

1 **APPO**

2
3 **DISTRICT COURT,**
4 **FAMILY DIVISION,**
5 **CLARK COUNTY, NEVADA**

6 _____,
7 **Applicant,** **Case No. T** _____
8 **vs.**

9 _____,
10 **Adverse Party.**

11 **APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION**
12 **AGAINST DOMESTIC VIOLENCE**

13 Applicant states the following facts under penalty of perjury:

14 Applicant Date of Birth: _____ Adverse Party Date of Birth: _____

15 1. My relationship to the Adverse Party is (for example, current/former husband, current/former wife,
16 current/former boyfriend, current/former girlfriend, father, mother ,brother, sister, etc.):

- 17 Length of relationship: _____.
- 18 Have you ever lived together? Yes or No _____. If so, how long? _____.
- 19 Are you living together now? Yes or No _____.
- 20 Date of Separation: _____.
- 21 We have child(ren) **TOGETHER:** Yes or No _____. If yes, where and with whom are these
22 child(ren) living? _____.

23 2. My address is: CONFIDENTIAL, (If confidential do not write address here)
24 or, if not confidential list _____
25 City _____ County _____ State _____ Zip Code _____
26 Phone _____.

27 I own rent this residence. Lease/title is held in all the following name(s):

I have been living in this residence for _____.

28 3. Adverse Party's address is: _____
City _____ County _____ State _____ Zip Code _____
Phone: _____.
Adverse Party has been living in this residence for _____.

1 4. My employment is: CONFIDENTIAL, (If confidential do not write address here)
 2 or, if not confidential, state place of employment _____
 3 Address: _____
 4 City _____ County _____ State _____ Zip Code _____
 5 Phone _____

6 5. Adverse Party's employment is: _____
 7 Address: _____
 8 City _____ County _____ State _____ Zip Code _____
 9 Phone _____

10 6. (a) The name(s) and dates of birth of minor child(ren) who I am the parent of, or who live in my
 11 home, are as follows:

NAME(first and last)	Date of Birth	APPLICANT'S CHILD (YES/NO)	ADVERSE PARTY'S CHILD (YES/NO)	WHO CHILD LIVES WITH
1.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	

17 (b) Have you or the Adverse Party ever been awarded custody of the minor child(ren) that you have in
 18 common by Court order? Yes No

19 Who was awarded custody? Applicant Adverse Party

20 By what Court? _____ Case No. _____
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7. Please check the appropriate box, IF YOU or the ADVERSE PARTY has ever filed a case in any Court for
 Divorce, Custody, Paternity, Child Support, Guardianship, Order for Protection,
 Stalking/Harassment Order. Please indicate when and where the case was filed, and list the case numbers. _____

8. Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year? Yes No. Is CPS currently involved with this family? Yes No.
If yes to the question, give details, including the caseworker's name: _____

9. I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.
 My child(ren) have been or are in danger of being a victim of domestic violence committed by the Adverse Party.

1 In the following space, state the facts which support your application. Be as specific as you
2 can, starting with the most recent incident. Include the approximate dates of domestic
3 violence, how long it has gone on, and whether law enforcement or medical personnel have
4 been involved.

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Please do not write on the backs of any pages.

1 10. Have YOU ever been arrested or charged with domestic violence, or any other crime committed against
2 your spouse, partner, or child(ren)? Yes No. If yes, WHEN and where? _____
3 _____

4 11. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence,
5 or any other crime committed against his/her spouse, partner, or child(ren)? Yes No. If yes, WHEN
6 and where? _____
7 _____

8 12. An emergency exists, and I need a TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC
9 VIOLENCE issued immediately without notice to the Adverse Party to avoid irreparable injury or
10 harm. I request that it include the following relief (please check all the choices that apply to you):

11 (a) Prohibit the Adverse Party, either directly or through an agent, from threatening,
12 physically injuring or harassing me and/or my minor child(ren).

13 (b) Prohibit the Adverse Party from any contact with me whatsoever.

14 (c) Exclude the Adverse Party from my residence and order the Adverse Party to stay at
15 least 100 yards away from my residence.

16 (d) Obtain law enforcement assistance to accompany me to the following residence,
17 _____, or to accompany the Adverse Party,
18 _____ to obtain
19 personal property.

20 (e) Grant temporary custody of the minor child(ren) to me.

21 (f) Order that custody, visitation, and support of the minor child(ren) remain as ordered
22 in the Decree of Divorce/Order entered in Case Number _____ in the
23 _____ Judicial District Court of the State of _____.

