

Case No. _____
Dept. No. _____

**IN THE JUSTICE COURT OF _____ TOWNSHIP
COUNTY OF _____, STATE OF NEVADA**

_____)
Applicant,)
vs.)
_____)
Adverse Party.)
_____)

**APPLICATION FOR ORDER FOR
PROTECTION AGAINST STALKING,
AGGRAVATED STALKING,
OR HARASSMENT (NRS 200.591)**

STALKING - A person commits the crime of stalking when, without lawful authorization, that person willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes the victim to feel terrorized, frightened, intimidated or harassed. (NRS 200.575 (1))

AGGRAVATED STALKING - A person commits the crime of aggravated stalking when that person commits the crime of stalking and, in conjunction therewith, threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial bodily harm. (NRS 200.575 (2))

HARASSMENT - A person commits the crime of harassment when (a) that person, without lawful authority, knowingly threatens: (1) to cause bodily injury in the future to the person threatened or to any other person; (2) to cause physical damage to the property of another person; (3) to subject the person threatened or any other person to physical confinement or restraint; or (4) to do any act which is intended to substantially harm the person threatened or any other person with respect to his physical or mental health or safety; and (b) the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. (NRS 200.571)

(PLEASE TYPE OR PRINT CLEARLY)

I am applying for protection (check all that apply):

For Myself On behalf of another person(s)

Applicant states the following facts under penalty of perjury:

I reasonably believe that the Adverse Party has committed and/or is committing the crime of stalking, aggravated stalking or harassment as defined above. The acts occurred as follows:

PLEASE TYPE OR PRINT CLEARLY

(NOTE: BE SPECIFIC AS TO WHO COMMITTED WHAT ACT OR ACTS, AGAINST WHOM, WHEN, WHERE, WHETHER COMMITTED OR THREATENED; INDICATE APPROXIMATE DATE(S) AND LOCATION(S).)

THIS FORM IS A PUBLIC RECORD

**NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES;
CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.**

Check if you use continuation page (to be incorporated by reference)

This matter does not have to be reported to law enforcement; however, has a report ever been filed? Yes No

If yes, approximate date(s):

Name of law enforcement agency:

Case/Event number if known:

(NOTE: IT IS NOT NECESSARY TO FILE A LAW ENFORCEMENT REPORT, BUT IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT TO THE COURT HEARING.)

Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.

1. a) Applicant's Name Age

(Last) (First) (Middle)

b) Provide names below of those for whom you are seeking protection, including yourself, minors or household members that need this protection. Indicate the relationships of all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend, roommate, neighbor, relative, acquaintance, co-worker, stranger):

NAME	AGE	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ADVERSE PARTY
		Self	

(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)

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2. Have you and the Adverse Party ever lived together? Yes No

If so, for how long? _____

3. Are you living together now? Yes No

4. Date of separation (if applicable): _____

5. Are there children involved? Yes No If so, how are they involved?

6. Has the Adverse Party ever been involved in any other relevant court actions (e.g.,
eviction, divorce, custody, protection order, etc.)?

Yes No If yes, please explain: _____

7. Residence(s) where protection is needed:

CONFIDENTIAL (*If confidential, check and move to the next item*) or,

If not confidential, list address, city, state and zip code:

8. Place(s) of employment where protection is needed:

CONFIDENTIAL, (*If confidential, check and move to the next item*): or,

If not confidential, list name, address, city, state and zip code:

1 9. Location of school(s) where protection is needed:

2 CONFIDENTIAL, (*If confidential, check and move to the next item*) or,

3 If not confidential, list name, address, city, state and zip code:

4 _____
5 _____

6 10. Other specific locations frequented where protection is needed:

7 CONFIDENTIAL (*If confidential, check and move to the next item*) or,

8 If not confidential, list name, address, city, state and zip code:

9 _____
10 _____

11 11. If there are persons other than those listed on page 3 that the Adverse Party should be
12 directed not to contact, please name the individuals and explain why these precautions are
13 needed:

14 _____
15 _____
16 _____

17 12. If there are any other safety concerns that the court should know (e.g., firearms, etc.),
18 please briefly explain:

19 _____
20 _____
21 _____

22 **RELIEF REQUESTED**

23 **THEREFORE, I REQUEST** that a Temporary Order be issued against the Adverse
24 Party requiring the Adverse Party to refrain from contacting, intimidating, threatening or
25 otherwise interfering with me and/or other persons identified in this application, either directly or
through an agent.

