

PROTECTIVE ORDER APPLICATION

MAVERICK COUNTY ATTORNEY'S OFFICE
JAIME A. IRACHETA
208 CONVERSE ST., EAGLE PASS, TX 78852
PHONE # (830) 773.3520 FAX # (830) 757-2863
OFFICE HOURS: MODAY – FRIDAY 8:00 A.M. – 12:00 P.M. & 1:00 P.M. – 5:00 P.M.

****IF YOU ARE BEING REPRESENTED BY AN ATTORNEY, PLEASE ADVISE STAFF IMMEDIATELY****

VISIBLE BRUISES or INJURIES: If you are in our office picking up an application, and you currently have bruises or injuries from recent incident(s), please advise at this time so we can take pictures.

WHEN FILLING OUT APPLICATION BE SURE THAT YOU:

- HAVE ADDRESS FOR THE RESPONDENT. **IF YOU DO NOT HAVE AN ADDRESS, THEN HE/SHE CANNOT BE SERVED AND NOTIFIED OF THE COURT DATE/TIME. THUS, WE CANNOT HELP YOU AND YOU WILL NOT BE ABLE TO GET A PROTECTIVE ORDER.**
- **BRING IDENTIFICATION** (Driver's License or Texas ID required or Picture ID)
(If you do not have these, you must bring your birth certificate or social security card for verification and notary services)
- COMPLETE **ALL** INFORMATION ON APPLICATION. (PAGE 3 of Affidavit ---give us a brief, but detailed summary)
- **BRING copies of current incident police** reports and any reports that you have filed within the past year. These may be obtained at the department you filed the report with (EPPD, Sheriff's Dept., etc).
- **BRING copy of Divorce Decree or any Court Orders,** if applicable, regarding the involved parties, or the children of the involved parties.
- **THIS APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE YOU CAN BE SCHEDULED FOR AN APPOINTMENT.**

PLEASE BE ON TIME to your appointment
(With your completed application)

PROTECTIVE ORDER INTAKE FORM

I. APPLICANT'S INFORMATION:

APPLICANT's NAME: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Drivers License No. _____

Date of Birth: ____/____/____ Age: _____

Social Security Number: _____ - _____ - _____ E-mail Address: _____

APPLICANT'S PLACE OF EMPLOYMENT: _____

Work Address: _____ City: _____ Zip Code: _____

Work Phone #: _____

Other Address to contact Applicant: _____

Do you currently live with Respondent? YES or NO Are you Disabled? YES or NO

Does Respondent know your (residence) (work address) or (telephone #)? Y / N If no, do you want this information to be kept CONFIDENTIAL from Respondent? Y / N

II. RESPONDENT'S INFORMATION

RESPONDENT's NAME: _____

Home Address: _____ City: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Driver's License No. _____

Social Security Number: _____ - _____ - _____ E-mail Address: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Home Phone #: _____

RESPONDENT's PLACE OF EMPLOYMENT: _____

Work Address: _____ City: _____ Zip Code: _____

Work Phone #: _____ Work Hours: _____

Name of Supervisor: _____

Is the Respondent on Probation or Parole? YES or NO

If yes, name of Probation/Parole Officer: _____ Phone #: _____

For which offense is the Respondent on Probation/Parole? _____

Other known arrests/convictions: _____

Outstanding warrants? Y / N If yes, for what offense? _____

Respondent's Vehicle License Plate # _____ State _____ Expiration _____

VIN # _____ Yr: _____ Make: _____ Model _____ Color _____

Please list physical characteristics of Respondent such as tattoos, scars or other features: _____

III. INFORMATION REGARDING CHILDREN OF THIS MARRIAGE/RELATIONSHIP

NAME	SOCIAL SECURITY NUMBER	(NAME & ADDRESS OF SCHOOL / CHILD CARE)
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____

Do these children live with you? **YES / NO**
 If not, with whom do they live? _____

IV. INFORMATION REGARDING CHILDREN OF OTHER MARRIAGES/RELATIONSHIP(S)

NAME	SOCIAL SECURITY NUMBER	(NAME & ADDRESS OF SCHOOL / CHILD CARE)
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____
_____ DATE OF BIRTH ____/____/____	____-____-____ ____-____-____	_____ _____

Do these children live with you? **YES / NO** *If not*, with whom do they live? _____

V. COURT ORDERS OR PROCEEDINGS REGARDING CHILDREN

Is there any ongoing or pending **COURT ORDER** or **COURT PROCEEDINGS** regarding your children (for example, *Child Protective Service, Child Support/Visitation, Attorney General, Paternity Suit*)? **YES / NO**

