

**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**.

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO: _____

APPLICANT _____ § IN THE _____
VS. _____ §
RESPONDENT _____ § OF _____ COUNTY, TEXAS
§

Application for Protective Order

1. Parties:

Applicant _____ County of Residence _____
 Mark this box if you are completing and filing this application on behalf of the Applicant.

Name of Person Filing the Application _____ Title of Person Filing the Application _____

Respondent _____
Respondent's address for service: _____

2. Reason(s) for Protective Order: (Mark all that apply)

- The Respondent committed family violence, dating violence, or child abuse.
- The Respondent committed sexual assault or abuse, indecent assault, indecency with a child, compelling prostitution, stalking, or trafficking.
- The Respondent violated a Protective Order that was active at the time of the violation but has since expired or will expire in 30 days or less. A copy of the Order is (Mark one)
 - attached.
 - not available now but will be filed before the hearing set for this Application.

3. Describe Applicant's Relationship to the Respondent: (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Current or former spouses | <input type="checkbox"/> Parent or child of the Respondent |
| <input type="checkbox"/> Current or former dating partners | <input type="checkbox"/> Foster child or foster parent of the Respondent |
| <input type="checkbox"/> Are or were members of the same family or household | <input type="checkbox"/> Applicant is dating or married to Respondent's current or former spouse or dating partner |
| <input type="checkbox"/> Parents of the same child(ren) | <input type="checkbox"/> No relationship |
| <input type="checkbox"/> Relatives | |

4. Children Under Age 18 Who Need Protection:

Name	Is Respondent the parent or guardian
a. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mark all that apply:

- Other children are listed on a sheet attached to this Application.
- The children are or were members of the Applicant's family or household.
- The children have a court order that affects how and when they can visit their family or sets child support.

5. Other Adults: The Applicant requests protection for the following adults who are or were: members of the Applicant's family or household; or in a marital or dating relationship with the Applicant.

Name

a. _____

b. _____

6. Other Court Cases (other than criminal cases): Are there other court cases involving the Applicant, Respondent, or children?

- Yes No

(a) If "Yes," what kind of case and is the case active or complete?

- (b) If "complete," (*Mark all that apply*):
- A copy of the final order of the other case is attached.
 - A copy of the final order of the other case will be filed before the hearing on this Application.

(c) If the Texas Office of the Attorney General Child Support Division has been involved with a child support case: list the OAG case number for each open case, if known. Case Number: _____

7. Family Violence or Other Criminal Case(s): Has the Respondent ever been convicted of or placed on deferred adjudication community supervision for any crime under Title 5 or Title 6 of the Texas Penal Code? (See list of crimes at the end of the instruction document)

- Yes No Unknown

If "Yes," what kind of crime:

If the Respondent was convicted or placed on community supervision for a Title 5 crime, did the Court make a finding that the crime involved family violence?

- Yes No Unknown

Was the crime against a child listed in this application?

- Yes No Unknown

Have the Respondent's parental rights to a child listed in this application been terminated?

- Yes No Unknown

If Respondent's parental rights have been terminated, has the Respondent contacted or attempted to contact the child?

- Yes No Unknown

8. Terms and Conditions of the Protective Order – Mark all terms and conditions that the Applicant wants the Court to include in the Temporary Ex Parte Order, if the Applicant is requesting one, and the final Protective Order.

The Applicant asks the Court to order the Respondent: *(Mark all that apply)*

- a. Not to commit family violence.
- b. Not to commit further acts of sexual assault or abuse, indecent assault, stalking, or trafficking.
- c. Not to communicate a threat through any person to any person who is listed in this application as a person seeking protection or who is a member of the Applicant's family or household.
- d. Not to communicate in a threatening or harassing manner with any person who is listed in this application as a person seeking protection or who is a member of the Applicant's family or household.
- e. Not to communicate or attempt to communicate in any manner with *(Mark all that apply)*:

- Applicant children listed in this application other Adults listed in this application

except through Applicant's attorney or other person named by the Court, namely:

Please explain why the court should prohibit direct communication from the Respondent:

(If necessary, attach sheet with additional information)

- f. Not go within _____ yards of the: *(Mark all that apply)*
 Applicant children listed in this application other Adults listed in this application
- g. Not go to or within _____ yards of the residence, workplace, or school of the: *(Mark all that apply)*
 Applicant children listed in this application other Adults listed in this application.

