):	Defendant(s) (name/address/phone):
E-mail Address:	E-mail Address:
Attorney (name/address/phone):	Attorney (name/address/phone):
Law Firm/Bar#	Law Firm/Bar#
E-mail Address:	E-mail Address:

II. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

Real Property	Torts	Protection Orders
Real Property <input type="checkbox"/> Landlord/Tenant (Summary Eviction) <input type="checkbox"/> Unlawful Detainer Complaint (Writs of Restitution) <input type="checkbox"/> Other Real Property	Negligence <input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence Other Torts <input type="checkbox"/> Intentional Misconduct <input type="checkbox"/> Other Torts	Protection Order <input type="checkbox"/> Request for Domestic Violence Protective Order <input type="checkbox"/> Request for Protection Order (Non-Domestic Violence) <input type="checkbox"/> Sexual Assault Related Protection Order- Extension Request <input type="checkbox"/> Request for Extended Domestic Violence Protective Order <input type="checkbox"/> Request for Extended Protective Order (Non-Domestic Violence)
Contract Case	Other Civil Filings	
Seller Plaintiff (Debt Collection) <input type="checkbox"/> Credit Card Collection <input type="checkbox"/> Payday Loan Collection <input type="checkbox"/> Debt Collection Agency <input type="checkbox"/> Other Debt Collection Other Contract Case <input type="checkbox"/> Contract Buyer Plaintiff <input type="checkbox"/> Other Contract Case	Other Civil Filing <input type="checkbox"/> Contested Liens Case <input type="checkbox"/> District Court Order to Seal Records <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Other Civil Matters	

Date

Signature of initiating party or representative

Civil Case Filing Types - Definitions:

Landlord/Tenant (Summary Eviction): A case for exclusion of a tenant for default of rent or other deficiency following as in NRS 40.253 and 40.254. These are eviction cases where a landlord cannot get a money judgment.

Unlawful Detainer Complaint (Writs of Restitution): A case involving a formal complaint alleging the occupant's right to possess a property has been terminated after the foreclosure or sale of a property. This category includes evictions of commercial tenants on any basis other than nonpayment of rent.

Other Real Property: A case involving disputes of real property that does not fit within the definitions of Landlord/Tenant or Unlawful Detainer Complaint.

Credit Card Collection: A debt collection case where the petitioner is a credit card company.

Payday Loan Collection: A debt collection case where the petitioner is a payday loan company.

Debt Collection Agency: A debt collection case where the petitioner is a debt collection agency.

Other Debt Collection: A debt collection case that does not fit within the definitions of any other debt collection case category. This category includes tax collection cases.

Contract Buyer Plaintiff: A contract case (expressed or implied) involving a buyer of goods or services alleging that a seller of goods or services has failed to either deliver said goods or services or honor a warranty.

Other Contract Case: A contract case (expressed or implied) that does not fit within the definitions of a Contract Buyer Plaintiff case.

Auto: A negligence case resulting from personal injury, property damage, or wrongful death arising out of a party's alleged negligent operation of a motor vehicle.

Premises Liability: A negligence case involving liability resulting from alleged negligence on property that results in damages or injuries to persons or property occupying said property.

Other Negligence: A negligence case that does not fit within the definitions of Auto negligence or Premises Liability.

Intentional Misconduct: A case involving issues of an alleged intentional misconduct. Examples include assault, battery, fraud, punitive damages, defamation, libel, and slander.

Other Torts: A case that does not fit within the definitions of any other negligence case type or Intentional Misconduct.

Contested Liens Case: A case that contests the validity of liens, or requests the enforcement of liens. Examples include the enforcement of mechanics' liens (NRS 108.239) and liens of owners of storage facilities, or to contest the validity of liens on mobile and manufactured homes.

District Court Order to Seal Records: An order from the District Court to the Justice or Municipal Court which directs the Justice or Municipal Court to seal their records. Original Petitions to Seal Records should be counted as "Other Civil Matters."

Petition to Seal Records: A case that involves a request to seal records of a previous court case or other matters under the courts jurisdiction. Orders by the district courts to seal records should select the District Court Order to Seal Records case type instead.

Other Civil Matters: A case that involves a matter that does not fit within the definitions of any other civil case category. This includes "Confessions of Judgment" and Petitions to Seal Records.

Request for Domestic Violence Protective Order: A protection order application for a temporary order for protection from a person who has committed or may commit an act of domestic violence (including battery). (Refer to NRS 33.020, 33.030, 33.080, 33.100, and 200.481.)

Request for Protection Order (Non-Domestic Violence): A protection order application for a temporary order for protection from a person who has or may commit an act of harassment, stalking, or threat to life not related to domestic violence or sexual assault.

Sexual Assault Protection Orders: A protection order application for an order for protection against a person who has or may commit an act related to sexual assault. (Refer to NRS 193.166 and 200.378).

Requests for Extended Domestic Violence Protective Orders: A protection order case involving a request for an extended order for protection against domestic violence (including battery). (Refer to NRS 33.020, 33.030, 33.080, 33.100, and 200.481.)

Requests for Extended Protective Orders (Non-Domestic Violence): A protection order case involving a request for an extended order for protection against harassment, stalking, or threat to life not related to domestic violence.

