

## **Dear Protective Order Applicant:**

Please read and keep this information in a safe place and refer to it before your hearing date.

1. Before you leave our office, you should have a copy of: Your Petition for Protective Order, a Temporary Order signed by the Judge assigned to your case, and a date and time set for your hearing. If not, these documents will be mailed to you within 2 business days. If you do not receive them, call our office. (See #8, below).
2. If the person who committed family violence against you was arrested for that offense, stop at the Justice of the Peace office and request an emergency protective order from the Justice of the Peace.
3. Remember, because of the short deadlines in a protective order case, you are responsible for bringing your witnesses to court on the day of the hearing.
4. If you have received ANY TYPE of medical treatment because of injuries you suffered as a result of acts by the respondent, you must go to the hospital and/or doctor, get the records, and bring them to your hearing.
5. You (and any witnesses you bring) should be at our office at least 30 minutes before the time set for the hearing. If there is anything that has changed in your case since your last meeting with our office (respondent has moved out of town, you have since been threatened, you are back together, etc.) please advise the assistant district attorney assigned to your case of these facts prior to your hearing.
6. WHEN YOU ARRIVE AT OUR OFFICE let the receptionist know and she will seat you in the DA conference room so that you do not have to be seated near the respondent.
7. Please understand that the person you are seeking protection from has a right to be served with your petition, INCLUDING THE AFFIDAVIT you filled out in this case, and to have three days to prepare for the hearing. Therefore, it is possible that at the time we show up for the hearing, the respondent may not have been served, or may request more time to prepare for the case. Additionally, there may be a conflict with your court setting that would require your case be re-set. THESE FACTORS ARE NOT IN THE CONTROL OF THIS OFFICE.
8. If you have any questions, please contact our office at 766-8113. Advise the Receptionist of your full name, the file number of your case (located at the top of the center of your petition) and the respondent's name (the person you are seeking protection from), and a number where you can be reached. If the respondent is at your location and you are in fear of being harmed, CALL 911 IMMEDIATELY.

## **AT YOUR HEARING:**

1. In rare cases, the respondent may ask for a jury trial. If so, your case will be postponed to a jury week.
2. In your hearing, you will be sitting next to the assistant district attorney assigned to your case. The persons in the courtroom will be: you, the assistant district attorney, the Judge, the court reporter, the respondent, his attorney (if he has one), and the witnesses.
3. You will be the first person to testify. You will be asked to take the witness stand and be sworn in (to tell the truth) by the Judge. The assistant district attorney assigned to your case will ask you questions about the facts of your case. When that questioning is over, the respondent (or his attorney, if he has one) is allowed to ask you questions. This is his right. Do not become upset or flustered. Remain calm, listen to the questions, and answer truthfully. If the questioning of you becomes abusive, the assistant district attorney will object.
4. When your testimony is complete, the assistant district attorney will call any witness you have brought, and also introduce into evidence (pictures, police reports, hospital records, etc.) anything you have brought to court.
5. When your case is complete (all witnesses have testified and all evidence introduced) the respondent will be allowed to testify, call witnesses, and introduce evidence on his behalf.
6. When the case is complete, the judge will make a ruling whether or not to grant you a final protective order (valid for either 1 or 2 years). Occasionally, the Judge will rule later. This ruling is rarely more than 1 – 2 days after the hearing.
7. If the Judge grants your request for a Protective Order, he will sign a written order. We will give you multiple copies. We urge you to keep one copy with you at all times, one in your home, and one in any vehicle you drive. Additionally, you may want to give a relative, close friend, or a neighbor a copy, so they will be aware of the order.
8. Violating this final order is a CRIMINAL OFFENSE. If the respondent does not obey the order and you feel threatened in any way by the respondent (including phone, email, or other communication from the respondent), CALL THE POLICE. A copy of your protective order will be forwarded to the police department where you resided, and also to the County Sheriff's Office. It is a good idea to have a copy of your protective order available to show the police.
9. **IMPORTANT: Please understand that the purpose of your case is to provide protection for you. This case cannot resolve any issue regarding property, child custody, child support, visitation, or other matters not related to your immediate protection. These must be resolved in separate case, and our office CANNOT represent you in those matters.**

**FINALLY:** You have requested this protective order and we have accepted it because we believe that it should be done for your safety and protection. PLEASE cooperate with this office and appear at all hearings, and if necessary testify in a criminal trial regarding this matter.