Residence: _____

Workplace: _____

School: _____

- h. Not go to or within _____ yards of the residence, child-care facility, or school of the children listed in this application, except as specifically authorized in a possession schedule or other order entered by the Court.
 Residence: _____
 Child-care facilities: _____
 School: _____
- i. Not to engage in conduct that is reasonably likely to harass, annoy, alarm, abuse, torment, or embarrass any person who is listed in this application as a person seeking protection, or who is a member of the Applicant's family or household, including not tracking or monitoring the car or other property belonging to any person who is listed in this application as a person seeking protection, or who is a member of the Applicant's family or household, or by physically following or causing another to physically follow a person seeking protection or any member of the Applicant's family or household.

The Applicant further asks the Court to:

- j. Suspend the Respondent's license to carry a handgun.*
- k. Prohibit Respondent from possessing a firearm.*
- l. Require the Respondent to complete a battering intervention and prevention program.
- m. Prohibit the Respondent from taking, harming, threatening, or interfering with the care, custody, or control of the following pet, companion animal, or assistance animal: (describe the animal).

- n. Require the Respondent to do the following to prevent or reduce the likelihood of family violence or future harm to the Applicant or any person listed in this application as a person in need of protection.

*NOTE: If the Respondent is a peace officer actively engaged in employment as a sworn, full-time paid employee of a state agency or political subdivision, the court may not suspend the Respondent's license to carry a handgun or prohibit the Respondent from possessing a firearm.

9. Property Orders: (Complete this section only if the Applicant shares, owns, or leases a residence with the Respondent)

The Residence located at: _____

- (Mark one):
- is jointly owned or leased by the Applicant and Respondent.
 - is solely owned or leased by the Applicant.
 - is solely owned or leased by the Respondent; and the Respondent is obligated to support the Applicant or a child in the Applicant's possession.

The Applicant asks the Court to make these orders about the residence: (Mark all that apply)

- Grant the Applicant exclusive use of the residence identified above, and order the Respondent to vacate the residence and its premises.

- Order a law enforcement officer: to go with the Applicant to the residence; to tell the Respondent that the Court has ordered the Respondent to vacate the residence; to provide protection to the Applicant while the Applicant takes possession of the residence or while the Respondent takes possession of the Respondent's personal property; and to arrest the Respondent if the Respondent refuses to leave in violation of the Order.
- Applicant requests exclusive use of the following property that the Applicant and Respondent jointly own or lease:

_____ ;

- Order the Respondent not to damage, transfer, encumber, or otherwise dispose of any property jointly owned or leased by the parties, including removing or disabling any vehicle owned or possessed by the Applicant or jointly owned or possessed by the parties.

10. Spousal Support Order (Mark the box if the Applicant is married to the Respondent and would like spousal support)

Applicant is married to the Respondent and requests the Court to order the Respondent to pay spousal support.

11. Rights to Mobile Phone Numbers, Associated Devices, and Accounts (Mark the box if asking to separate or transfer the wireless telephone account)

The Applicant asks the Court to order that the wireless telephone numbers that are used primarily by the Applicant or a person listed in this application as a person in need of protection be separated from the Respondent's wireless telephone service account. The Applicant asks for sole use, possession, and control of the following wireless telephone numbers and associated mobile devices, including sole billing responsibility and sole ownership of the mobile devices and wireless telephone service account associated with the wireless telephone numbers.

The Applicant further asks the Court to order the Respondent to pay the costs associated with transferring the wireless service account to the Applicant and the outstanding balance on the account.

The following wireless telephone numbers and associated mobile devices are used by the Applicant or the children listed in this Application.

- | | | |
|-------|--|---|
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |

(Sheet may be attached for additional numbers)

The Applicant asks the Court to prohibit Respondent from closing, limiting access to, or otherwise tampering with the wireless telephone service account associated with aforementioned mobile phone numbers and associated mobile devices until this Court determines who is the primary user of the mobile phone numbers and devices. Applicant also asks the Court to order the Respondent's wireless telephone service provider not to disclosure the Applicant's or other persons in need of protection contact information to the Respondent, including any new telephone numbers assigned to the Applicant or other person in need of protection.

