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| Dept | No<br>, No                            |                           |  |
|------|---------------------------------------|---------------------------|--|
|      | IN THE JUST                           | FICE COURT OF NEW         | RIVER TOWNSHIP   |
|      | COUNTY                                | OF <u>CHURCHILL</u> , STA | ΓΕ OF NEVADA   |
|      |                                       |                           |  |
|      | Applica                               | nt,                       |  |
|      | vs.                                   | E                         | APPLICATION FOR A TEMPORARY AND/OR<br>EXTENDED ORDER FOR PROTECTION<br>AGAINST DOMESTIC VIOLENCE |
| -,.  | Adverse Par                           | <del>,</del>              |  |
|      |                                       |                           |  |
|      |                                       |                           | black or dark blue ink.<br>t of your knowledge.  |
| App  | licant states the following facts und | der penalty of perjury:   |  |
| 1.   | Applicant's Date of Birth:            | Adverse F                 | Party's Date of Birth:   |
|      | Relationship: I am the                | (for exa                  | mple, wife, ex-husband, girlfriend, father,  |
|      | sister, etc.) of the Adverse Party    | y.                        |  |
|      | (a) Length of relationship:           |                           | ·  |
|      | (b) Have you ever lived tog           | ether? Yes No             | If so, how long?   |
|      | (c) Are you living together           | now? Yes 🗌 No 🗀           | ]  |
|      | (d) Date of Separation:               |                           | ·  |
|      | (e) We have child(ren) <b>TO</b>      | GETHER: Yes ☐ or          | No If yes, where and with whom are   |
|      | these child(ren) living?              |                           |  |
| 2.   | My address is:   CONFIDEN             | TIAL. (If confidentia     | l, do not write address here)  |
|      | If address is not confidentia         | al, write below:          |  |
|      | Address                               |                           |  |
|      |                                       |                           | Zip Code   |
|      | I own rent this residence             | e. Lease/title is held i  | n all the following name(s):   |
|      |                                       |                           |  |
|      |                                       | in this residence?        | ·  |
|      | Adverse Party's address is:           |                           |  |
|      | Address                               |                           |  |
|      | City                                  | State                     | Zip Code   |

|                | If not confidential, state place(s) of employment:  |                   |  |  |                       |  |  |  |  |
|----------------|---|-------------------|--|--|-----------------------|--|--|--|--|
|                | Name of employer  |                   |  |  |                       |  |  |  |  |
|                | Address:         Phone           City         County         State                              |                   |  |  |                       |  |  |  |  |
|                | City  |                   | County   | State  |                       |  |  |  |  |
|                | Name of employer  |                   |  |  |                       |  |  |  |  |
|                | Address:  |                   |  |  |                       |  |  |  |  |
|                | City  |                   | County   | State  |                       |  |  |  |  |
| 5.             | Advova Postvia omelovos i   | g.                |  |  |                       |  |  |  |  |
| ٥.             | Adverse Party's employer is Address:  |                   |  |  |                       |  |  |  |  |
|                | City  |                   |  |  |                       |  |  |  |  |
|                | (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed |                   |  |  |                       |  |  |  |  |
|                | (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed |                   |  |  |                       |  |  |  |  |
| 6.             |   |                   |  | whom I am the parent,  | appointed             |  |  |  |  |
|                | guardian, or who live in my   | home, are         | as follows:  |  |                       |  |  |  |  |
|                |   | home, are         | as follows:  APPLICANT'S                                     | ADVERSE  | WHO                   |  |  |  |  |
|                | guardian, or who live in my   | home, are         | as follows:  |  | WHO<br>CHILD          |  |  |  |  |
|                | guardian, or who live in my   | home, are DATE OF | as follows:  APPLICANT'S CHILD (Yes/No)  CIRICLE ONE         | ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE                     | WHO<br>CHILD<br>LIVES |  |  |  |  |
| NA             | guardian, or who live in my   | home, are DATE OF | as follows:  APPLICANT'S CHILD (Yes/No)                      | ADVERSE<br>PARTY'S<br>CHILD (Yes/No)                           | WHO<br>CHILD<br>LIVES |  |  |  |  |
| NA             | guardian, or who live in my   | home, are DATE OF | as follows:  APPLICANT'S CHILD (Yes/No)  CIRICLE ONE         | ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE                     | WHO<br>CHILD<br>LIVES |  |  |  |  |
| NA             | guardian, or who live in my   | home, are DATE OF | APPLICANT'S CHILD (Yes/No) CIRICLE ONE YES or NO             | ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE YES or NO           | WHO<br>CHILD<br>LIVES |  |  |  |  |
| 1.<br>2.       | guardian, or who live in my   | home, are DATE OF | APPLICANT'S CHILD (Yes/No)  CIRICLE ONE YES or NO  YES or NO | ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE YES or NO YES or NO | WHO<br>CHILD<br>LIVES |  |  |  |  |
| 1.<br>2.<br>3. | guardian, or who live in my   | home, are DATE OF | APPLICANT'S CHILD (Yes/No)  CIRICLE ONE YES or NO  YES or NO | ADVERSE PARTY'S CHILD (Yes/No) CIRICLE ONE YES or NO YES or NO |                       |  |  |  |  |