Thank you,

**MAUREEN SHELTON  
CRIMINAL DISTRICT ATTORNEY  
WICHITA COUNTY, TEXAS**

## SAFETY TIPS FOR YOU AND YOUR FAMILY

### IF YOU ARE IN DANGER, CALL 911 or your local police emergency number

If you are at home & you are being threatened or attacked:

- Stay away from the kitchen (the abuser can find weapons)
  - Stay away from bathrooms, closets or small spaces where abuser can trap you
  - Get to a room with a door or window to escape
  - Get to a room with a phone to call for help; lock the abuser outside if you can
  - Call 911 (or your local emergency number) right away for help; get the dispatcher's name
  - Think about a neighbor or friend you can run to for help
  - If a police officer comes, tell him/her what happened; get his/her name & badge number
  - Get medical help if you are hurt
  - Take pictures of bruises or injuries
  - Call your domestic violence program or shelter (listed below); ask them to help you make a safety plan
- **FIRST STEP, INC**  
24 hour Hotline 1-800-658-2683 or 940-692-1993

## HOW TO PROTECT YOURSELF AT HOME

- Learn where to get help; **memorize emergency phone numbers**
- **Keep a phone** in a room you can lock from the inside; if you can, get a cell phone that you keep with you at all times
- If the abuser has moved out, **change the locks on your door**; get locks on windows
- **Plan an escape route** out of your home; teach it to children
- Think about where you would go if you need to escape
- **Ask your neighbors** to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on
- **Pack a bag** with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust
- Including **cash, car keys & important information** such as: court papers, passport or birth certificates, medical records & medicines, immigration papers.
- Get an unlisted phone number
- Block caller ID
- Use an answering machine; screen the calls
- Take a good self-defense course

## HOW TO MAKE YOUR CHILDREN SAFER

- **Teach them not to get in the middle of a fight**, even if they want to help
- **Teach them how to get to safety**, to call 911, to give your address & phone number to the police
- **Teach them who to call for help**
- **Tell them to stay out of the kitchen**
- **Give the principal at school or the daycare center a copy of your order**; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser
- **Make sure the children know who to tell at school if they see the abuser**
- **Make sure that the school knows not to give your address** or phone number to ANYONE

## HOW TO PROTECT YOURSELF OUTSIDE THE HOME

- Change your regular travel habits
- Try to get rides with different people
- Shop and bank in a different place
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank
- Keep your court order and emergency numbers with you at all times
- Keep a cell phone & program it to 911 (or other emergency number)

## HOW TO MAKE YOURSELF SAFER AT WORK

- Keep a copy of your court order at work
- Give a **picture of the abuser to security** and friends work
- **Tell your supervisor** - see if they can make it harder for the abuser to find you
- Don't go to lunch alone
- Ask a **security guard** to walk you to your car or to the bus
- If the abuser calls you at work, **save voice mail and emails**
- Your employer may be able to help you find community resources

### ● **FIRST STEP, INC**

**24 hour Hotline 1-800-658-2683 or 940-692-1993**

## YOUR PERSONAL SAFETY PLAN

The following steps are my plan for increasing my safety and preparing to protect myself in the case of further abuse. Although I can't control my abuser's violence, I do have a choice about how I respond and how I get to safety. I will decide for myself if and when I will tell others that I have been abused, or that I am still at risk. Friends, family and co-workers can help protect me, if they know what is happening, and what they can do to help.