12. **Orders Related to Removal, Possession, and Support of Children** (Mark the box if asking for the removal, possession, or support of the children)

The Applicant and the Respondent are the parents or guardians of the following children:

The Applicant asks the Court to enter the following orders with respect to the children: (Mark all that apply):

- The Respondent must not remove children from the Applicant's possession or from their child-care facility or school, except as specifically authorized in a possession schedule or other order entered by the Court.
- The Respondent must not remove the children from the jurisdiction of the Court.
- An order establishing or modifying a schedule for the Respondent's possession of the children, subject to any terms and conditions necessary for the safety of the Applicant or the children.
- An order requiring the Respondent to pay child support in an amount set by the Court.

13. **Temporary Ex Parte Order** (Mark the box if requesting a temporary ex parte order)

Based on the information in the attached Affidavit or Declaration, the Applicant asks the Court to find that there is a clear and present danger of family violence, sexual assault or abuse, indecent assault, stalking, trafficking, or other harm to Applicant and/or a member of the family or household and issue a Temporary Ex Parte Order immediately without bond, notice, or hearing.

13a. **Temporary Ex Parte Order That Also Requires Respondent to Vacate Residence Immediately** (Mark the box if you are requesting that the temporary ex parte order also exclude Respondent from the shared residence)

NOTE: IF YOU MARK 13a, YOU MUST APPEAR FOR A HEARING BEFORE THE COURT CAN EXCLUDE OR REMOVE THE RESPONDENT FROM A SHARED RESIDENCE.

The Applicant lives with the Respondent at:

or resided there within the 30 days prior to the filing of this Application. The Respondent committed family violence against the Applicant, or a member of the family or household, as described in the Affidavit or Declaration attached, within 30 days prior to the filing of this Application. There is a clear and present danger that the Respondent is likely to commit family violence against the Applicant and/or a member of the family or household. The Applicant is available for a hearing to justify the issuance of an order excluding the Respondent from the residence. If the Court grants this request, the Applicant asks the Court to issue a Temporary Ex Parte Order that:

- Grants the Applicant exclusive use and possession of the residence and orders the Respondent to vacate the residence immediately and remain at least 200 yards away from the residence pending further Order of the Court.
- Directs the sheriff, constable, or chief of police to provide a law enforcement officer to accompany the Applicant to the residence; to inform the Respondent that the Court has ordered the Respondent to vacate the residence; and to protect the Applicant while the Applicant takes possession of the residence, or while the Applicant takes possession of the Applicant's necessary personal property if the Respondent refuses to vacate the residence.

14. Keep Information Confidential (Mark the box if you want your information to remain confidential)

The Applicant requests the Court to exclude the following information from the protective order: the mailing address, county of residence, and telephone number of the Applicant and any person listed in this application as a person in need of protection; and the address and telephone number of a place of employment, business, child-care facility, or school, if any, of the Applicant and any person listed in this application as a person in need of protection. The Applicant further asks the Court to order the clerk of the court to strike the aforementioned information from the public records of the Court and keep a confidential record of the information for use only by the Court or law enforcement for the purpose of entering the information required by Section 411.042(b)(6), Government Code, into the statewide law enforcement information system maintained by the Texas Department of Public Safety.

WARNING: A copy of this application will be served on the Respondent and made available for public inspection. Marking Box No.14 means that you are asking the judge to remove your address and telephone numbers from the final order so the public cannot see this information. If you are requesting confidentiality, **DO NOT INCLUDE** personal information in this application or any other form related to your request.

If the Applicant is requesting confidentiality, provide the information requested below:

The Applicant asks the Court to designate the following person to receive on Applicant's behalf all notices and documents filed with the Court, if related to this Application:

Name: _____
 Address: _____

15. Citations and Notices

The Applicant asks the Court to issue all citations and notices required by law for the application and any resultant order.

PRAYER

WHEREFORE, PREMISES CONSIDERED, the Applicant prays the Court issue the protective order as requested in this Application, and, if applicable, the Applicant further prays the Court issue a Temporary Ex Parte Order until a hearing can be held.

I have read the entire Application and it is true and correct to the best of my knowledge.

Applicant or Person filing on behalf of Applicant

Address and telephone number where Applicant or Person filing on behalf of Applicant may be contacted (*List another address/telephone if you want yours kept confidential*):

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Use this form if YOU WANT your Date of Birth and Address to REMAIN CONFIDENTIAL.
You will need to have it signed BY A NOTARY.
Do NOT use the DECLARATION form if you use this form.