<hr/> Employer <i>(print the name of the workplace or employer),</i> vs. <hr/> Adverse Party <i>(print the name of the person you want protection from).</i>	CASE NO.: _____ DEPT: _____
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5. **Most Recent Threat/Harassment.**

*Think about the **most recent** threat or harassment. These questions ask about the most recent incident only.*

Approximate date it happened: _____

City / State / Location where it happened: _____

Did the other person use or threaten to use a weapon? (*a weapon can be a gun, a knife, or any object that is used to cause or threaten physical harm*)?

☐ No.

☐ Yes (*describe what kind of weapon was used or threatened*) _____

Did the police come? ☐ No ☐ Yes

Was anyone arrested? ☐ No ☐ Yes: (*who?*) _____

Is the adverse party in jail? ☐ No ☐ Yes

What Happened? *Explain the **most recent** event and describe any injuries. You can list past events on the next page.*

Attach more pages if you need more room (2a, 2b, 2c).

6. **Past Threats / Harassment.**

Think about any other times the person you want protection from threatened or harassed you and/or other employees. The following questions ask about any past incidents that may have happened.

Have there been threats of violence in the past?

☐ No (*skip to the next page*)

☐ Yes (*complete the sections on this page*)

Approximate Date: _____

What Happened: _____

Approximate Date: _____

What Happened: _____

Approximate Date: _____

What Happened: _____

Attach more pages if you need more room (3a, 3b, 3c).

7. **Locations that need protecting.**

☐ **Workplace.** The workplace where protection is needed is primarily located at the following address.

Employer/Location Name

Address

City, State, Zip Code

County

☐ **Additional Workplace Locations.** List the specific locations that employees might need protection, such as other branches of the workplace or places where employees perform their duties:

Location Name

Address

City, State, Zip Code

County

Location Name

Address

City, State, Zip Code

County

☐ **Other Places.** The adverse party should stay away from the following places.

Location Name

Why?

Address

City, State, Zip Code

County

Location Name

Why?

Address

City, State, Zip Code

County

8. **Have you given the adverse party notice that you are filing this?** (☒ *check one and answer the questions that follow.*)

☐ Yes. On the following date, _____, I gave notice (☒ *check one or more*):

☐ in person ☐ via email ☐ via telephone ☐ via mail ☐ other: _____

☐ No. *In order for the judge to grant this without notice, you have to show that giving notice might cause irreparable, loss, or damage to the employer or employees. Explain why you should be allowed to skip the notice step.*

If you tried to give notice, but were not able to, explain what efforts you made and any facts that support why you should not have to give notice.

9. **Firearms / Guns.** Does the adverse party own a gun or have a gun in his/her possession or control? ☐ No ☐ Yes ☐ I don't know

10. **Other Information:** Is there anything else you want the judge to know? Any other conditions you are asking for?

11. **Exhibits:** You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. Note: the adverse party will be able to see all the exhibits you attach. What exhibits are you attaching?

12. **Protections Requested.** I request that an Order for Protection Against Harassment in the Workplace be issued against the Adverse Party so that the Adverse Party will be prohibited from contacting, intimidating, threatening, or otherwise interfering with the employer's business and/or its employees and/or any person present at the workplace, and that the Adverse Party will be ordered to stay away from the employer's workplace. I also request that the Court prohibit the Adverse Party from violating this Order via e-mail, correspondence, telephone, or by an agent.

13. **Length of Protection Order.**

This is a 15-day order, do you need an extended order? ☐ No ☐ Yes

If yes, you need to apply before the end of the 15th day.

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

DATED _____, 20____.

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*) _____
(*print your name*) _____

Attorney /Authorized Agent information:_____

Name

Address

City, State, Zip Code

County

Telephone number

Email address

WASHOE COUNTY SHERIFF'S OFFICE

CIVIL SECTION



INSTRUCTIONS FOR SERVICE PLEASE FILL OUT COMPLETELY

What Type of Paper is Being Served? <input type="checkbox"/> Protection Order <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Summons & Complaint <input type="checkbox"/> Subpoena <input type="checkbox"/> Other: _____							
Name of Person Being Served Name: _____ Last First Middle							Alias
Date of Birth	SS#	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color
Last Known Address Street: _____ City _____ State: _____ Zip: _____				Phone(s) w/Area Code		Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	
Employer Name		Employer Address Street: _____ City _____ State: _____ Zip: _____				WORK Hours: _____ Phone: _____	
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Driver's License Number			State
Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (continue on back if needed)							
Hazard Information - Restrained Person's History Includes: <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Deadly Weapons <input type="checkbox"/> Alcohol/Drug Abuse <input type="checkbox"/> Other: _____				Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Other _____ Location of Weapons: <input type="checkbox"/> Vehicle <input type="checkbox"/> on Person <input type="checkbox"/> Residence Describe in detail: _____			
Plaintiff / Applicant Information Name: _____ Last First Middle							
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	
If your information <i>is not confidential</i> , you must enter your address and phone number(s)							
Current Address Street: _____ City _____ State: _____ Zip: _____				Phone(s) w/Area Code		Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	
If your information <i>is confidential</i> , you must provide the name, address and phone number of someone willing to be your "contact."							
Contact Name	Contact Address Street: _____ City _____ State: _____ Zip: _____				Contact Phone		

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: _____