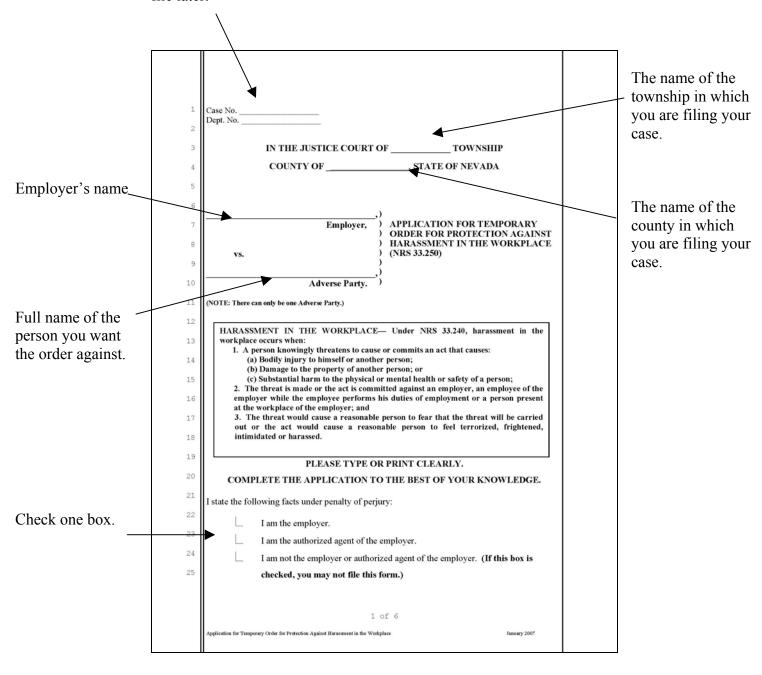
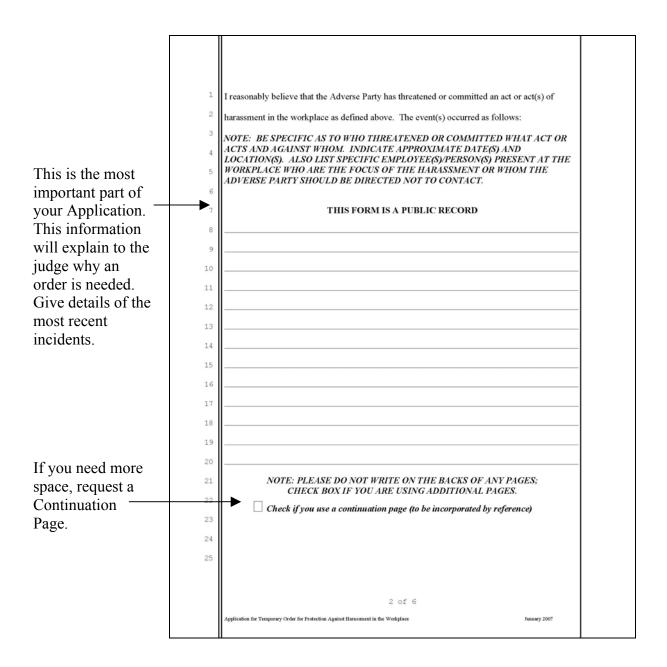
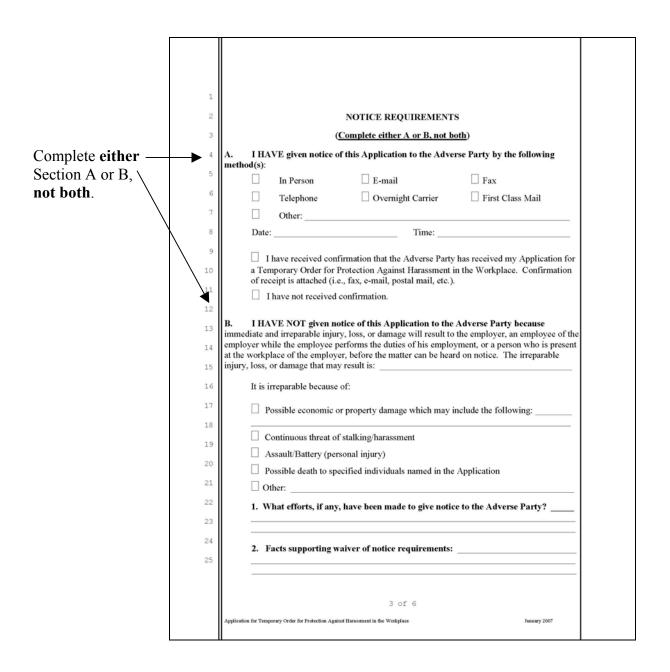
The court clerk will give you these numbers. Use them on all forms you file later.







Complete either Section, not both. If applicable, name of business or d/b/a ('doing business as').	1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	b) "TPO	report ever be (Please of Approximate Name(s) of le Case number For purposes Court action (1) An Order (2) An Order (3) An Order Action" is alsa (a) Ad In the last 2 yagainst the A filed a TPO a State of Neva In the last 2 yinvolving Ap Case # (if known) Employer's I The workplac following add	oes not have to be recen filed? Yes complete information and the date of report(s):aw enforcement age (s):	No n, if known. You have a second of the Appropriate and or any party seekere in the State and or any party. Place of Filing the employees t	enforcement; he found with a second of the fined to include and Harassment and Harassment and Harassment and Harassment and Harassment work of the fined to include the first th	de the following Justice (NRS 200.591); blace (NRS 33.270). A y/District action: e (NRS 33.020) v: nas not filed a TPO action d the Adverse Party has n tection anywhere in the Nevada have been filed Outcome (TPO granted, denied, rescinded, etc.)	Answer either yes or no.
business as').		Application	Town/City of Phone #:		4 of 6		, State of	

		T
List specific	1	3. PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW, IF APPLICABLE.
addresses you —	2	☐ Employee(s) also work at the additional specific locations that need to be enumerated
want contained in	3	in the Order:
Answer either yes or no. If yes, fill in the requested information.	4	Street Address:
	5	Town/City of, County of, State of
	6	Phone #:
	7	Street Address:
	8	Town/City of, County of, State of
	9	Phone #:
	10	(If you wish to designate more specific addresses, please list them in this format on a
	11	separate sheet.)
	12	The employees perform their duties statewide.
	13	Other comments on locations where protection is needed:
	14	
	15	4. Authorized agent for employer:
	16	Phone number for authorized agent:
	17	6. Is employer represented by an attorney? ☐ Yes ☐ No
	18	
	19	Attorney name: Bar #:
	20	Address:
	21	Phone # for attorney: Fax # for attorney:
	22	7. Are there additional safety concerns that the Court should know (i.e., firearms, dangerous
	23	conditions, hazardous premises, nature of business, etc.)? \square Yes \square No
	24	If yes, please briefly explain:
	25	
		5 of 6
		Application for Temporary Order for Protection Against Harassment in the Workplace January 2007