| -1- | <u> </u> |   |
|-----|----------|---|
| 2   | 7.       | Please check the appropriate box, IF YOU or the ADVERSE PARTY have ever filed a case in                           |
| 3   | <u> </u> | any court for a Divorce, Custody, Paternity, Child Support, Guardianship,   |
| 4   |          | Order for Protection Against Domestic Violence, or Stalking/Harassment Order. Please                              |
| 5   |          | indicate when and where the case(s) was filed, and list the case number(s) if known.                              |
| 6   |          |   |
| 7   |          |   |
| 8   | 8.       | (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of                               |
| 9   |          | the household in the past year?  Yes No   |
| 10  |          | (b) Is CPS currently involved with your family?   Yes   No  |
| 11  |          | If yes, give details, including the caseworker's name:  |
| 12  |          |   |
| 13  |          |   |
| 14  |          | · · · · · · · · · · · · · · · · · · ·   |
| 15  | 9.       | (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his                  |
|     |          | or her custody or control? Yes No I don't know  |
| 16  |          | (b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or                     |
| 17  |          | anyone else with a firearm or any other weapon?   Yes  No  I don't know   |
| 18  |          | If yes, give details:   |
| 19  |          |   |
| 20  |          |   |
| 21  | 1.0      |   |
| 22  | 10.      | (a) I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party. |
| 23  |          | (b) The child(ren) have been or are in danger of becoming a victim of domestic violence                           |
| 24  |          | committed by the Adverse Party.   |
| 25  |          | ·   |
| 26  |          |   |
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#### DO NOT WRITE ON THE BACK OF ANY PAGES

In the following space, state the facts that support your Application. Be as specific as you can, starting with the most recent incident. Include the <u>approximate dates</u> and locations, and whether law enforcement or medical personnel have been involved.

| THIS APPLICATION IS A PUBLIC RECORD |   |
|-------------------------------------|---|
|                                     |   |
|                                     |   |
|                                     |   |
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|                                     |   |

|     | PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.   |
|-----|--|
| 11. | Have YOU ever been arrested or charged with domestic violence, or any other crime committee  |
| ' ' | against your spouse, partner, or child(ren)?  Yes  No  |
|     | If yes, WHEN and where?  |
|     | <b>,,</b>  |
|     |  |
|     |  |
| 12. | To your knowledge, has the ADVERSE PARTY ever been arrested or charged with domestic   |
|     | violence, or any other crime committed against his/her spouse, partner, or child(ren)?   |
|     | ☐Yes ☐ No ☐ I don't know If yes, WHEN and where?   |
|     |  |
|     |  |
|     | 5  |
| 11  | o a contraction of the contracti |

