

DOMESTIC VIOLENCE ORDER FOR PROTECTION INFORMATION SHEET

Instructions to the Applicant: Please provide all information known to you in printed format. All requested information is necessary for service. Shaded areas () are mandatory for entry into the statewide repository.

APPLICANT DATA

List person(s) requesting order for protection:

| | | | | | |
|--------|---------|----------|----------------|-------|-------|
| Name | | | Date Of Birth | Race | Sex |
| _____ | _____ | _____ | ____/____/____ | _____ | _____ |
| (Last) | (First) | (Middle) | (M) (D) (Y) | | |
| _____ | | | ____/____/____ | _____ | _____ |

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.: _____
 (M) (D) (Y)

Home Address: _____
 (Street Address) (Building/Apartment #) (City) (County) (State)

Other Likely Address: _____
 (Street Address) (Building/Apartment #) (City) (County) (State)

Occupation: _____ Employer: _____

Work Address: _____
 (Street Address) (City) (County) (State)

Work Days: _____ Work Hours: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Sex _____ Race: _____

Scars/Marks/Tattoos Description and Location: _____

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

Additional Contact Person: _____ Phone: _____ Address: _____

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

| | |
|---|---|
| Are you and the Adverse Party living together now? | (Circle one) <u>Yes or No</u> |
| Are you and the Adverse Party employed by the same employer? | <u>Yes or No</u> |
| Is the Adverse Party likely to react violently when served? | <u>Yes or No</u> |
| Is the Adverse Party likely to avoid service? | <u>Yes or No</u> |
| Does the Adverse Party have access to weapons? | <u>Yes or No</u> |
| Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? | <u>Yes or No</u> |

If yes, please describe type and location: _____

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

| | | |
|---|--------------------------|------------------------|
| Do not write in this space. For court purposes only. | | |
| Issuing Court ORI: NV _____ | Court Case Number: _____ | Confidential Y/N _____ |

(1 copy attached to Service document.)

(1 copy with Order forwarded to Repository.)