

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

1 Case No. _____
2 Dept. No. _____

3 IN THE JUSTICE COURT OF _____ TOWNSHIP
4 COUNTY OF _____ STATE OF NEVADA

5
6
7 _____,)
8 Employer,) APPLICATION FOR TEMPORARY
9 vs.) ORDER FOR PROTECTION AGAINST
10 Adverse Party.) HARASSMENT IN THE WORKPLACE
(NRS 33.250)

11 (NOTE: There can only be one Adverse Party.)

12
13 HARASSMENT IN THE WORKPLACE— Under NRS 33.240, harassment in the
14 workplace occurs when:
15 1. A person knowingly threatens to cause or commits an act that causes:
16 (a) Bodily injury to himself or another person;
17 (b) Damage to the property of another person; or
18 (c) Substantial harm to the physical or mental health or safety of a person;
19 2. The threat is made or the act is committed against an employer, an employee of the
20 employer while the employee performs his duties of employment or a person present
21 at the workplace of the employer; and
22 3. The threat would cause a reasonable person to fear that the threat will be carried
23 out or the act would cause a reasonable person to feel terrorized, frightened,
24 intimidated or harassed.

25 PLEASE TYPE OR PRINT CLEARLY.

COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.

I state the following facts under penalty of perjury:

☐ I am the employer.
☐ I am the authorized agent of the employer.
☐ I am not the employer or authorized agent of the employer. (If this box is
checked, you may not file this form.)

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Application for Temporary Order for Protection Against Harassment in the Workplace January 2007

The name of the township in which you are filing your case.

The name of the county in which you are filing your case.

Employer's name

Full name of the person you want the order against.

Check one box.

This is the most important part of your Application. This information will explain to the judge why an order is needed. Give details of the most recent incidents.

If you need more space, request a Continuation Page.

1	I reasonably believe that the Adverse Party has threatened or committed an act or act(s) of
2	harassment in the workplace as defined above. The event(s) occurred as follows:
3	<i>NOTE: BE SPECIFIC AS TO WHO THREATENED OR COMMITTED WHAT ACT OR</i>
4	<i>ACTS AND AGAINST WHOM. INDICATE APPROXIMATE DATE(S) AND</i>
5	<i>LOCATION(S). ALSO LIST SPECIFIC EMPLOYEE(S)/PERSON(S) PRESENT AT THE</i>
6	<i>WORKPLACE WHO ARE THE FOCUS OF THE HARASSMENT OR WHOM THE</i>
7	<i>ADVERSE PARTY SHOULD BE DIRECTED NOT TO CONTACT.</i>
8	THIS FORM IS A PUBLIC RECORD
9	
10	
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21	<i>NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES;</i>
22	<i>CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.</i>
23	<input type="checkbox"/> <i>Check if you use a continuation page (to be incorporated by reference)</i>
24	
25	
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Application for Temporary Order for Protection Against Harassment in the Workplace	
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Complete **either** Section A or B, **not both**.

1	
2	
3	
4	NOTICE REQUIREMENTS
5	(Complete either A or B, not both)
6	A. I HAVE given notice of this Application to the Adverse Party by the following method(s):
7	<input type="checkbox"/> In Person <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
8	<input type="checkbox"/> Telephone <input type="checkbox"/> Overnight Carrier <input type="checkbox"/> First Class Mail
9	<input type="checkbox"/> Other: _____
10	Date: _____ Time: _____
11	<input type="checkbox"/> I have received confirmation that the Adverse Party has received my Application for a Temporary Order for Protection Against Harassment in the Workplace. Confirmation of receipt is attached (i.e., fax, e-mail, postal mail, etc.).
12	<input type="checkbox"/> I have not received confirmation.
13	B. I HAVE NOT given notice of this Application to the Adverse Party because
14	immediate and irreparable injury, loss, or damage will result to the employer, an employee of the
15	employer while the employee performs the duties of his employment, or a person who is present
16	at the workplace of the employer, before the matter can be heard on notice. The irreparable
17	injury, loss, or damage that may result is: _____
18	It is irreparable because of:
19	<input type="checkbox"/> Possible economic or property damage which may include the following: _____
20	<input type="checkbox"/> Continuous threat of stalking/harassment
21	<input type="checkbox"/> Assault/Battery (personal injury)
22	<input type="checkbox"/> Possible death to specified individuals named in the Application
23	<input type="checkbox"/> Other: _____
24	1. What efforts, if any, have been made to give notice to the Adverse Party? _____
25	2. Facts supporting waiver of notice requirements: _____
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GENERAL INFORMATION

