

**\*CONFIDENTIAL\***

**STALKING AND HARASSING 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: \_\_\_\_\_ Address: \_\_\_\_\_  
(Last) (First) (Middle) Address

Mailing Address: \_\_\_\_\_  
(if different from above) (Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Names Used: \_\_\_\_\_  
(Last) (First) (Middle)

Additional Contact Person: Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

**ADVERSE PARTY DATA**

Adverse Party's Full Name: \_\_\_\_\_

Other Name Used by Adverse Party: \_\_\_\_\_

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ 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: \_\_\_\_\_

Does the Adverse Party's history include (please circle): assaults, assaults w/weapon, batteries, 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.

**\*CONFIDENTIAL\***