24 (g) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s
25 school, or day care, located at CONFIDENTIAL, (If confidential do not write address
26 here) or, if not confidential list 1. _____ Address:
27 _____

28 City _____ County _____ State _____ Zip Code _____

2. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

1 (h) Order the Adverse Party to stay at least 100 yards away from my place of
2 employment.

3 (i) Order the Adverse Party to stay at least 100 yards away from places which I or my
4 minor child(ren) frequent regularly: CONFIDENTIAL, (If confidential do not write
5 address here) or, if not confidential list 1. _____

6 Address: _____

7 City _____ County _____ State ____ Zip Code _____

8 2. _____

9 Address: _____

10 City _____ County _____ State ____ Zip Code _____

11 3. _____

12 Address: _____

13 City _____ County _____ State ____ Zip Code _____

14 (j) I further request the following other conditions: _____

15 _____

16 _____

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18 _____

19 ***IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER***
20 ***FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION***

21 13. I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST
22 DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court
23 issue an Extended Order for Protection Against Domestic Violence and that it include the
24 following relief (please check all the choices that apply to you):

25 (a) Prohibit the Adverse Party, either directly or through an agent, from threatening,
26 physically injuring or harassing me and/or my minor child(ren)

27 (b) Prohibit the Adverse Party from any contact with me whatsoever.

28 (c) Exclude the Adverse Party from my residence and order the Adverse Party to stay at
least 100 yards away from my residence.

(d) Grant temporary custody of the minor child(ren) to me.

(e) Grant the Adverse Party visitation with the minor child(ren).

(f) Order the Adverse Party to pay support and maintenance of the minor child(ren).
(You may be required to file an affidavit of financial condition prior to the hearing.)

(g) Order the Adverse Party to pay the rent or make payments on a mortgage or pay
towards my support and maintenance.

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(h) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ In the _____ Court of the State of _____.

(i) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: CONFIDENTIAL, (If confidential, do not write address here) or, if not confidential list 1. _____ Address:

_____ City _____
_____ County _____ State _____ Zip Code _____

2. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

(j) Order the Adverse Party to stay at least 100 yards away from my place of employment.

(k) Order the Adverse Party to stay at least 100 yards away from places which I or my minor child(ren) frequent regularly: CONFIDENTIAL, (If confidential do not write address here) or, if not confidential list 1. _____ Address:

_____ City _____
_____ County _____ State _____ Zip Code _____

2. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____
Address: _____

City _____ County _____ State _____ Zip Code _____

(l) I further request the following other conditions: _____

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I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA
THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE
CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT

DATED _____.

Signature of Applicant

Applicant's Name (Please Print)

SUBSCRIBED and SWORN before me

this _____ day of _____, _____.

NOTARY PUBLIC

Application taken by _____

**District Court
Clark County, Nevada
FAMILY COURT COVER SHEET**

CASE NO. _____
(To be assigned by the Clerk's Office)

PARTY INFORMATION (Please Print)

Plaintiff/Petitioner	Defendant/Respondent/Co-Petitioner
Name:	Name:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone No:	Phone No:
Social Security #:	Social Security #:
Attorney Information	Attorney Information
Name: Bar No:	Name: Bar No:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone No:	Phone No:

DOMESTIC FILINGS (Check one box only for the type of case being filed with this cover sheet)

DOMESTIC	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP
MARRIAGE DISSOLUTION <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Adoption <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Support/Custody Case <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA <input type="checkbox"/> Other (identify) _____	Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <input type="checkbox"/> Guardianship Trust

Children involved in this case (If more than 4 children, please enter the information on the reverse side)

Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:

Printed Name of Preparer

Signature of Preparer/Date

Do you or any other party to this action (including minor children) have any other current case(s) or past case(s) in the Family Court or Juvenile Court in Clark County?

YES NO

If Yes, complete the other side of this form.



Supply the following information about any other proceeding(s): Check all that apply:

- Divorce
 Temporary Protective Orders (TPO)
 Custody/Child Support
 UIFSA/URESAs
 Paternity
 Juvenile Court
 Other

Please Print

Full name(s) of adult parties involved:	Case number of other proceeding(s)	Approximate date of last order in other proceedings
1.		
2.		
3.		
4.		

If children were involved (other than those listed on front page), please provide:

Name:	DOB:	SS#:	Relationship:

Children involved in this case (continuation from front page)

Name:	DOB:	SS#:

THIS INFORMATION IS REQUIRED BY
NRS 3.025, NRS 3.223, NRS 3.227, NRS 3.275,
NRS 125.130, NRS 125.230,
and will be kept in a confidential manner by the Clerk's Office.