1. a) This matter does not have to be reported to law enforcement; however, has a related report ever been filed? ☐ Yes ☐ No
(Please complete information, if known. You may attach available copies)

Approximate date of report(s): _____

Name(s) of law enforcement agencies: _____

Case number(s): _____

- b) For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
(2) An Order for Protection of Children (NRS 33.400);
(3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A "TPO Action" is also defined to include the following **Justice/Family/District** action:
(a) An Order for Protection Against Domestic Violence (NRS 33.020)

Please Check the Appropriate Box Below:

- ☐ In the last 2 years, Applicant or any party seeking protection has not filed a TPO action against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not filed a TPO action against Applicant or any party seeking protection anywhere in the State of Nevada.
- ☐ In the last 2 years, the following TPO action(s) in the State of Nevada have been filed involving Applicant and the Adverse Party:

Case # (if known)	Court (Justice/Family)	Place of Filing	Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)

2. a) Employer's name (if applicable, dba): _____

- b) The workplace is located in, and the employees primarily perform their duties at the following address: _____

Town/City of _____, County of _____, State of _____

Phone #: _____

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Answer **either** yes or no.

Complete **either** Section, **not both**.

If applicable, name of business or d/b/a ('doing business as').

List specific addresses you want contained in the Order.

Answer **either** yes or no. If yes, fill in the requested information.

1	3. PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW, IF APPLICABLE.
2	<input type="checkbox"/> Employee(s) also work at the additional specific locations that need to be enumerated
3	in the Order:
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	<input type="checkbox"/> The employees perform their duties statewide.
13	<input type="checkbox"/> Other comments on locations where protection is needed: _____
14	_____
15	4. Authorized agent for employer: _____
16	5. Phone number for authorized agent: _____
17	6. Is employer represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Attorney name: _____ Bar #: _____
19	Address: _____
20	Phone # for attorney: _____ Fax # for attorney: _____
21	7. Are there additional safety concerns that the Court should know (i.e., firearms, dangerous
22	conditions, hazardous premises, nature of business, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
23	If yes, please briefly explain: _____
24	_____
25	_____
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Answer **either** yes or no. If yes, fill in the requested information.

If you need relief not listed above, please list it here.

If you decide to request an Extended Order you must do so before the Temporary Order expires.

Date the Application.

1	8. Have there been any other Court actions or any other relationships between the employer	
2	and the Adverse Party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	If yes, please describe: _____	
4		
5	<u>RELIEF REQUESTED</u>	
6	I THEREFORE REQUEST that a Temporary Order for Protection Against Harassment in	
7	the Workplace be issued against the Adverse Party so that the Adverse Party will be prohibited from	
8	contacting, intimidating, threatening, or otherwise interfering with the employer's business and/or its	
9	employees and/or any person present at the workplace, and that the Adverse Party will be ordered to stay	
10	away from the employer's workplace. I also request that the Court prohibit the Adverse Party from	
11	violating this Order via e-mail, correspondence, telephone, or by an agent.	
12	I FURTHER REQUEST the following other conditions: _____	
13		
14		
15	<div style="border: 1px solid black; padding: 5px;"><p>I FURTHER REQUEST that this Court set a hearing date for an Extended Order as soon as possible.</p><p><input type="checkbox"/> Yes <input type="checkbox"/> No</p><p>If yes, complete the Application for Extended Order for Protection Against Harassment in the Workplace. NOTE: THIS HEARING WILL BE HELD WITHIN TEN (10) JUDICIAL DAYS PURSUANT TO NRS 33.270(6)(c), UNLESS COMPELLING REASONS REQUIRE OTHERWISE.</p></div>	
16		
17		
18		
19	<u>DECLARATION</u> (NRS 53.045)	
20	I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA	
21	THAT: (1) I AM THE EMPLOYER OR AUTHORIZED AGENT HEREIN, (2) I HAVE READ THE	
22	STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE	
23	STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.	
24	Dated: _____	SIGNATURE _____
25		PRINT NAME _____
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Sign the Application.