

**\*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.