To increase my safety, I can do some or all of the following:

1. When I have to talk to my abuser in person, I can ...

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2. When I talk to my abuser on the phone, I can...

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3. I will make up a "code word" for my family, co-workers, or friends, so they will know when to call for help for me. My code word is.....

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4. When I feel a fight coming on, I will try to move to a place that is lowest risk for getting hurt such as \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_.  
(at work) (at home) (in public)

5. I can tell my family, friends, teachers, or co-workers about my situation. I feel safe telling \_\_\_\_\_.

6. I can use an answering machine or ask my co-workers, friends or other family members to screen my calls and visitors. I have the right to not receive harassing phone calls. I can ask \_\_\_\_\_ or \_\_\_\_\_ to help screen my phone calls.  
(home) (work)

**If you would like to discuss your own safety plan or need assistance on filling one out please contact FIRST STEP, INC @ 723-7799.**

## DROP POLICY

Request to drop a Protective Order will be considered only after the Applicant has completed a course of education, guidance and counseling.

First Step provides the Staircase Project to help victims of domestic violence learn about their options and how to keep them safe. You must attend three (3) classes 1 1/2 hours each to complete the course.

First Step Classes must be completed within thirty (30) days of the day you call the District Attorney's Office to request to drop the Protective Order.

If unable to complete the First Step Staircase Project you must notify us at least 24 hours before your hearing.

You will be required to attend the final hearing. It will be your responsibility to inform the Judge of the reason you want to Dismiss the Protective Order.

If the Protective Order has already been to court and ordered by the Judge, the District Attorney's office will not be able to get that Order dismissed for you.

I acknowledge I received this protective order information packet from the District Attorney's Office.

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Print Name

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Date

**PROTECTIVE ORDER INTAKE FORM**

**I. APPLICANT'S INFORMATION:** DL #: State \_\_\_\_\_ # \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Applicant's Place of Employment and Work Address: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: \_\_\_\_\_

Applicant's cell phone # \_\_\_\_\_ Pager #: \_\_\_\_\_

Other Address to contact Applicant: \_\_\_\_\_

Do you currently live with Respondent? **YES / NO**

**Is Applicant's residence or work address or telephone # to be kept confidential from Respondent? Y / N**

**If yes, please specify which one or both** \_\_\_\_\_

**II. RESPONDENT'S INFORMATION:** DL #: State \_\_\_\_\_ # \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Skin: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Is Respondent a United States Citizen? **Y / N**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Respondent's Place of Employment and Work Address: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Where else might respondent be found? \_\_\_\_\_ Who else lives there? \_\_\_\_\_

Is the respondent on Probation or Parole? **YES / NO**

If yes, name of Probation/Parole Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

For which offense is the respondent on Probation/Parole? \_\_\_\_\_

\_\_\_\_\_

**PROTECTIVE ORDER INTAKE FORM**

Other known arrests/convictions \_\_\_\_\_

Outstanding warrants? Y / N If yes, for what offense? \_\_\_\_\_

Respondent's vehicle license plate # \_\_\_\_\_, state \_\_\_\_\_, expiration \_\_\_\_\_

VIN # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_

**III. INFORMATION REGARDING CHILDREN OF THE MARRIAGE/RELATIONSHIP**

**A.** List the names of minor children of **this** marriage/relationship, including their dates of birth and social security numbers:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____

Do these children live with you? **YES** / **NO**

If not, with whom do they live? \_\_\_\_\_

**B.** List the names and ages of the minor children of other marriages/relationship(s):

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____

Do these children live with you? **YES** / **NO**

If not, with whom do they live? \_\_\_\_\_

**IV. WHAT IS THE RELATIONSHIP BETWEEN THE APPLICANT AND THE RESPONDENT?**

- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Member of household
- \_\_\_\_\_ Former member of household

**PROTECTIVE ORDER INTAKE FORM**

\_\_\_\_\_ Biological parents of same child  
\_\_\_\_\_ Family member by blood or marriage  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Other: \_\_\_\_\_