| ·   13.      | An emergency exists, and I need a TEMPORARY ORDER FOR PROTECTION AGAINST   |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|
| !            | DOMESTIC VIOLENCE issued immediately, without notice to the Adverse Party, to avoid  |  |  |  |  |  |  |  |
| ,            | irreparable injury or harm. I request that it include the following relief, and any other relief the   |  |  |  |  |  |  |  |
| .            | Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply  |  |  |  |  |  |  |  |
|              | to <b>YOU</b> ):   |  |  |  |  |  |  |  |
|              | (A) Prohibit the Adverse Party, either directly or through an agent, from threatening,   |  |  |  |  |  |  |  |
|              | physically injuring, or harassing me and/or the minor child(ren).  |  |  |  |  |  |  |  |
| ` <b>  </b>  | (B) Prohibit the Adverse Party from any contact with me whatsoever.  |  |  |  |  |  |  |  |
|              | (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at   |  |  |  |  |  |  |  |
| •            | least 100 yards away from my residence.  |  |  |  |  |  |  |  |
|              | (D)Obtain law enforcement assistance to accompany me to the following residence,   |  |  |  |  |  |  |  |
|              | or   |  |  |  |  |  |  |  |
|              | to accompany the Adverse Party to the following residence,   |  |  |  |  |  |  |  |
| []           |  |  |  |  |  |  |  |  |
|              | to obtain personal property.   |  |  |  |  |  |  |  |
|              | (E) Grant temporary custody of the minor child(ren) to me.   |  |  |  |  |  |  |  |
| .            | (F) 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  |  |  |  |  |  |  |  |
|              | (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s  |  |  |  |  |  |  |  |
| , <b>   </b> | school(s), or day care(s), located at CONFIDENTIAL   |  |  |  |  |  |  |  |
| - []         |  |  |  |  |  |  |  |  |
|              | (If confidential, do not write name of a school/day care and address here.)  |  |  |  |  |  |  |  |
|              | (If confidential, do not write name of a school/day care and address here.)  If NOT confidential, write name of school(s)/day care(s) and address(es) below: |  |  |  |  |  |  |  |
|              | ☐ If NOT confidential, write name of school(s)/day care(s) and address(es) below:  |  |  |  |  |  |  |  |
| - [[         | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  Address                                     |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  Address  CityCountyState                    |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |
|              | If NOT confidential, write name of school(s)/day care(s) and address(es) below:  (1) Name of school or day care  |  |  |  |  |  |  |  |

| 1  | (H) Order the Adverse Party to stay at least 100 yards away from my place(s) of  |
|----|--|
| 2  | employment.  |
| 3  | (I) Order the Adverse Party to stay at least 100 yards away from the following places,   |
| 4  | which I or the minor child(ren) frequent regularly:  |
| 5  | (1) Name   |
| 6  | Address  |
|    | City State   |
| 7  |  |
| 8  | (2) Name   |
| 9  | Address  |
| 10 | City State   |
| 11 | (2) N  |
| 12 | (3) Name_  |
| 13 | Address  |
|    | City State   |
| 14 | CD [mm] (1) D 1 21 2 (1 A 1 D 4 24 A 1 D 4 24 A 1 D 4 25 A 1 D 4 25 A 1 D 4 25 A 1 D 4 |
| 15 | (J) [1] (1) Prohibit the Adverse Party, either directly or through an agent, from physically   |
| 16 | injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the   |
| 17 | minor child(ren), or me.   |
| 18 | (2) Prohibit the Adverse Party, either directly or through an agent, from taking   |
| 19 | possession of any animal owned or kept by me or the minor child(ren).  |
| 20 | (K) I further request the following other conditions:  |
| 21 |  |
| İ  |  |
| 22 |  |
| 23 |  |
| 24 |  |
| 25 |  |