AFFIDAVIT

County of _____

State of Texas

My name is _____ (First Middle Last). I am _____ years old and otherwise competent to make this Affidavit. The information and events described in this Affidavit are true and correct.

- 1. My relationship with Respondent is: _____
- 2. Describe the most **recent time** the Respondent hurt or threatened to hurt you, including any conduct involving sexual assault, stalking, or trafficking:

- a. In what county did this happen? _____
- b. On what date did this happen? ____ / ____ / ____
- c. Was a weapon involved? Yes No If yes, what kind?

- d. Does Respondent possess or have access to firearms? Yes No
- e. Were any of the children present? Yes No If yes, who?

- f. Did anyone call the police? Yes No If yes, what happened?

- g. Were you injured? Yes No If yes, describe your injuries:

- h. Did you seek medical care? Yes No

- 3. Has the Respondent threatened or hurt you **before**? Yes No
If so, describe below how the Respondent threatened or hurt you, including date(s) if possible.

a. Were weapons ever involved? Yes No If yes, what kind?

b. Were the children present? Yes No If yes, who?

c. Did anyone report the conduct to the police? Yes No

d. Were you injured? Yes No If yes, describe your injuries:

e. Did you seek medical care? Yes No

4. Has the Respondent ever been convicted of family violence? Yes No

If yes, list when and in which county and state the conviction(s) occurred:

5. Has the Respondent ever been convicted or placed on deferred adjudication community supervision for any of the following:

Trafficking of Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Continuous Trafficking of Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Indecent Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Aggravated Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Compelling Prostitution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

If yes, list when and in which county and state the conviction(s) occurred:

6. Are you requesting exclusive possession of a residence and to have the Respondent excluded from the residence? Yes No

a. What is the location of the residence? _____

b. Do you currently reside at the residence or have resided there within the last 30 days?

Yes No

c. Please describe the facts and circumstances that require the Respondent to be excluded from the residence:

On ___ / ___ / ___, the Applicant _____ personally appeared before me, the undersigned notary. After being sworn, the Applicant stated that the Applicant is qualified to make this oath, that the Applicant has read the foregoing Application and Affidavit, that the Applicant has personal knowledge of the facts asserted, and the facts asserted are true and to the best of the Applicant's knowledge and belief. Subscribed and sworn before me on ___ / ___ / ___.



Applicant signs here



Notary Public in and for the State of Texas

My Commission expires: _____

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Use this form if you want your Date of Birth and Address to be public information (not confidential).

If you use the Declaration Form, a notary does not have to sign. Do NOT use the Affidavit form if you use this form.

DECLARATION

County of _____

State of Texas

My name is _____
(First Middle Last)

my date of birth is ____ / ____ / _____, and my address is

(Street) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____
day of _____ (Month) _____ (Year).

(Declarant Signature).

1. My relationship with Respondent is: _____

2. Describe the most **recent time** the Respondent hurt or threatened to hurt you, including any conduct involving sexual assault, stalking, or trafficking:

a. In what county did this happen? _____

b. On what date did this happen? ____ / ____ / _____

c. Was a weapon involved? Yes No If yes, what kind?

d. Does Respondent possess or have access to firearms? Yes No

e. Were any of the children present? Yes No If yes, who?

f. Did anyone call the police? Yes No If yes, what happened?

g. Were you injured? Yes No If yes, describe your injuries:

h. Did you seek medical care? Yes No

3. Has the Respondent threatened or hurt you *before*? Yes No
If so, describe below how the Respondent threatened or hurt you, including date(s) if possible.

a. Were weapons ever involved? Yes No If yes, what kind?

b. Were the children present? Yes No If yes, who?

c. Did anyone report the conduct to the police? Yes No

d. Were you injured? Yes No If yes, describe your injuries:

e. Did you seek medical care? Yes No

4. Has the Respondent ever been convicted of family violence? Yes No
If yes, list when and in which county and state the conviction(s) occurred:

5. Has the Respondent ever been convicted or placed on deferred adjudication community supervision for any of the following:

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|----------------------------------|
| Trafficking of Persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Continuous Trafficking of Persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Indecent Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Aggravated Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Stalking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Compelling Prostitution | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

If yes, list when and in which county and state the conviction(s) occurred:

6. Are you requesting exclusive possession of a residence and to have the Respondent excluded from the residence? Yes No
- a. What is the location of the residence? _____
- b. Do you currently reside at the residence or have resided there within the last 30 days?
 Yes No
- c. Please describe the facts and circumstances that require the Respondent to be excluded from the residence:



Applicant signs here

TCIC Protective Order Data Entry Form

To be completed by the Criminal Justice/Law Enforcement Official and released to authorized agencies only.

