

1 **APPO**

2
3 **DISTRICT COURT,**
4 **FAMILY DIVISION,**
5 **CLARK COUNTY, NEVADA**

6 _____,
7 **Applicant,** **Case No. T** _____
8 **vs.**

9 _____,
10 **Adverse Party.**

11 **APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION**
12 **AGAINST DOMESTIC VIOLENCE**

13 Applicant states the following facts under penalty of perjury:

14 Applicant Date of Birth: _____ Adverse Party Date of Birth: _____

- 15 1. My relationship to the Adverse Party is (for example, current/former husband, current/former wife,
16 current/former boyfriend, current/former girlfriend, father, mother ,brother, sister, etc.):

- 17 ☐ Length of relationship: _____.
- 18 ☐ Have you ever lived together? Yes or No _____. If so, how long? _____.
- 19 ☐ Are you living together now? Yes or No _____.
- 20 ☐ Date of Separation: _____.
- 21 ☐ We have child(ren) **TOGETHER:** Yes or No _____. If yes, where and with whom are these
22 child(ren) living? _____.

- 23 2. My address is: ☐ CONFIDENTIAL, (If confidential do not write address here)

24 or, if not confidential list _____

25 City _____ County _____ State _____ Zip Code _____

26 Phone _____.

27 I ☐ own ☐ rent this residence. Lease/title is held in all the following name(s):

28 _____
I have been living in this residence for _____.

3. Adverse Party's address is: _____

City _____ County _____ State _____ Zip Code _____

Phone: _____.

Adverse Party has been living in this residence for _____.

- 1 4. My employment is: ☐ CONFIDENTIAL, (If confidential do not write address here)
 2 or, if not confidential, state place of employment _____
 3 Address: _____
 4 City _____ County _____ State _____ Zip Code _____
 5 Phone _____
- 6 5. Adverse Party's employment is: _____
 7 Address: _____
 8 City _____ County _____ State _____ Zip Code _____
 9 Phone _____
- 10 6. (a) The name(s) and dates of birth of minor child(ren) who I am the parent of, or who live in my
 11 home, are as follows:

NAME(first and last)	Date of Birth	APPLICANT'S CHILD (YES/NO)	ADVERSE PARTY'S CHILD (YES/NO)	WHO CHILD LIVES WITH
1.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.		Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	Check one Yes <input type="checkbox"/> No <input type="checkbox"/>	

17 (b) Have you or the Adverse Party ever been awarded custody of the minor child(ren) that you have in
 18 common by Court order? ☐ Yes ☐ No
 19 Who was awarded custody? ☐ Applicant ☐ Adverse Party
 20 By what Court? _____ Case No. _____
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- 1 7. Please check the appropriate box, IF YOU or the ADVERSE PARTY has ever filed a case in any Court for
2 ☐ Divorce, ☐ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☐ Order for Protection,
3 ☐ Stalking/Harassment Order. Please indicate when and where the case was filed, and list the case
4 numbers. _____
5 _____
6 _____
7 _____
- 8 8. Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household
9 in the past year? ☐ Yes ☐ No. Is CPS currently involved with this family? ☐ Yes ☐ No.
10 If yes to the question, give details, including the caseworker's name: _____
11 _____
12 _____
13 _____
- 14 9. ☐ I have been or reasonably believe I will become a victim of domestic violence committed by the
15 Adverse Party.
16 ☐ My child(ren) have been or are in danger of being a victim of domestic violence committed by the
17 Adverse Party.
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1 In the following space, state the facts which support your application. Be as specific as you
2 can, starting with the most recent incident. Include the approximate dates of domestic
3 violence, how long it has gone on, and whether law enforcement or medical personnel have
4 been involved.
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Please do not write on the backs of any pages.

1 10. Have YOU ever been arrested or charged with domestic violence, or any other crime committed against
2 your spouse, partner, or child(ren)? ☐ Yes ☐ No. If yes, WHEN and where? _____
3 _____
4 _____

4 11. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence,
5 or any other crime committed against his/her spouse, partner, or child(ren)? ☐ Yes ☐ No. If yes, WHEN
6 and where? _____
7 _____
8 _____

8 12. ☐ An emergency exists, and I need a TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC
9 VIOLENCE issued immediately without notice to the Adverse Party to avoid irreparable injury or
10 harm. I request that it include the following relief (please check all the choices that apply to you):

11 ☐ (a) Prohibit the Adverse Party, either directly or through an agent, from threatening,
12 physically injuring or harassing me and/or my minor child(ren).

12 ☐ (b) Prohibit the Adverse Party from any contact with me whatsoever.