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

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|-----|--|
| 4   | 14.  I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION                   |
| 5   | AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that           |
| 6   | hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it |
|     | include the following relief and any other relief the Court deems appropriate.                 |
| 7   | (Please check all the choice(s) that may apply to YOU).  |
| 8   | (A)Prohibit the Adverse Party, either directly or through an agent, from threatening,          |
| 9   | physically injuring, or harassing me and/or the minor child(ren).                              |
| 10  | ☐ (B) Prohibit the Adverse Party from any contact with me whatsoever.                          |
| 11  | (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at         |
| 12  | least 100 yards away from my residence.  |
|     | (D) Grant temporary custody of the minor child(ren) to me.                                     |
| 13  | (E) Grant the Adverse Party visitation with the minor child(ren).                              |
| 14  | (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You       |
| 15  | may be required to file an Affidavit of Financial Condition prior to the hearing).             |
| 16  | (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay              |
| 17  | towards my support and maintenance.  |
| 18  | (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in   |
|     | the Decree of Divorce/Order entered in Case Numberin the                                       |
| 19  | Court of the State of  |
| 20  | (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s        |
| 21  | school, or day care, located at: CONFIDENTIAL  |
| 22  | (If confidential, do not write name of school and address here).                               |
| 23  | If address is not confidential, please write name of school or day care and address(es)        |
| 24  | below:   |
| 25  | (1) Name of school or day care   |
|     | Address:   |
| 26  | City County State  |
|     |  |

| 1                          | (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physicany  |
|----------------------------|--|
| 2                          | injuring or threatening to injure any animal that is owned or kept by the Adverse Party,   |
| 3                          | the minor child(ren), or me.   |
| 4                          | (2) Prohibit the Adverse Party, either directly or through an agent, from taking   |
| 5                          | possession of any animal owned or kept by me or the minor child(ren).  |
| 6                          | (3) I request the Court to specify the arrangements for the possession and care of any   |
| 7                          | animal owned or kept by the Adverse Party, the minor child(ren), or me.  |
| 8                          | (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of  |
| 9                          | my attendance at any hearing concerning this Application.  |
| 10                         | (N) I further request the following other conditions:  |
| 11                         |  |
| 12                         |  |
| 13                         |  |
| 1.4                        |  |
| 15                         |  |
|                            |  |
| 16                         | LDECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE  |
| 16<br>17                   | I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THE ARRIVATION, KNOW THE CONTENTS THEREOF, AND BELIEVE THEM                          |
|                            | I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS 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 |
| 17                         | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN   |
| 17<br>18                   | STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN   |
| 17<br>18<br>19             | 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:  |
| 17<br>18<br>19<br>20       | 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                          |
| 17<br>18<br>19<br>20<br>21 | 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                          |
| 17<br>18<br>19<br>20<br>21 | 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                          |

