

**JANNA I. LINDIG
COUNTY ATTORNEY
BANDERA COUNTY, TEXAS**



**PROTECTIVE ORDER
PACKET**

Please read the contents carefully.

**Be sure that all
Information given is complete.**



Bandera County Attorney's Office

APPLICATION FOR PROTECTIVE ORDER

Notice to Applicants: Before completing and returning an Application for Protective Order, you must read, and acknowledge that you have read and understand, the information in this Notice. If you have questions about the contents of this Notice, please contact the Victim's Assistance Coordinator at the number at the end of the form.

1. What Must Be Proven? There are two things our office must be able to prove to the Judge in order to get a Protective Order issued. We have to prove that: 1. You were/are in a family relationship, dating relationship, or live or previously lived with the person you seek protection from; and 2. There is a history of family violence.
2. Who is Involved? You are the Applicant for a Protective Order. The State of Texas, through the Bandera County Attorney's Office, reviews your application and if it is approved, files an Application with the court on your behalf. The person you are seeking protection from is the Respondent.
3. Truthful Information. If you give any false information on the Application, Affidavit, or other documents, or offer false testimony in court, you could be charged with a crime. Tell the truth.
4. Complete Application. You must complete the entire Application. If a portion or portions of any paperwork does not apply to you and your situation, please mark it "N/A."
5. Addresses. You must include an address for yourself and all other parties who are requesting protection. You must provide an address for the Respondent and/or assist us to locate the Respondent to the best of your ability. If we are unable to locate the Respondent, we will be unable to move forward with the Application for Protective Order because we are required to give him paperwork.
6. Contact. If you choose to have voluntary contact with the Respondent between the time you file the Application and the Protective Order hearing, your Application will be dismissed.
7. Dismissal of Application. Once our office files the Application for Protective Order with the Court, we **will not** dismiss the Application. A hearing will be held and you will be required to attend and testify.

8. Court has Discretion. There is no guarantee that the Court will issue a Protective Order upon reviewing your Application.

9. Request for Dismissal or Modification. If a Protective Order is granted, our office will not ask the Court to dismiss or modify the Protective Order. Generally, Protective Orders will be in effect for two (2) years.

10. Protective Order is a Court Order. Only a Judge can amend or dismiss the Protective Order. No person, including you or another person protected by the Order, may give permission to anyone to ignore or violate the terms of the Protective Order. A person who violates the Protective Order may face criminal charges.

10. Violations of the Protective Order. If the Respondent violates the Protective Order, you must contact law enforcement. A Protective Order only works when it is enforced. If you do not contact law enforcement, the Protective Order will not protect you.

11. Protect Yourself. In addition to seeking a protective order, please take any and all measures possible to protect yourself and your family. This includes reporting any recent or future acts of violence against you or your family to law enforcement.

12. Public Information. The information in this Application and any text messages, photographs, recordings, or records of any kind that are provided to the Bandera County Attorney's Office may be used in open court. None of the information disclosed to this office can be kept secret for any purpose.

13. Records will not be returned. Records provided to the Bandera County Attorney's Office, including but not limited to copies of text messages, photographs, or recordings, with applications will not be returned. Please keep copies for yourself.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO EACH OF THE TERMS AND CONDITIONS ABOVE AND WOULD LIKE THE BANDERA COUNTY ATTORNEY'S OFFICE TO REVIEW MY APPLICATION FOR PROTECTIVE ORDER AND, IF POSSIBLE, TO FILE AN APPLICATION IN COURT ON MY BEHALF.

Printed Name

Signature

Date

If you have any questions about this Notice, please contact **Elizabeth Johnson**, Victim Assistance Coordinator for the Bandera County Attorney's Office, at **(830) 796-4075**.