ORI:	Choose One: Protective Order Emergency Protective Order		
OCA:	Protective Order Number:	Court Identifier:	
Issue Date:	Date of Expiration:	Date Signed:	Date Rescinded:

ALL fields should be completed to ensure timely entry into TCIC. Missing pertinent information will delay entry and will require the entering agency to contact the court to provide the necessary information.

Respondent Name:				Sex: (circle one) Male Female	
Race: (circle one): Indian Asian Black White Unknown				Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	
Place of Birth:	Citizenship:	Date of Birth:	Height:	Weight:	
Skin: (circle one): Albino Black Dark Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow					
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 Blue Green Orange Pink Purple Unknown					
Scars, Marks and/or Tattoos: (please describe in detail)					
AKA's:					
Caution and Medical Conditions: (circle all that apply)					
00—Armed and Dangerous	05—Violent Tendencies	10—Martial Arts Expert	15—Explosive Expertise	40—Int'l Flight	
20—Known to Abuse Drugs	25—Escape Risk	30—Sexually Violent Predator	50—Heart Condition	Risk 55—	
Alcoholic	60—Allergies	65—Epilepsy	70—Suicidal		
80—Medication Required	85—Hemophilia	90—Diabetic	01—Other		
Protection Order Conditions (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 others 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 regarding terms and conditions of the protection order (add all prohibitions ordered <u>not</u> already assigned a code, e.g. pets, utilities, mutually owned property, distance, bond conditions, visitation details and/or other special prohibitions).					
09 The protected person is awarded temporary exclusive custody of the child(ren) named					
Brady Record Indicator (BRD): N—Respondent is NOT disqualified Y—Respondent is disqualified U—Unknown				SVC: (circle one) served/not served/unknown	
				SVD:	
Relationship to Protected Person: (Not the additional PPNS)					

Please include the following numeric identifiers, if available:

Driver License:	DL State:	DL Expiration:
Texas ID:	Miscellaneous ID:	Social Security:

Respondent Address:			
City:	County:	State:	Zip:

Protective Order Data Entry Form – Page 2

Respondent Name:

Respondent Vehicle Data:			
License Plate:	LP State:	LP Year:	LP Type:
Vehicle ID:	Year:	Color:	
Make:	Model:	Style:	

Protected Person Data			
Protected Person Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	Social Security:		
Protected Person Address:			
City:	County:	State:	Zip:

Protected Person Employer Data		
Protected Person Employer Name:	Address:	
City:	State:	Zip:
Protected Person Employer Name:	Address:	
City:	State:	Zip:

Protected Child Data (Use additional pages if necessary)			
Protected Child Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	School/Child Care Name and Address:		
Home Address:	City:	State:	Zip:
Protected Child Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	School/Child Care Name and Address:		
Home Address:	City:	State:	Zip:

To be completed by Criminal Justice/Law Enforcement Official:			
SID:	FBI #:	FPC:	MNU:

Notes:
 Use of Pseudonyms; Code of Criminal Procedures: Ch.58 Art. 58.051. (Confidentiality of Identifying Information for Certain Crime Victims) (Eff. 1/1/2021)
 Extension of PO if Respondent is confined or Imprisoned; Family Code: Sec. 85.025 (Duration of Protective Order)
 PCO-07-Possession of a firearm; Family Code: Sec. 85.022 (C)(6) (Requirements of order applying to person who committed family violence).
 Family Code Ch. 85, Sec. 85.007 (3)- the court shall order the clerk to maintain a confidential record of the information for use only by: (A) the court; or (B) a law enforcement agency for purposes of entering the information required by Section 411.042 (b) (6), Govt. Code into the statewide law enforcement information system maintained by the Department of Public Safety. (Eff. 9/1/17)