JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

Name: _____) CASE NO.: _____
) DEPT. NO.: _____
Applicant(s),)
)
-vs-)
)
Name: _____)
) **CONFIDENTIAL PROTECTION ORDER**
_____ Adverse Party(s). _____) **INFORMATION SHEET**

APPLICANT INFORMATION

1. Name: _____
(Last) (First) (Middle)

2. Other Names Used: _____
(Last) (First) (Middle)

3. Phone: _____
(Home) (Work) (Cell)

4. Home Address: _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip)

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

6. Date of Birth: ___/___/_____ **7. Sex:**_____

ADVERSE PARTY INFORMATION

(Please complete a separate Confidential Protection Order Information Sheet for each Adverse Party)

1. Name: _____
(Last) (First) (Middle)

2. Other Names Used: _____
(Last) (First) (Middle)

3. Phone: _____
(Home) (Work) (Cell)

4. Last Known Address: _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip)

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

6. Occupation:_____ **Employer:**_____ **Work Days:** _____ **Work Hours:**_____
Work Phone:_____ **Work Address:**_____

7. Date of Birth: ___/___/_____ **8. Social Security No.:** ___-___-_____

9. Hair Color:_____ **10. Eye Color:**____ **11. Height:** _____ **12. Weight:**_____ **13. Sex:**____ **14. Race:**___

16. Scars/Marks/Tattoos (*Provide a Description and Location*): _____

15. Does the Adverse Party speak English? ☐ YES ☐ NO **If not, what language?**_____

16. Vehicle Make: _____ **Model:** _____ **Year:** _____ **License Plate Number/State:** _____

_____ _____ _____
(Date) **(Type Or Print Name)** **(Signature)**