PROTECTIVE ORDER INFORMATION

INFORMATION ON APPLICANT (protected person):

Name: _____

Email: _____

Sex: _____ **Date of Birth** _____ **Place of Birth** _____

Home Address: _____

Name of Employer: _____

Work Address: _____

Home Phone #: _____ **Work Phone#:** _____

Cell Phone # _____

ID/Driver's License #: _____ **State Issued:** _____ **Social Security**

#: _____ **Hair color:** _____ **Eye color:** _____ **Skin**

color _____ **Height:** _____ **Weight:** _____

Race: _____

Scars, Marks, and/or Tattoos: _____

INFORMATION ON RESPONDENT:

Name: _____

Email: _____

Sex: _____ **Date of Birth** _____ **Place of Birth** _____

Home Address: _____

Name of Employer: _____

Work

Address: _____

Home Phone #: _____ **Work Phone#:** _____

Cell Phone # _____

ID/Driver's License #: _____ **State Issued:** _____ **Social Security #:** _____

Hair color: _____ **Eye color:** _____

Skin color _____ **Height:** _____ **Weight:** _____

Race: _____

Scars, Marks, and/or Tattoos: _____

Can you provide a photo of the Respondent for identification? _____

Has he/she ever been arrested? _____ Convicted? _____

Is he/she currently on probation or parole? (If yes, please explain) _____

INFORMATION OF CHILDREN IN THE HOME:

Child #1 Name: _____ Date of Birth: _____

Social Security #: _____ SEX _____ Race: _____

Current Address: _____

Name of Child Care or School Facility: _____

Address of Child Care or School Facility: _____

Child #2 Name: _____ Date of Birth: _____

Social Security #: _____ SEX _____ Race: _____

Current Address: _____

Name of Child Care or School Facility: _____

Address of Child Care or School Facility: _____

Child #3 Name: _____ Date of Birth: _____

Social Security #: _____ SEX _____ Race: _____

Current Address: _____

Name of Child Care or School Facility: _____

Address of Child Care or School Facility: _____

Child #4 Name: _____ Date of Birth: _____

Social Security #: _____ SEX _____ Race: _____

Current Address: _____

Name of Child Care or School Facility: _____

Address of Child Care or School Facility: _____

Child #5 Name: _____ Date of Birth: _____

Social Security #: _____ SEX _____ Race: _____

Current Address: _____

Name of Child Care or School Facility: _____

Address of Child Care or School Facility: _____

Are any of the above children by the Respondent? _____ If yes, please list their names. _____

Are the children affected by any court order/decreed (child support, custody order, etc.)? _____

If yes, explain, if needed be prepared to provide us with a copy of the order for your file.

INFORMATION ON THE PARTIES RELATIONSHIP:

WHAT IS YOUR RELATIONSHIP WITH THE RESPONDENT _____

(spouse, boyfriend, girlfriend, child, parents of same child, member of the same household or other-*please describe*)

IF YOU ARE DATING:

LIST DATE OF RELATIONSHIP: _____ **ARE YOU SEPARATED?** _____

WHEN DID YOU SEPARATE? _____

IF YOU ARE MARRIED:

LIST DATE OF MARRIAGE: _____ **ARE YOU SEPARATED?** _____

WHEN DID YOU SEPARATE? _____

ARE YOU CURRENTLY INVOLVED IN DIVORCE PROCEEDINGS? _____

IF YOU ARE DIVORCED:

List the date of Divorce: _____ (if needed please be prepared to provide us with a copy of the divorce decree)

EMERGENCY CONTACT:

Name, address and phone number of someone who will always be able to contact you:

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

BACKGROUND INFORMATION:

Is this your first time filing with this office? _____ If no, please explain: _____

Have you ever (even in self defense) hit, slapped, pushed, threatened, or thrown something at the Respondent? _____ If yes, explain: _____

Have you ever had to seek medical treatment for abuse? _____ If yes, give doctor name, _____ hospital, _____ and treatment: _____

As a result of family violence involving the Respondent, have you ever called the Police or Sheriff's Department? _____ If yes, which agency (police or sheriff or both) did you call? _____ were charges filed? _____

Please explain: _____

As a result of family violence involving the Respondent, have you ever received threatening phone calls or text messages? _____ If yes, are they saved? _____

Please explain: _____

Have you ever been arrested? _____ Convicted? _____

Have you ever been on probation or parole? _____ If yes, to any of the above, please explain: _____

WITNESSES TO FAMILY VIOLENCE: (NAME, ADDRESS, AND PHONE NUMBER)

IF YOUR APPLICATION IS APPROVED, LAW ENFORCEMENT AGENCIES WILL BE SENT A COPY OF THE PROTECTIVE ORDER. IF THE RESPONDENT VIOLATES THE TERMS OF THIS ORDER, CRIMINAL CHARGES AND/OR CIVIL CONTEMPT CHARGES MAY BE FILED AGAINST THE OFFENDING PARTY.

SIGNATURE OF APPLICANT