

PROTECTIVE ORDER PACKET

Please read the contents carefully.

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

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ACKNOWLEDGMENT

I, _____, Applicant for a Family Violence Protective Order against _____, Respondent, do certify that I have read and understand the following:

A Protective Order is a civil, legal action which I am requesting that the Victoria County Criminal District Attorney bring against the Respondent.

The cost to Victoria County of the legal work in pursuing this action is much greater than the aforementioned fees and the Court can charge these fees against the Respondent if it chooses.

THE DISTRICT ATTORNEY'S OFFICE WILL NOT DISMISS THIS PROTECTIVE ORDER UNDER ANY CIRCUMSTANCES. ONCE THIS PROTECTIVE ORDER IS ENTERED, IT WILL EXPIRE ONLY BY OPERATION OF LAW.

The District Attorney's Office is not going to request nor enforce child support orders, visitation orders, settle property nor other disputes, but is only going to request those orders which are necessary to protect me and my household from family violence. This may include removing the Respondent from my house for up to (2) years. If the Respondent is removed from the house, that will be a condition of the Order which neither the Respondent nor I may violate, and if I do, I may be subject to contempt of court action or even criminal charges.

Although the Court may remove a Respondent from the house, such removal may not be accomplished until after the hearing is held.

A Temporary Ex Parte Protective Order will be requested to protect me until the hearing. No orders are effective until the Respondent is served with notice of this action. If I cannot provide an accurate address for service, this suit may be refused or dismissed or there may be a delay in service of notice of this action.

The statements I make in the Application or to the Judge are sworn to, and the Texas Penal Code Section 37.03 makes it a Third Degree Felony Offense to knowingly or intentionally make false statements about material facts in an official proceeding.

I will be required to come to court, and my failure to appear for hearing may result in this application being dismissed, at the discretion of the District Attorney.

The statements made in this Application are true and correct. I understand the consequences of falsifying any information, or for bringing this suit for any reason other than for me and my family's protection. I will cooperate with the Victoria County agencies assisting me in this action and my failure to cooperate will result in dismissal of this action.

NAME OF APPLICANT

DATE

PROTECTIVE ORDER INFORMATION

INFORMATION ON APPLICANT (protected person):

Name: _____ 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: _____ 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 and 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? _____

IF YOU ARE DIVORCED:

List the date of Divorce: _____ (please 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 above, please explain: _____

APPLICANT'S STATEMENT OF FACTS

CURRENT ACTS OF VIOLENCE:

Explain, **in detail, the recent acts of violence or threats made to you or to others. Please list all the details of where the incident(s) occurred, when the incident(s) occurred, who was present, what injuries you sustained, any treatment for those injuries. If you called the police what actions they may have taken, if any.** List these events in chronological order with the most recent incident listed first. Please give as much detail as possible.

PAST ACTS OF VIOLENCE:

Explain, in detail, the past acts of violence or threats made to you or to others. **Please list all the details of where the incident(s) occurred, when the incident(s) occurred, who was present, what injuries you sustained, any treatment for those injuries. If you called the police what actions they may have taken, if any.** List these events in chronological order with the most recent past incident listed first. Please give as much detail as possible.

SUMMARY OF ABUSE:

Please provide a general summary of the different ways the Respondent would physically abuse you and how long have you endured the abuse.

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

ENFORCEMENT AGENCY WILL BE SENT A COPY OF THE ORDER. IF EITHER YOU OR THE RESPONDENT VIOLATES THE TERMS OF THIS ORDER, CRIMINAL CHARGES AND CIVIL CONTEMPT CHARGES MAY BE FILED AGAINST THE OFFENDING PARTY. THIS MAY RESULT IN FINES AND/OR JAIL TIME FOR THE GUILTY PARTY OR PARTIES.

SIGNATURE OF APPLICANT