

**\*CONFIDENTIAL \***

**ORDER FOR PROTECTION OF CHILDREN INFORMATION  
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and please print legibly. All requested information is helpful for service, even if the information is only partially known.

**APPLICANT DATA**

Name:

\_\_\_\_\_  
(Last) (First) (Middle)

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

Name of Minor:

\_\_\_\_\_  
(Last) (First) (Middle)

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

Additional Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**ADVERSE PARTY DATA**

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

Relationship To Minor (if any): \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ and/or Social Security No.: \_\_\_\_\_  
(M) (D) (Y)

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

Is this address difficult to find?  No  Yes If yes, please explain \_\_\_\_\_

Mailing Address:

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

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

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

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

Does the Adverse Party speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_  
(Yes or No)

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

Are the Minor and the Adverse Party living together now? **(Circle one)** Yes or No

Are the Minor and the Adverse Party employed by the same employer? Yes or No

Is the Adverse Party likely to react violently when served? Yes or No

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

Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? Yes or No

Does the Adverse Party have access to weapons? Yes or No

If yes, please describe type and location of weapon(s): \_\_\_\_\_

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? Explain: \_\_\_\_\_

**Do not write in this space. For court purposes only.**  
Issuing Court ORI: NV \_\_\_\_\_ Court Case Number: \_\_\_\_\_

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

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