

**\*CONFIDENTIAL\***

**DOMESTIC VIOLENCE PROTECTION ORDER INFORMATION  
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you. Please print information clearly.

**APPLICANT DATA**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Sex)

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

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

**Phone Numbers Home: Work: Cell:**

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

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

**ADVERSE PARTY DATA**

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

Relationship To You: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ and/or Social Security No.: \_\_\_\_\_  
(MM) (DD) (YYYY)

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?  Yes  No If not, what language does he/she speak? \_\_\_\_\_

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

**(Check one)**

Are the Applicant and the Adverse Party living together now?  Yes  No

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

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

Is the Adverse Party likely to avoid service?  Yes  No

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

Does the Adverse Party have access to weapons?  Yes  No

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

Does the Adverse Party's history include any violent behavior or crimes?  Yes  No

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.