What is the Cause No. _____

Who IS / WAS your Attorney? _____

Did Child Protective Services (CPS) give you a Safety Plan for the children? YES / NO

Did Child Protective Services (CPS) have an OPEN investigation for the children? YES / NO

VI. WHAT IS THE RELATIONSHIP BETWEEN YOU AND THE RESPONDENT?

____ MARRIED: When: _____ Date of Separation: _____

____ DIVORCED: When: _____ (*Bring copy of divorce decree*)

____ COMMON-LAW MARRIED: When: _____ Date of Separation: _____

____ BIOLOGICAL PARENTS of same child

____ HOW LONG DID YOU DATE: _____ Date of Separation: _____

____ HOW LONG/WHEN DID YOU LIVE TOGETHER: _____ Date of Separation: _____

FAMILY MEMBER: _____

HAVE YOU EVER BEEN A VICTIM OF SEXUAL ASSAULT COMMITTED BY THE RESPONDENT?

____ OTHER: _____

VII. MARITAL STATUS AND DIVORCE PROCEEDINGS

If you are presently married (legally or by common-law), have you filed for Divorce? YES / NO

What is the Cause Number? _____

WHO is your Attorney in the divorce case? _____

When was the Divorce Filed? _____

If you were married to the Respondent in the past, when was the divorce finalized? _____

Are TEMPORARY ORDERS or TEMPORARY RESTRAINING ORDERS in-place; or a Hearing scheduled? YES / NO

VIII. YOUR INCOME: (Are you receiving any Government entitlements, and if so, how much?):

TANF: \$ _____ FOOD STAMPS: \$ _____ SSI: \$ _____ CHILD SUPPORT: \$ _____ OTHER: \$ _____

Gross Monthly Household Income: \$ _____

IX. HOUSEHOLD RESIDENCY

Is Respondent living with you? YES / NO

If yes, are you requesting an order excluding the Respondent from the home until the day of the hearing? YES / NO

Have you resided at that address where the incident occurred in the past 30 days? YES / NO

Has the Respondent committed family violence within the past 30 days? YES / NO

Do you own or lease the home? _____

Whose name is on the lease/deed? Yours / Respondent's / Both / Other (*Specify*) _____

X. PROHIBITED LOCATIONS AND MINIMUM DISTANCES

Are you requesting an order prohibiting the Respondent from going within a certain distance of you or a member of the household or family? YES / NO

If so, list the person and/or places (include residence & work addresses, as well as, children's schools or daycare, if applicable).

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>City & State</u>

XI. PETS, COMPANION ANIMAL OR ASSISTANCE ANIMAL

Are you requesting an order prohibiting the Respondent from removing a pet, companion animal or assistance animal from your possession? YES / NO

XII. 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 duty military? YES / NO Name and Telephone Number of Unit and Commander: _____

D. Was medical treatment received as a 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, where and when? _____

E. Was law enforcement called as a result of this incident of violence? YES / NO
What department responded? _____
What is the case number? _____
If not, why not? _____

Were criminal charges filed as a result of this incident? YES / NO

Was a Magistrate's Order for Emergency Protection issued? YES / NO

Have charges ever been filed against the Respondent as a result of Family violence to Applicant or anyone in your household? **YES / NO**
If yes, when and what happened to the case? _____

F. Do you believe Respondent has a drug or alcohol problem? **YES / NO**
If yes, why do you believe this? _____

G. Has the 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. Have you ever filed Criminal charges against the Respondent for any Assault, threats or harassment? **YES / NO**
If yes, when and where? _____

What charges were filed? _____

I. Are you on probation or parole? **YES / NO**

J. Have you had any contact with Respondent since this incident? **YES / NO**
If so, please provide details of this contact. _____

K. Has Respondent threatened you, harassed you, followed you, since the Last incident occurred? If so, how? **YES / NO**

XII. PHOTO DOCUMENTATION

Were photos taken of your injuries? **YES / NO**
Who took them? _____

XIII. PROPERTY

Do you have property the Respondent may want? **YES / NO**
If yes, please list: _____

XIII. PROPERTY

Do you have property the Respondent may want? **YES / NO**
If yes, please list: _____

XIV. FIREARMS

Does Respondent have any firearms? **YES / NO**
Does Respondent have a license to carry a handgun? **YES / NO**

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 the police called? **YES / NO**

Witnesses: (Name, address, phone #)

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 the police called? **YES / NO**

Witnesses: (Name, address, phone #)

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 the police called? **YES / NO**

Witnesses: (Name, address, phone #)

SIGNATURE OF APPLICANT: _____ **Date:** _____