# \*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)                                | (Firs                  | t)             |                 | (Midd  | le)                    |                |             | (Sex)      |
|--|------------------------|----------------|-----------------|--|------------------------|----------------|-------------|------------|
| Address:                                   |                        |                | . <u>.</u>      |  |                        |                | <del></del> |            |
| Mailing Address: (If different from above) |                        |                |                 |  |                        |                | <u></u>     | (Zip Code) |
| (Str                                       | reet Address)          | (              | (Bldg/Apt#)     |  | (City)                 | (              | State)      | (Zip Code) |
| APPLICANT Phone N                          | lumbers Home:          |                | Wo              | rk:  |                        | C              | ell:        |            |
| Other Name Head:                           |                        |                |                 |  |                        |                | 0.0111      |            |
| Other Name Used:                           | (Last)                 | _              | (First          | t)   | 1                      |                | (Middl      | е)         |
| Additional Contact Person                  | n:                     | Phone: _       |                 | Add  | iress:                 | ****           |             |            |
|  | AD                     | <u>VERSE</u>   | PARTY           | <u>DAT</u>                                     | <u>A</u>               | <del>,</del>   |             |            |
| Full Name: (Last)                          |                        |                | _Other Name     | Used: _  |                        | (P)!           | 4           | (Middle)   |
| (Last) Relationship To You:                | (First) Date           | or pirm        | , ,             | mm,  | (Last)<br>or Social Se | ecurity No     | t)<br>).:'  | (Middle)   |
|  |                        | (143.          | (II) (DD) (     | - /  |                        |                |             |            |
| Last Known Home Addre                      | (Ctunnt Address)       |                | (Bldg/Apt#)     | <u>.                                      </u> | (City)                 | (S             |             | (Zip Code) |
| Is this address difficult to               | o find? No Ye          | es If yes, ple | ease explain: _ |  |                        |                |             |            |
| Mailing Address:                           |                        |                |                 |  |                        |                |             |            |
| (If different from above)                  | <u></u>                |                |                 |  |                        | 124-1          | (State)     | (Zip Code) |
| (If different from above)                  |                        |                | (Bldg/Apt#)     |  |                        |                | (State)     | •          |
| Other Likely Address:                      | (Street Address)       |                | (Bldg/Apt#)     |  | (C                     | City)          | (State)     | (Zip Code) |
| Home Phone:                                | <u>`</u>               |                | Cell Ph         | one:   | ork Days:              | <del></del>    | Work Ho     | urs:       |
| Occupation:                                | Employ                 | er:            | <u> </u>        | **   | Olk Days               |                |             |            |
| Work Phone:  Hair Color:                   | Work Address           | (Street Ad     | dress)          |  | (City)                 | <u></u>        | (State)     | (Zip Code) |
| ** ! Ø-1                                   | Eve Color:             | He             | eight:          | Weigh  | t:                     | Sex:           | R           | ace:       |
| Hair Color:<br>Scars/Marks/Tattoos (D      | escription and Local   | tion):         |                 |  |                        |                |             |            |
| Does the Adverse Party                     | escription and zeco    | M. D. N.       | a If not who    | t langua                                       | age does he            | /she spea      | k? _        |            |
|  |                        |                |                 |  |                        |                |             | ·          |
| Vehicle Make:                              | Model:                 | <del></del>    | _ Year:         |  | License Pi             | ate Numb<br>Ch | eck one)    |            |
|  |                        |                |                 |  |                        | (              | s No        |            |
| Are the Applicant and t                    | he Adverse Party liv   | ing together   | r now?          | er?  |                        | <del></del>    | s No        |            |
| Are the Applicant and t                    | he Adverse Party en    | npioyea by t   | ne same empre   | byer (   |                        |                | s 🗌 No      |            |
| Is the Adverse Party lik                   | ely to react violently | y wnen serve   | ea?             |  |                        |                | es 🔲 No     |            |
| a a salaaaa Doore lile                     | alv to avoid setVICE   | 7              |                 | Dormit?  |                        |                | s 🔲 No      |            |
| Does the Adverse Party                     | have a Carrying Co     | incealed we    | apon (CCW)      | CHIIIL!  |                        |                | es 🔲 No     |            |
| To the Adecases Dords                      | AND ACCESS IN WEX      | nons:          |                 |  |                        |                | _           |            |
| If yes, please describe t                  | type and location of   | weapon(s):_    |                 |  |                        |                |             |            |
| Does the Adverse Party                     | v's history include a  | ny violent b   | ehavior or crin | nes?   |                        |                | Yes 🔲 1     | No         |
| Explain:                                   |                        |                |                 |  |                        | <u> </u>       |             |            |
|  |                        |                |                 |  |                        | nly            |             |            |
|  |                        |                | nis space. For  |  |                        |                | umber:      |            |
| Issuing Court ORI: N                       | IV                     | <del>_</del>   |                 |  | Cou                    | 1, 0000 11     |             |            |

Law Enforcement: Do not serve this sheet with documents to be delivered.