**V. MARITAL STATUS AND DIVORCE PROCEEDINGS**

If you are presently married (legally or by common-law), has a divorce been filed? **YES / NO**  
If yes, what is the cause number? \_\_\_\_\_  
If yes, who is your attorney in the divorce case? \_\_\_\_\_  
If yes, when was the divorce filed? \_\_\_\_\_  
If you were married to the respondent in the past, when was the divorce finalized? \_\_\_\_\_  
In what county was your divorce finalized? \_\_\_\_\_

**VI. COURT ORDERS OR PROCEEDINGS REGARDING CHILDREN**

Are there any court orders or court proceedings regarding your children (for example, child support/visitation, Attorney General Case, paternity suit, Child Protective Services case)? **YES / NO**  
If yes, what is the cause number? \_\_\_\_\_  
Who was your attorney? \_\_\_\_\_

**VII. HOUSEHOLD RESIDENCY**

Are you requesting an order excluding the respondent from the home until the day of hearing? **YES / NO**  
Have you resided at that address in the past 30 days? **YES / NO**  
Has the respondent committed family violence within the last 30 days? **YES / NO**  
Do you own or lease the home?  
Whose name is on the lease/deed? Yours / respondent's / both / other \_\_\_\_\_ (specify)  
How long would you like the final Protective Order to be in effect? **ONE YEAR / TWO YEARS**

**VIII. PROHIBITED LOCATIONS AND MINIMUM DISTANCES**

Are you requesting an order prohibiting the respondent from going within a certain distance of you or a member of the household or family? **YES / NO**  
If so, list the persons and/or places (**include residence & work addresses as well as, children's schools or daycares if applicable**).

**PROTECTIVE ORDER INTAKE FORM**

Name	Relationship	Address	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IX. FAMILY VIOLENCE HISTORY**

**A.** Was there a weapon involved in the most recent incident of abuse? **YES / NO**  
If yes, what type of weapon? \_\_\_\_\_

**B.** Was Respondent under the influence of drugs, alcohol or chemical intoxicants when abuse occurred? **YES / NO**  
If yes, what kind? \_\_\_\_\_

**C.** Is Respondent active duty military? **YES / NO**  
Name and Telephone Number of Unit and Commander: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.** Was medical treatment received as a result of this incident? **YES / NO**  
If so, was it: \_\_\_\_\_ EMS      Date of treatment: \_\_\_\_\_  
                  \_\_\_\_\_ Hospital      Date of treatment: \_\_\_\_\_  
                  \_\_\_\_\_ Doctor      Date of treatment: \_\_\_\_\_

Have you **ever** received medical treatment as a result of respondent's violence? **YES / NO**  
If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROTECTIVE ORDER INTAKE FORM**

**E.** Was law enforcement called as a result of this incident of violence? **YES / NO**

If yes, what department responded? \_\_\_\_\_

If yes, what is the case number? \_\_\_\_\_

If not, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you make a complaint to law enforcement? **YES / NO**

Were criminal charges filed as a result of this incident? **YES / NO**

Was the respondent arrested? **YES / NO**

Was a Magistrate's Order for Emergency Protection (MOEP) issued? **YES / NO**

Have charges ever been filed against the respondent as a result of family violence to Applicant or anyone? **YES / NO**

If yes, when and what happened to the case? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F.** Do you believe Respondent has a drug or alcohol problem? **YES / NO**

If yes, why do you believe this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G.** Has the Respondent ever been abusive to your children? **YES / NO**

If yes, when and in what way? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the abuse reported to Child Protective Services? **YES / NO**

