

**Polk County Criminal District Attorney's Office
PROTECTIVE ORDER APPLICATION**

*Are your addresses
confidential?

Yes / No*

Date: _____ VAC: _____

Protective Order Information
(Please Print)

Applicant: _____
(You)

Physical Address: _____
(No PO Box)

PhoneNumber: _____

Respondent: _____
(Abuser)

Physical Address: _____
(or specific directions to Respondent's home)

PhoneNumber: _____

Protected Child Information

Name of Protected Child: _____ Age _____

Child Care/School: _____

Facility Address: _____

Name of Protected Child: _____ Age _____

Child Care/School: _____

Facility Address: _____

Name of Protected Child: _____ Age _____

Child Care/School: _____

Facility Address: _____

Name of Protected Child: _____ Age _____

Child Care/School: _____

Facility Address: _____

Protective Order Intake Form
Applicant Information

I.

Applicant's DL State: _____ DL#: _____

Applicant's Name: _____

DOB: _____ / _____ / _____ Age: _____ Race: _____ Sex: _____

Social Security #: _____ - _____ - _____

Home Address: _____ City _____

Home Phone#: _____ Cell Phone: _____

Place of Employment and Address: _____

_____ Work Phone: _____

Other Address to contact Applicant: _____

Phone Number: _____

Nearest Relative Address: _____

Phone #: _____

Do you currently live with Respondent? Yes / No

Do you have any pending criminal charges? _____

Are you on Probation or Parole? _____

Prob or Par Officer Name and Phone: _____

Has CPS ever investigated you or your spouse (when) _____

Respondent Information

II.

Respondent's DL State: _____ DL#: _____

Respondent's Name: _____

DOB: _____ / _____ / _____ Age: _____ Race: _____ Sex: _____

Social Security #: _____ - _____ - _____

Height: _____ Weight: _____ Build: _____ Eyes: _____

Hair: _____ Skin: _____ Tattoos _____

Marital Status: _____ US Citizen: Yes / No

Home Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone: _____

Place of Employment and Address: _____

Name of Supervisor: _____ Work Hours: _____

Work Phone: _____

Where else might Respondent be found?: _____

Who else lives there? _____ Phone #: _____

Is Respondent on Probation/Parole?: Yes / No For what offense is Respondent on Probation/Parole?

Name of Probation/Parole Officer: _____

Phone#: _____ Other Known Arrests/Convictions?: _____

Outstanding Warrants? Y / N For What?: _____

Respondents' Vehicle Info: License Plate: _____, State: _____ Year: _____

Vin#: _____ Make: _____

Model: _____ Style: _____ Color: _____

Information Regarding Children of the Marriage Relationship

III. List the names of minor children of this marriage/relationship, including their Date of Birth and Social Security Numer

Names	DOB	SSN
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____
_____	____/____/____	____-____-____

Do these Children live with you? Y/ N If not, with whom do they live?

B. What is the relationship between the Applicant and the Respondent?

- _____ Spouse
- _____ Member of Household
- _____ Former member of Household
- _____ Biological Parents of same Child
- _____ Family Member by Blood or Marriage
- _____ Divorced
- _____ Third Party _____
- _____ Other: _____

V. Marital Status and Divorce Proceedings

If you are presently married (legally or by common-law), has a divorce been filed Y / N

If yes, what is the Cause Number?: _____

If yes, Who is the 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 was finalized? _____

In what county was your Divorce finalized?: _____

VI. Court Orders of Proceedings Regarding Children

Are there any court orders or court proceedings regarding your children (ex. Child support / Visitation) Attorney General Case, Paternity Suit, Child Protective Service case?)

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 the hearing? Y / N

Have you resided at the residence in the last (30) days? Y / N

Has the Respondent committed Family Violence in the last (30) days? Y / N

Do you own or lease the home?: _____

Whose name is on the lease/deed? Yours / Respondents / Both / Other _____

VIII. 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 Military? Yes / No
Name and Telephone Number of Unit Commander _____

D. Was medical treatment received as 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, What, Where and When?: _____

Do you have any medical receipts?

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 no, 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 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 else? Yes / No

If yes, When and What happened to the case?: _____

F. Do you believe that the Respondent has a drug or alcohol problem? Yes / No

If yes, Why do you believe this? _____

G. Has 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

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 that 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 his 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? _____

AFFIDAVIT IN SUPPORT OF PROTECTIVE ORDER

My name is _____, and I declare that the statements contained in this affidavit are true and correct.

On _____ at approximately _____ am/pm, at _____
(date of most recent incident) (time) (location/.address of incident)

_____, Texas, _____, my _____
(county) (name of Respondent) (relationship)

assaulted or threatened me by _____
(describe specifically – including injuries, what part of the body was struck and with what)

Provide detailed account of what led up to **this** violence or threat:

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.)

Were 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.)

Were 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 Police called Yes / No

I am afraid that the 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 (victim's) signature

SUBSCRIBED AND SWORN to before me, the undersigned authority this the _____ day
Of _____, 20_____ .

Notary Public, State of Texas

Witness Information

Name: _____

Address: _____

What can this person tell us about the incident: _____

Does this person know about Respondent's past violence? Yes / No

Name: _____

Address: _____

What can this person tell us about the incident: _____

Does this person know about Respondent's past violence? Yes / No

Name: _____

Address: _____

What can this person tell us about the incident: _____

Does this person know about Respondent's past violence? Yes / No

Name: _____

Address: _____

What can this person tell us about the incident: _____

Does this person know about Respondent's past violence? Yes / No