13 ☐ (c) Exclude the Adverse Party from my residence and order the Adverse Party to stay at
14 least 100 yards away from my residence.

14 ☐ (d) Obtain law enforcement assistance to ☐ accompany me to the following residence,
15 _____, or ☐ to accompany the Adverse Party,
16 to the following residence, _____ to obtain
17 personal property.

17 ☐ (e) Grant temporary custody of the minor child(ren) to me.

18 ☐ (f) Order that custody, visitation, and support of the minor child(ren) remain as ordered
19 in the Decree of Divorce/Order entered in Case Number _____ in the
20 _____ Judicial District Court of the State of _____.

20 ☐ (g) 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, (If confidential do not write address
22 here) or, if not confidential list 1. _____ Address:
23 _____

23 City _____ County _____ State _____ Zip Code _____

24 2. _____
25 Address: _____

25 City _____ County _____ State _____ Zip Code _____

26 3. _____
27 Address: _____

27 City _____ County _____ State _____ Zip Code _____
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☐ (h) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (i) Order the Adverse Party to stay at least 100 yards away from places which I or my minor child(ren) frequent regularly: ☐ CONFIDENTIAL, (If confidential do not write address here) or, if not confidential list 1. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

2. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

☐ (j) I further request the following other conditions: _____

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

13. ☐ I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief (please check all the choices that apply to you):

☐ (a) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring or harassing me and/or my minor child(ren)

☐ (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) Grant temporary custody of the minor child(ren) to me.

☐ (e) Grant the Adverse Party visitation with the minor child(ren).

☐ (f) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an affidavit of financial condition prior to the hearing.)

☐ (g) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☐ (h) 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 _____.

☐ (i) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☐ CONFIDENTIAL, (If confidential, do not write address here) or, if not confidential list 1. _____ Address:

_____ City _____

_____ County _____ State _____ Zip Code _____

2. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

☐ (j) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (k) Order the Adverse Party to stay at least 100 yards away from places which I or my minor child(ren) frequent regularly: ☐ CONFIDENTIAL, (If confidential do not write address here) or, if not confidential list 1. _____ Address:

_____ City _____

_____ County _____ State _____ Zip Code _____

2. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

3. _____

Address: _____

City _____ County _____ State _____ Zip Code _____

☐ (l) I further request the following other conditions: _____

1 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA
2 THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE
3 CONTENTS THEREOF, AND BELIEVE THEM TO BE TRUE AND CORRECT

4
5
6 DATED _____.

7
8
9
10 _____
Signature of Applicant

11
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13 _____
Applicant's Name (Please Print)

14 SUBSCRIBED and SWORN before me

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16
17 this _____ day of _____, _____.

18
19
20 _____
NOTARY PUBLIC

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23 Application taken by _____
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**District Court
Clark County, Nevada
FAMILY COURT COVER SHEET**

CASE NO. _____
(To be assigned by the Clerk's Office)

PARTY INFORMATION (Please Print)

Plaintiff/Petitioner	Defendant/Respondent/Co-Petitioner
Name:	Name:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone No:	Phone No:
Social Security #:	Social Security #:
Attorney Information	Attorney Information
Name: Bar No:	Name: Bar No:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone No:	Phone No:

DOMESTIC FILINGS (Check one box only for the type of case being filed with this cover sheet)

DOMESTIC	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP
MARRIAGE DISSOLUTION <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Adoption <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Support/Custody Case <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA <input type="checkbox"/> Other (identify) _____	Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <input type="checkbox"/> Guardianship Trust

Children involved in this case (If more than 4 children, please enter the information on the reverse side)

Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:

Printed Name of Preparer

Signature of Preparer/Date

Do you or any other party to this action (including minor children) have any other current case(s) or past case(s) in the Family Court or Juvenile Court in Clark County?

☐ YES ☐ NO

If Yes, complete the other side of this form.



Supply the following information about any other proceeding(s): Check all that apply:

- ☐ Divorce ☐ Temporary Protective Orders (TPO) ☐ Custody/Child Support
☐ UIFSA/URESA ☐ Paternity ☐ Juvenile Court ☐ Other

Please Print

Full name(s) of adult parties involved:	Case number of other proceeding(s)	Approximate date of last order in other proceedings
1.		
2.		
3.		
4.		

If children were involved (other than those listed on front page), please provide:

Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:
Name:	DOB:	SS#:	Relationship:

Children involved in this case (continuation from front page)

Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:
Name:	DOB:	SS#:

**THIS INFORMATION IS REQUIRED BY
NRS 3.025, NRS 3.223, NRS 3.227, NRS 3.275,
NRS 125.130, NRS 125.230,
and will be kept in a confidential manner by the Clerk's Office.**