

**\*CONFIDENTIAL\***

**HARASSMENT IN THE WORKPLACE PROTECTION ORDER INFORMATION  
(TO BE FILLED OUT BY EMPLOYER/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.

**EMPLOYER/APPLICANT DATA**

Business Name: \_\_\_\_\_ AKA (if applicable): \_\_\_\_\_

Business Contact Person (Employer): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Authorized Agent for Employer: \_\_\_\_\_

Authorized Agent's Address: \_\_\_\_\_

Authorized Agent's Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

This business is a:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

*(Please circle one)*

Does this business have a prior relationship with the Adverse Party? (For example, is the Adverse Party a former employee/customer/neighboring business owner, etc.?) If yes, please describe the relationship: \_\_\_\_\_

**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.

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