

Court Code: _____
Name: _____
Address: _____

Email: _____
Telephone: _____
Law Enforcement Officer: _____

☐ DISTRICT COURT
☐ JUSTICE COURT IN THE TOWNSHIP OF _____
_____ COUNTY, NEVADA

Applicant (*Print your name above*),
vs.

CASE NO.: _____

DEPT: _____

Adverse Party (*Print the name of the person you
believe poses a risk of causing injury*).

Application for and Declaration in Support of a High-Risk Protection Order

LAW ENFORCEMENT ONLY

1. I am requesting the following High-Risk Protection Order(s): (☒ Check all that apply)

☐ I want a 7-day order (Ex Parte Order).

☐ I want an extended order that may last up to one year.

2. **Your information.** (*You are called the “applicant”*)

Your name: _____
(First) (Middle) (Last)

I am a law enforcement officer employed by: _____
(Identify your agency)

3. **Identify the person you believe poses a risk of causing personal injury to himself or herself or another person:** (*This person is called the “adverse party”*)

Name: _____
(First) (Middle) (Last) (Date of Birth)

Address: _____
(Street Address, City, and State)

Work Address: _____
(Street Address, City, and State)

4. Why are you asking the Court for a high-risk protection order?

I have probable cause to believe, as a law enforcement officer, that the adverse party poses a risk and/or imminent risk of causing personal injury to himself or herself or another person by possessing or having under his or her custody or control or by purchasing or by otherwise acquiring any firearm.

The adverse party has engaged in the following high-risk behaviors: (☒ Check all that apply)

- ☐ **Physical Force:** Used, attempted to use, or threatened physical force against another person;
- ☐ **Threat of Imminent Violence:** Communicated a threat of imminent violence toward himself or herself or against another person;
- ☐ **Act of Violence:** Committed an act of violence toward himself or herself or another person;
- ☐ **Pattern of Violence:** Engaged in a pattern of threats of violence or acts of violence against himself or herself or another person, including, without limitation, threats of violence or acts of violence that have caused another person to be in reasonable fear of physical harm to himself or herself;
- ☐ **Imminent Threat to the Safety of the Public:** Exhibited conduct which I reasonably determined would present a serious and imminent threat to the safety of the public.
- ☐ **Firearms Danger:** Engaged in conduct which presents a danger to himself or herself or another person while:
 - ☐ In possession, custody, or control of a firearm; or
 - ☐ Purchasing or otherwise acquiring a firearm;
- ☐ **Convictions:** Has been convicted of:
 - ☐ Violating a temporary or extended order for protection against domestic violence issued pursuant to NRS 33.020;
 - ☐ Violating a temporary or extended order for protection against sexual assault issued pursuant to NRS 200.378; or
 - ☐ Administering a controlled substance to another without their knowledge and with the intent to commit a crime of violence against that person or that person's property pursuant to NRS 200.408;

Controlled Substances or Alcohol: Did the adverse party abuse a controlled substance or alcohol while engaging in any of the above high-risk behavior? ☐ No ☐ Yes

Firearm Acquisition: Did the adverse party acquire a firearm or other deadly weapon within the immediately preceding 6 months before engaging in any of the above high-risk behavior? ☐ No ☐ Yes

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5. Detailed description of conduct and acts of high-risk behavior.

For any box that you checked above in section 5, please describe in detail the high-risk conduct below.

Did the adverse party use or threaten to use a weapon?

☐ No.

☐ Yes (Describe what kind of weapon was used or threatened) _____

Did the police come? ☐ No ☐ Yes. If yes, who? _____

Was anyone arrested? ☐ No ☐ Yes. If yes, who? _____

Were there any witnesses? ☐ No ☐ Yes. If yes, who? _____

Is the adverse party in jail? ☐ No ☐ Yes

Approximate Date: _____

Where did it happen (City, State)? _____

What Happened? *Only explain the recent event. You can list past events on the next page.*

[illegible]

Attach more pages if you need more room.

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Is the incident described above the most serious incident involving the defendant?

☐ No ☐ Yes

If you answered NO, please explain the most serious incident. (*Be specific and provide the date and location of the event*)

Attach more pages if you need more room.

6. Past conduct and acts.

For any box that you checked in section 4 and you did not already explain in section 5, please describe the details below.

Have there been high-risk acts or conduct in the past?

- ☐ No (*Skip to section 7*)
- ☐ Yes (*Complete the rest of this section*)

a. Approximate Date: _____

Where did it happen (*City, State*)? _____

What Happened: _____

b. Approximate Date: _____

Where did it happen (*City, State*)? _____

What Happened: _____

c. Approximate Date: _____

Where did it happen (*City, State*)? _____

What Happened: _____

Attach more pages if you need more room.

7. Other efforts.

Have you tried anything else to address this problem?

☐ No. Why not? _____

☐ Yes. What have you tried and what happened? _____

Attach more pages if you need more room.

8. Firearm surrender.

Would you like the firearms to be surrendered to:

- ☐ Law enforcement; or
☐ The following third party:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street Address, City, and State)

Relationship to the Adverse Party: _____

I respectfully ask the Court to grant the above request and any other relief the Court finds appropriate.

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct, and is not filed with the intent to harass the adverse party. I understand that knowingly filing a false or misleading application for a high-risk protection order, or filing an application with the intent to harass the adverse party, is a misdemeanor under Nevada law.

Date: _____

Your Signature: _____

Print Your Name: _____

Agency & Commission Number: _____

VERIFICATION

I, (your name) _____, declare that I am the applicant in the above-entitled action; that I have read the foregoing application and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____

Your Signature: _____