



**Assistant District Attorney
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PROTECTIVE ORDERS

UNDER THE LAW, YOU MUST MEET ALL OF THE FOLLOWING TO BE ELIGIBLE FOR A PROTECTIVE ORDER;

- 1. FAMILY VIOLENCE MUST HAVE OCCURRED (INJURY OR THREAT OF INJURY);**
- 2. THE PERSON YOU WANT PROTECTION FROM MUST BE A FAMILY MEMBER THAT LIVES OR HAS LIVED IN YOUR HOUSEHOLD;**
- 3. YOU MUST FILL OUT AN APPLICATION AND GIVE ALL OF THE DATES AND DETAILS OF WHAT KIND OF FAMILY VIOLENCE HAS OCCURRED;**
- 4. YOU MUST MAKE AN APPOINTMENT WITH THE DISTRICT ATTORNEY OR THE ASSISTANT DISTRICT ATTORNEY TO DISCUSS THE APPLICATION;**

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.
- 09—The protected person is awarded temporary exclusive custody o the child(ren) named.

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: _____

ADDITIONAL PROTECTED PERSON INFORMATION

NAME: _____ SEX: (circle one) M F
RACE: (circle one) Indian Asian Black White Unknown ETHNICITY: (circle one) Hispanic Non-Hispanic Unknown
DATE OF BIRTH: _____ Relationship to You: _____
School the Child Attends: _____
School Address: _____
Home Address: _____

NAME: _____ SEX: (circle one) M F
RACE: (circle one) Indian Asian Black White Unknown ETHNICITY: (circle one) Hispanic Non-Hispanic Unknown
DATE OF BIRTH: _____ Relationship to You: _____
School the Child Attends: _____
School Address: _____
Home Address: _____

NAME: _____ SEX: (circle one) M F
RACE: (circle one) Indian Asian Black White Unknown ETHNICITY: (circle one) Hispanic Non-Hispanic Unknown
DATE OF BIRTH: _____ Relationship to You: _____
School the Child Attends: _____
School Address: _____
Home Address: _____

NAME: _____ SEX: (circle one) M F
RACE: (circle one) Indian Asian Black White Unknown ETHNICITY: (circle one) Hispanic Non-Hispanic Unknown
DATE OF BIRTH: _____ Relationship to You: _____
School the Child Attends: _____
School Address: _____
Home Address: _____

NAME OF PERSON YOU NEED PROTECTION FROM:

NAME: _____

(FIRST)

(MIDDLE)

(LAST)

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

RESIDENCE TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

EMPLOYER: _____

WORK ADDRESS: _____

DATE OF BIRTH: _____

APPLICATION FOR PROTECTIVE ORDER

DATE: _____

YOUR NAME: _____
(FIRST) (MIDDLE) (LAST)

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

RESIDENCE TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

EMPLOYER: _____

WORK ADDRESS: _____

DATE OF BIRTH: _____

NAME OF RELATIVE OR FRIEND WHO CAN CONTACT YOU

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

DA PROTECTIVE ORDER SCREENING FORM

Applicant's Name: _____

Respondent's Name: _____

Relationship to you: _____

Please answer the following questions by circling YES or NO

1. Will you take necessary steps to comply with any Court Order entered in this case, including reporting all violations to proper authorities? YES or NO
2. Do you live in Upshur County? YES or NO
3. Have there been at least 2 recent events of violence within the last 6 months? YES or NO
 - a. _____
 - b. _____
4. Do you understand that:
 - a. It takes approximately 14 days to obtain a final protective order and requires at least one court appearance? YES or NO
 - b. Once the Court signs an order you cannot let Respondent violate the order YES or NO
 - c. Once the Court signs an order you must personally appear before the judge if you want the order modified or vacated YES or NO
 - d. If a protective order is granted it will be in effect for two years and cannot be dismissed once it is active YES or NO
5. Have you ever been involved in a Protective Order before? YES or NO When? _____
Were you applicant or respondent? _____
6. Do you and the Respondent have children together? YES or NO
7. If the Respondent has visitation, where is the neutral location (note- look at the visitation language is it already at a safe pick-up/drop-off or is the Respondent only allowed visitation through the SAFE program)?

8. Has CPS ever investigated the Applicant or Respondent? YES or NO (if yes please explain)

9. Has Child Protective Services ever removed a child from your custody? YES or NO
10. Are you currently working with a Child Protective Services caseworker? YES or NO
11. Do you currently have a divorce OR a Suit-Affecting-Parent-Child relationship pending against the Respondent? YES or NO
12. Do you have any criminal cases? YES or NO Previous convictions? YES or NO

13. Does the Respondent have any criminal cases pending? YES or NO
Previous convictions? YES or NO (describe cases and county of conviction)

14. Does the Respondent have a history of mental illness? YES or NO

15. Does the Respondent abuse drugs and/or alcohol? YES or NO (describe kind of drugs)

16. Has the Respondent ever abused an animal? YES or NO (describe abuse)

17. Does the Respondent own a weapon? YES or NO (describe the weapon and how long has it been obtained)

18. Has the Respondent been stalking the Applicant? YES or NO (describe)

19. Describe the Respondent's violence (if any) with other people or property:

20. Have you reported this incident to law enforcement? YES or NO

21. Which agency? ___ Gilmer PD ___ UCSO ___ Other: _____

Date occurred? _____ Date reported? _____ Offense Report # _____

I authorize the release of the above information to other agencies for the sole purpose of determining eligibility for assistance in obtaining in protective order against the Respondent listed above. I hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Upshur County District Attorney's Office, whether said records are of a public, private, or confidential nature.

Date

Applicant

_____ Accepted

_____ Rejected

PROTECTIVE ORDER AFFIDAVIT

APPLICANT: _____

RESPONDENT: _____

PLEASE BRIEFLY DESCRIBE SPECIFIC ACTS OF FAMILY VIOLENCE THAT LED YOU TO MAKE THIS REQUEST FOR PROTECTION (BE VERY SPECIFIC AS TO DATES, TIMES, ACTS, WITNESSES, ECT. THIS INCLUDES ACTS OF PHYSICAL VIOLENCE AND THREATS OF PHYSICAL VIOLENCE AS WELL AS HARASSMENT/STALKING BEHAVIORS.)

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS THE ABSOLUTE TRUTH. I UNDERSTAND THAT IT WILL BE NECESSARY FOR ME TO APPEAR AT THE HEARING THAT IS SET BY THE JUDGE AND FAILURE TO APPEAR AT THE SCHEDULED DATE AND TIME WILL RESULT IN DISMISSAL OF PROTECTIVE ORDER.

APPLICANT

DATE