

COURT CODE: 1255

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Self-Represented Litigant

IN THE FAMILY DIVISION  
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF WASHOE

\_\_\_\_\_

Applicant (*print your name above*),

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

vs.

\_\_\_\_\_

Adverse Party (*print the name of the person you want protection from above*).

**APPLICATION FOR PROTECTION ORDER AGAINST DOMESTIC VIOLENCE**

**1. Your information.** (*you are the "Applicant"*)

Your name: \_\_\_\_\_  
*(first)* *(middle)* *(last)*

Interpreter Needed?  No  Yes: (*language?*) \_\_\_\_\_

**2. Who do you want protection from?** (*this person is the "Adverse Party"*)

Name: \_\_\_\_\_  
*(first)* *(middle)* *(last)*

Is this person currently in jail or prison?  No  Yes: (*where?*) \_\_\_\_\_

**3. Who needs protection?** ( *check one or both*)

Me.

The minor child(ren) below. (*fill out the chart below and a UCCJEA Declaration, available at <http://selfhelp.nvcourts.gov/>*)

Child's Name	Date of Birth	Parents
		Parent 1: _____ Parent 2: _____
		Parent 1: _____ Parent 2: _____

		Parent 1: _____ Parent 2: _____
		Parent 1: _____ Parent 2: _____

4. **Why do you need protection from the person named above?** ( check all that apply)

- The adverse party committed an act of domestic violence against me or has threatened to commit an act of domestic violence against me.
- The adverse party committed an act of domestic violence against a minor child or has threatened to commit an act of domestic violence against the child.  
I am the child's  parent or  legal guardian.

5. **How are you related to the person you want protection from?** ( check all that apply)

*You must be a current/former intimate partner, or be related by blood, adoption, or marriage, or be the parent or guardian of the adverse party's child to apply for a domestic violence protection order.*

*\*Do not use this form if you want protection from an adult sibling or an adult cousin. Adult siblings and cousins do not qualify to get a domestic violence protection order. You may be able to apply for a different kind of protection order.*

- We are married or used to be married.
- We are dating or used to date.
- We have children together.
- Other: The adverse party is my (specify relationship): \_\_\_\_\_.

6. **Are there any other court cases that involve you and the adverse party?**

- No.
- Yes. If you know, list the case type, county, state, and case number:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. **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

*If you request an extended order, there will be a hearing where the judge may order the other person to surrender, sell, or transfer any firearm, and may prohibit the other person from having a gun. If the other person needs a gun for work, he / she may be allowed to possess a firearm while on duty. This will be discussed at the hearing for an extended order.*





10. **Temporary Protections Requested.** ( *check all that apply*)

***Do not list any confidential addresses.  
The other person will get a copy of this application and will see any  
addresses you write down.***

**Prohibited Activities.** The adverse party should not threaten, physically injure, or harass me and/or the minor child(ren), either directly or through someone acting on his/her behalf.

**Contact with You.** The adverse party should:

Not contact me at all, either in person, by phone/text, by email, or through social media.

Contact me to discuss parenting issues only by:  text  email  
 phone calls  in writing  other: \_\_\_\_\_

**Contact with Children.** The adverse party should:

Not contact the minor children at all, either in person, by phone/text, by email, or through social media.

Contact the children by:  text  email  phone calls  in writing  
 other: \_\_\_\_\_

**Current Residence.** The adverse party should stay away from my current residence.

Do you and the adverse party live together?  No  Yes

If yes, whose name is listed on the lease/title? \_\_\_\_\_

If yes, when did you start living together? \_\_\_\_\_

Does the adverse party know where you live?  No  Yes

If no, is your address confidential?  No  Yes (*don't list your address*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
County

This is a:  temporary address  permanent address

Do you and the adverse party live in the same complex/property/trailer park?

No. Should the Adverse Party stay away from the entire complex / property / trailer park?  No  Yes

Yes. Explain the distance and need for protection in that complex / property / trailer park: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal Belongings.**

I need to get my belongings. I want law enforcement to come with me to the adverse party's residence so I can pick up my belongings. The address I need to go to is (*list street address, apartment number, city, state, zip*):

The other person needs to get their belongings. Law enforcement should come with the adverse party to my residence to pick up their belongings.

**Work.** The adverse party should stay away from my workplace.

Do you and the adverse party work at the same place?  No  Yes

Is your work address confidential?  No  Yes (*do not write details below*)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

\_\_\_\_\_  
City, State, Zip Code                      County

**School / Day Care.** The adverse party should stay away from my school and/or the child(ren)'s school/day care.

Is the school address confidential?  No  Yes (*do not write details below*)

\_\_\_\_\_  
School/Day Care Name

\_\_\_\_\_  
School/Day Care Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

\_\_\_\_\_  
City, State, Zip Code                      County

**Other Places.** The adverse party should stay away from the following places that I and/or the minor child(ren) go to regularly.

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Location Name

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Why?

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code                      County

\_\_\_\_\_  
City, State, Zip Code                      County

- Children / Custody Orders.** I want temporary custody of the child(ren).  
*\*you must complete a UCCJEA Declaration to give more information\**
  - The adverse party should not have visitation at this time.
  - The adverse party should have visitation with the child(ren) as follows:  
\_\_\_\_\_.
  - We already have a custody/visitation order that we should keep following.  
The order is from case (*case number*) \_\_\_\_\_. It was issued  
in (*county*) \_\_\_\_\_ County in the State of \_\_\_\_\_.
- Pets or Animals – Safety.** The adverse party should be ordered not to threaten, physically injure or harass any pets/animals kept by me, the children, or the adverse party, either directly or through someone acting on his/her behalf.
- Pets or Animals – Possession.** I want to keep the pets/animals. The adverse party should be prohibited from taking the pets/animals either directly or through someone acting on his/her behalf.

**About Extended Protection Orders:**

*This application automatically asks the judge to issue up to a 45 day temporary protection order without notifying the other person first. You will get a decision within 1 business day.*

***You can also ask for an extended order that could last for up to 2 years.**  
If you do, the judge will set a hearing. You and the other person will have to appear in court and explain your side before the judge can extend the protection order.*

**11. Length of Protection Order.**

- I want an order up to 45-days only.** Stop here and sign the next page.
- I want an order up to 45-days PLUS an extended order that could last up to 2 years.** The extended order should require the adverse party to do the following in addition to the temporary requests I already asked for:  
*\*You may have to fill out and file a financial form if you want the judge to grant you any kind of financial support.*
  - \*Pay rent or mortgage payments for my place of residence.
  - \*Pay emergency household support for me.
  - \*Pay child support for the minor child(ren) we have together.
  - \*Pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this application.
  - \*Pay any costs and fees I have spent in pursuing this case.

- The judge should make the following long-term arrangement for the pets/animals owned by myself, the child(ren), and/or the adverse party (*describe the pets/animals involved and who should take care of the pets/animals while an extended order is in effect*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 12. **UCCJEA Declaration.** If you want the judge to grant you temporary custody of a child, fill out a UCCJEA Declaration and file it with this application.
- 13. You may attach documents, pictures, or anything else that you would like the judge to look at and consider when reviewing your application. The Adverse Party will receive a copy of all documents/evidence you provide.

**Describe what you are attaching:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 14. 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*) \_\_\_\_\_