

JUSTICE COURT, HENDERSON TOWNSHIP

CLARK COUNTY, NEVADA

)	
)	
Applicant/Plaintiff,)	Case No. _____ - HPO
)	
vs.)	IN THE MATTER OF THE APPLICATION FOR
)	A TEMPORARY ORDER FOR PROTECTION
)	AGAINST HARASSMENT, STALKING AND
Adverse Party/Defendant.)	AGGRAVATED STALKING
)	
_____)	

AFFIDAVIT

A Police Report must be filed prior to completing this Affidavit.

Plaintiff states the following facts under the penalty of perjury:

1. The Defendant has committed or threatened to commit harassment, stalking and/or aggravated stalking against me.

2. Name of Police Department and **report number** where a complaint of this crime has been filed: _____

3. The acts occurred as follows: (Be specific, yet as brief as you can, as to the alleged acts. Starting with the most recent incident, include the identity of all relevant parties, all important dates, and locations, etc., how long it has gone on, and whether law enforcement or medical personnel have been involved): _____

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES

4. I am requesting that the Defendant stay away from the following people:

Name (Last)	(First)	(Middle)	minor child (Yes or No)	Race	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. I am requesting that the Court require the Defendant to stay away from the following places:
ADDRESSES LISTED BELOW ARE NOT CONFIDENTIAL. ANYTHING LISTED ON THIS FORM IS PUBLIC RECORD. CONFIDENTIAL INFORMATION MAY BE LISTED ON THE SEPARATE CONFIDENTIAL VICTIM INFORMATION WORKSHEET.

My Residence (Address): _____

My School (Name): _____
Address: _____

My Place of Employment (Name): _____
Address: _____

Other Places (Name) _____
Address: _____

Under the penalty of perjury per NRS 53.045, I swear or affirm that the above information is true and that I am in need of the requested Temporary Order for Protection.

Dated: _____ Plaintiff/Applicant's Signature: _____