

Alvin D. Quinn

CLERK OF THE COURT

1 APPO

2 DISTRICT COURT,
3 FAMILY DIVISION,
4 CLARK COUNTY, NEVADA

5 PHOUKEO DES-ODDOM

Applicant,

Case No. T

6 vs.

H.

T- 16- 172196- T

7 JASON A DES-ODDOM

Adverse Party.

Dept : M

8 APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION
9 AGAINST DOMESTIC VIOLENCE

10 Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your
11 knowledge.

Applicant states the following facts under penalty of perjury:

- 12 1. Applicant's Date of Birth: 12/10/1980 Adverse Party's Date of Birth: 5/14/1982
13 Relationship: I am the WIFE
(for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party.
14 A. Length of relationship: 20+ yrs
15 B. Have you ever lived together? Yes ☒ No ☐ If so, how long? 20 years
16 C. Are you living together now? Yes ☐ No ☒
17 D. Date of Separation: 3/26/16
18 E. We have child(ren) TOGETHER: Yes ☒ No ☐ If yes, where and with whom are these
19 child(ren) living? currently w/ me at home
20 2. My address is: ☐ **CONFIDENTIAL** (If confidential, do not write address here)
21 If address is not confidential, write below:
22 Address 8381 JEEVES CIRCLE
23 City LAS VEGAS County CLARK State NV
24 I ☐ own ☒ rent this residence. Lease/title is held in all the following name(s):
25 My cousin's house
How long have you been living in this residence? SINCE 3/26/2016
3 Adverse Party's address is:
Address 1900 N. TORREY PINES DR. #121 (Phone) (725) 300-5468
City LAS VEGAS County CLARK State NV Zip Code 89147
How long has the Adverse Party been living in this residence? 1 yr.

4 My place of employment is ☐ **CONFIDENTIAL** (If confidential, do not write address here)
If not confidential, state place of employment.

Name of employer SPORT CLIPS

Address: 5130 S. FORT APACHE RD. #200 89148

City LAS VEGAS County CLARK State NV

5. Adverse Party's employer is NONE

Address: _____ (Phone) _____

City _____ County _____ State _____ Zip Code _____

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian, or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1. DALAVANH DEJ-OUDOM	10/15 2000	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Myself
2. XONAJUK DEJ-OUDOM	12/17 2001	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Myself
3. ANHURAK DEJ-OUDOM	12/8 2006	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Circle one <input checked="" type="radio"/> Yes <input type="radio"/> No	Myself
4.		Circle one <input type="radio"/> Yes <input type="radio"/> No	Circle one <input type="radio"/> Yes <input type="radio"/> No	
5.		Circle one <input type="radio"/> Yes <input type="radio"/> No	Circle one <input type="radio"/> Yes <input type="radio"/> No	
6.		Circle one <input type="radio"/> Yes <input type="radio"/> No	Circle one <input type="radio"/> Yes <input type="radio"/> No	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by

Court Order? ☐ Yes ☒ No

Who was awarded custody/guardianship? ☐ Applicant ☐ Adverse Party

By what Court? _____

Court Case No. (if known) _____

7. Please check the appropriate box, IF YOU or the ADVERSE PARTY have ever filed a case in any court for a ☒ Divorce, ☒ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☐ Order for Protection Against Domestic Violence, ☐ Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

LAS VEGAS NV.

FILED ON: 5/25/2016 } D-16-533962-D

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year ☐ Yes ☒ No

(b) Is CPS currently involved with this family? ☐ Yes ☒ No

If yes, give details, including the caseworker's name:

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? ☐ Yes ☒ No ☐ I don't know.

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? ☒ Yes ☐ No ☐ I don't know.

If yes, give details:

THROUGHOUT THE MARRIAGE, THE CHILDRENS' LIVES AS WELL AS MINE HAVE BEEN THREATENED. GUNS HAVE BEEN PULLED OUT AND POINTED TO OUR HEADS MULTIPLE TIMES (The threats were made from 200 - 2007 when we were all living in Ohio).

10. (a) ☒ I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

(b) ☒ The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

1 In the following space, state the facts which support your Application. Be as specific as you can, starting
2 with the most recent incident. Include the approximate dates and locations, and whether law enforcement
3 or medical personnel have been involved.