**PROTECTIVE ORDER INTAKE FORM**

**H.** Has the Respondent ever been abusive to animals? **YES / NO**

If yes, when and in what way? \_\_\_\_\_  
\_\_\_\_\_

**X. PHOTO DOCUMENTATION**

Were photos taken of your injuries? **YES / NO**

If yes, who took them? \_\_\_\_\_  
\_\_\_\_\_

**XI. PROPERTY**

Do you have property the respondent may want? **YES / NO**

Does the respondent have property that you want? **YES / NO**

**XII. FIREARMS**

Does Respondent have a license to carry a concealed handgun? **YES / NO**

If yes, are you asking that the court suspend this license? **YES / NO**

Does Respondent have any firearms? **YES / NO**

If yes, are you asking that the court order respondent to surrender firearms? **YES / NO**

To whom should the respondent surrender them? \_\_\_\_\_

**XIII. TEMPORARY FINANCIAL SUPPORT**

Are you requesting temporary support from Respondent for:

\_\_\_\_\_ Applicant \_\_\_\_\_ Child(ren) \_\_\_\_\_ Other

If support is requested, Respondent's monthly income after taxes: \$ \_\_\_\_\_

Do you have proof of Respondent's income? **YES / NO**

**AFFIDAVIT IN SUPPORT OF PROTECTIVE ORDER**

My name is \_\_\_\_\_

On \_\_\_\_\_ at approximately \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_  
*(date of recent incident) (time) (location of incident)*

\_\_\_\_\_, Texas \_\_\_\_\_ / \_\_\_\_\_ assaulted or threatened  
*(County) (Name of Respondent) (relationship)*

me by \_\_\_\_\_  
*(describe specifically – including injuries, what part of body was struck and with what)*

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Provide detailed account of what led up to this violence or threat and describe resulting injuries: \_\_\_\_\_

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**AFFIDAVIT IN SUPPORT OF PROTECTIVE ORDER**

**LIST PAST INCIDENTS OF FAMILY VIOLENCE, EVEN IF NO POLICE REPORT WAS MADE.**

1. When did the incident happen? \_\_\_\_\_

Where did the incident happen? \_\_\_\_\_

What happened? (Describe any injuries and on what part of the body they were suffered.) \_\_\_\_\_

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Were the police called?      **YES** / **NO**

2. When did the incident happen? \_\_\_\_\_

Where did the incident happen? \_\_\_\_\_

What happened? (Describe any injuries and on what part of the body they were suffered.) \_\_\_\_\_

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Were the police called?      **YES** / **NO**

**AFFIDAVIT IN SUPPORT OF PROTECTIVE ORDER**

3. When did the incident happen? \_\_\_\_\_

Where did the incident happen? \_\_\_\_\_

What happened? (Describe any injuries and on what part of the body they were suffered.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police called?      **YES** / **NO**

I am afraid that Respondent will continue this violent behavior or will carry out these threats and I therefore request a protective order.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Applicant's signature (victim)

SUBSCRIBED AND SWORN to before me, the undersigned authority this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
State of Texas  
My commission expires on \_\_\_\_\_.

**WITNESS INFORMATION**

Please provide the names and addresses of each person who witnesses the incident of violence or who has knowledge about your injuries, including family, friends, neighbors, police officers, medical care professionals or co-workers.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
What can this person tell us about the last incident? \_\_\_\_\_  
\_\_\_\_\_  
Does this person know about Respondent's past violence?       **YES / NO**

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
What can this person tell us about the last incident? \_\_\_\_\_  
\_\_\_\_\_  
Does this person know about Respondent's past violence?       **YES / NO**

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
What can this person tell us about the last incident? \_\_\_\_\_  
\_\_\_\_\_  
Does this person know about Respondent's past violence?       **YES / NO**

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
What can this person tell us about the last incident? \_\_\_\_\_  
\_\_\_\_\_  
Does this person know about Respondent's past violence?       **YES / NO**

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
What can this person tell us about the last incident? \_\_\_\_\_  
\_\_\_\_\_  
Does this person know about Respondent's past violence?       **YES / NO**

**PROTECTIVE ORDERS**

**Data Entry Form for  
TEXAS CRIME INFORMATION CENTER (TCIC)**

The intent of this form is to aid court clerks with the collecting and providing to local law enforcement agencies pertinent information regarding protective orders for the purpose of entry into TCIC.

