

**\*CONFIDENTIAL\***

**STALKING AND HARASSMENT PROTECTION ORDER INFORMATION  
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.

**APPLICANT DATA**

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

**Phone: 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 (if any): \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ and/or Social Security No.: \_\_\_\_\_  
(M) (D) (Y)

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? \_\_\_\_\_ If not, what language? \_\_\_\_\_  
(Yes or No)

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

**(Circle one)**

Are the Applicant and the Adverse Party living together now? **Yes or No**  
Are the Applicant and the Adverse Party employed by the same employer? **Yes or No**  
Is the Adverse Party likely to react violently when served? **Yes or No**  
Is the Adverse Party likely to avoid service? **Yes or No**  
Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? **Yes or No**  
Does the Adverse Party have access to weapons? **Yes or No**  
If yes, please describe type and location of weapon(s): \_\_\_\_\_

Does the Adverse Party's history include (please circle): assault, assaults w/weapon, battery, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? 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.

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