4 (9am) THIS APPLICATION IS A PUBLIC RECORD him
- 6/7/2016 HARRASSING PHONE CALLS/TEXT, I'VE ASKED TO STOP, BUT
5 HE CONTINUES. (3pm) SHOWS UP AT MY PLACE OF WORK, AND
6 IS THREATENING TO TAKE CHILDREN (HE JUST RETURNED BACK
7 TO NV, AFTER TAKING CHILDREN TO OHIO w/o my PERMISSION
8 OR KNOWLEDGE). I TELL HIM TO LEAVE PROMPTLY. HE
9 MENTIONED THAT HE WILL TAKE CHILDREN WHENEVER HE
10 PLEASES. IN CONVERSATION, HE SAID ME NOT RETURNING
11 HOME IS NOT AN OPTION, AND WILL NOT ACCEPT IT.
12 ALSO SAID, "IF ANYTHING WERE TO HAPPEN TO CHILDREN,
13 HOPE I CAN LIVE w/ THAT". ALSO, HAS SAID THAT "THIS WILL
14 NOT END WELL."

15 MID MAY ^{HE} 2016 - CAME OVER TO MY PLACE OF RESIDENCE UNANNOUNCED,
16 GOT IN MY FACE IN FRONT OF FRIENDS/FAMILY,
17 KNOCKED A HAT OFF MY HEAD, AND REFUSE TO LEAVE
18 UNLESS I WAS WILLING TO TALK TO HIM OUTSIDE.
19 I DENIED, AND HE LEFT AFTER AN HOUR. HE WAS UPSET
20 THAT I DID NOT ANSWER THE PHONE WHEN HE CALLED.
21 MY COWIN HAS SINCE VERBALLY TOLD HIM ~~HE~~ HE IS NO
22 LONGER WELCOMED IN HER HOME.
23
24
25

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

11. Have YOU ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? ☐ Yes ☒ No If yes, WHEN and where?

12. To your knowledge, has the ADVERSE PARTY ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? ☒ Yes ☐ No ☐ I don't know
If yes, WHEN and where?

2005 CHILD ABUSE / DOMESTIC VIOLENCE
COLUMBUS, OH

13. An emergency exists, and I need a TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to YOU):

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence,

or ☐ to accompany the Adverse Party to the following residence,

to obtain personal property.

☒ (E) Grant temporary custody of the minor child(ren) to me.

☐ (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____
in the _____ Court of the State of _____

1 ☒ (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or
2 day care, located at ☒ CONFIDENTIAL (If confidential, do not write name of school and address
3 here)

4 ☐ If not confidential, write name of school and address(es) below:

5 1. Name of school/daycare: _____

6 Address: _____

7 City _____ County _____ State _____

8 2. Name of school/daycare: _____

9 Address: _____

10 City _____ County _____ State _____

11 3. Name of school/daycare: _____

12 Address: _____

13 City _____ County _____ State _____

14 ☒ (H) Order the Adverse Party to stay at least 100 yards away from my place of employment.

15 ☐ (I) Order the Adverse Party to stay at least 100 yards away from the following places which I or the
16 minor child(ren) frequent regularly:

17 1. _____

18 Address: _____

19 City _____ County _____ State _____

20 2. _____

21 Address: _____

22 City _____ County _____ State _____

23 3. _____

24 Address: _____

25 City _____ County _____ State _____

☐ (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring
or threatening to injure any animal that is owned or kept by the Adverse Party, the minor
child(ren), or me.

☐ (J) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (K) I further request the following other conditions:

IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION

14. ☒ I request the Court hold a hearing for an **EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to YOU).

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☒ (D) Grant temporary custody of the minor child(ren) to me.

☐ (E) Grant the Adverse Party visitation with the minor child(ren).

☒ (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an Affidavit of Financial Condition prior to the hearing.)

☐ (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☐ (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ in the _____ Court of the State of _____.

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☒ (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☒ **CONFIDENTIAL** (If confidential, do not write name of school and address here).

☐ If address is not confidential, please write name of school and address(es) below:

1. Name of School/Daycare _____
Address _____
City _____ County _____ State _____

2. Name of School/Daycare _____
Address: _____
City _____ County _____ State _____

3. Name of School/Daycare _____
Address _____
City _____ County _____ State _____

☒ (J) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (K) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

N/A

1. Name _____
Address _____
City _____ County _____ State _____

2. Name _____
Address _____
City _____ County _____ State _____

3. Name _____
Address _____
City _____ County _____ State _____

- 1 ☐ (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or
2 threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or
3 me.
- 4 ☐ (L) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any
5 animal owned or kept by me or the minor child(ren).
- 6 ☐ (L) (3) I request the Court to specify the arrangements for the possession and care of any such
7 animal owned or kept by the Adverse Party, the minor child(ren) or me.
- 8 ☐ (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of my
9 attendance at any hearing concerning this Application.
- 10 ☐ (N) I further request the following other conditions:

11 _____

12 _____

13 _____

14 _____

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16 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT**
17 **I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS**
18 **THEREFORE, AND BELIEVE THEM TO BE TRUE AND CORRECT**

19 Date 6/8/2014

21 _____

22 

Signature of Applicant

23 _____

24 PHOUKEO DEJ-OUA

Applicant's Name (Please Print)