To be filled out by Criminal Justice/Law Enforcement Official:

ORI: \_\_\_\_\_ (check one) PROTECTIVE ORDER: \_\_\_\_\_ EMERGENCY PROTECTIVE ORDER: \_\_\_\_\_

OCA: \_\_\_\_\_ PROTECTIVE ORDER NO: \_\_\_\_\_ COURT IDENTIFIER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DATE OF DISMISSAL: \_\_\_\_\_

**\*\*\* RESPONDENT INFORMATION \*\*\***

Items in ALL UPPERCASE LETTERS must be answered to allow entry into TCIC.

NAME OF RESPONDENT: \_\_\_\_\_ SEX: (circle one) M F

RACE: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Place of Birth: \_\_\_\_\_ CTZ: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Skin: (circle one) Albino Black Dark Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow Unknown

EYE COLOR: (circle one) Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown

HAIR COLOR: (circle one) Black Blond Brown Gray Red White Sandy Bald Unknown

Scars, Marks and/or Tattoos: (please describe in detail); \_\_\_\_\_

Caution and Medical Conditions: (circle all that apply) 00 - Armed and Dangerous 05 - Violent Tendencies 10 - Martial Arts Expert 15 - Explosive Expertise 20 - Known to abuse drugs 25 - Escape risk 30 - Sexually violent predator 50 - Heart condition 55 - Alcoholic 60 - Allergies 65 - Epilepsy 70 - Suicidal 80 - Medication Required 85 - Hemophiliac 90 - Diabetic 01 - Other

**PROTECTION ORDER CONTIONS (PCO): (circle all that apply)**

- 01 - Respondent is restrained from assaulting, threatening, abusing, harassing, following, interfering with or stalking the protected person and/or child of the protected person.
- 02 - Respondent may not threaten a member of the protected person's family/household.
- 03 - The protected person is granted exclusive possession of the residence/household.
- 04 - Respondent is required to stay away from the residence, property, school or place of employment of the protected person or other family or household member.
- 05 - Respondent is restrained from making any communication with the protected person including, but not limited to, personal, written, or phone contact, or their employers, employees or fellow workers, or other whom the communication would be likely to cause annoyance or alarm.
- 06 - Respondent is awarded temporary custody of the children named.
- 07 - Respondent is prohibited from possessing and/or purchasing a firearm or other weapon.
- 08 - See miscellaneous field for comments regards terms and conditions of the protection order.

BRADY RECORD INDICATOR (BRD): N - Respondent is NOT disqualified Y - Respondent is disqualified U - Unknown

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

( PLEASE INCLUDE THE FOLLOWING NUMERIC IDENTIFIERS, IF AVAILABLE):

Texas I.D. No: \_\_\_\_\_ Misc I.D. No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Respondent's Address:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

**Respondent's Vehicle Information:**

License Plate No: \_\_\_\_\_ L.P. State: \_\_\_\_\_ L.P. Year Of Expiration: \_\_\_\_\_ L.P. Type: \_\_\_\_\_

Vehicle I.D. #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_ Color: \_\_\_\_\_

**\*\*\* PROTECTED PERSON INFORMATION \*\*\***

NAME OF PROTECTED PERSON: \_\_\_\_\_ SEX: (circle one) M F

RACE: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. (PSN): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**Protected Person Employment Information: (use additional pages if necessary)**

Place of Employment Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\* PROTECTED CHILD INFORMATION \*\*\***

*(Use additional pages if necessary)*

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*To be filled out by Criminal Justice/Law Enforcement Official:*

SID #: \_\_\_\_\_ FBI #: \_\_\_\_\_ FPC: \_\_\_\_\_ MNU: \_\_\_\_\_