



**Coryell County Crime Victims' Office
PROTECTIVE ORDER APPLICATION**

TODAY'S DATE: _____

A protective order is a *civil lawsuit*.

There are three things that we must prove to a family court judge: 1) You were in a family relationship, dating relationship, or previously lived with the respondent; 2) There is a history of family violence and; 3) The violence will likely continue.

A Protective Order is a civil legal action which I am requesting the Coryell County Attorney to bring against the Respondent.

I understand that I will not be charged any fees for initiating this action, but that the Court will charge filing and service fees against the Respondent if an Order is obtained.

The County Attorney's Office is not going to settle property or other disputes, but is only going to request those things which are necessary to protect me and my household from family violence. This may include removing the Respondent from my house for up to one (1) year. If the Respondent is removed from the house, that will be a condition of the order which neither the Respondent nor I may violate.

A Temporary Protective Order may 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 a good address for services, this suit will be refused.

At the hearing we may be able to enter an Agreed Protective Order which will make testifying at the hearing unnecessary. Both the Respondent and I will be bound by the terms of the Agreement, or any court order entered as a result of the filing of this lawsuit.

The statements I make in this application or to the Judge are sworn to and the Texas Penal Code §37.03 makes it a Third Degree Felony offense to knowingly and intentionally make false statements about material facts in an official proceeding. The statements made in this Application are true and correct.

Initial _____

I understand that the consequences of falsifying any information or for bringing a suit for any reason other than my family's protection.

Initial _____

I will cooperate with Coryell County Agencies assisting me in this action

Initial _____

I understand that I will be required to come to court on my hearing date and my failure to appear may result in any of the following:

The Application may be dismissed *Initial* _____

An order with which I may not agree could be entered in my absence *Initial* _____

I may be subpoenaed or brought to court by a Deputy upon issuance of a writ of attachment.

Initial _____

I understand a Protective Order will be effective for two (2) years. *Initial* _____

I understand that the State of Texas is filing this action based on my sworn affidavit and that I am a witness in this case. I agree to testify in this matter if called upon, even if I no longer want to pursue the Protective Order at that time.

X _____

Your Information (Applicant)

Name: _____

Last First Middle Maiden/Other

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

Social Security No.: _____ / _____ / _____ Safe E-mail: _____

Address: _____ City: _____ County: _____ Zip Code: _____

Home Phone: _____ / _____ / _____ Cell Phone: _____ / _____ / _____ Work Phone: _____ / _____ / _____

Employer: _____ Occupation: _____

Work Address : _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Emergency Contact: 1) _____

Relative/ Friend's Name Relationship to You Phone Number

2) _____

Relative/ Friend's Name Relationship to You Phone Number

Respondent's Information

Name: _____

Last First Middle Alias/Nickname

Race: _____ Sex: _____ Birth Date: ____ / ____ / ____ Age: _____ Marital Status: _____

Driver's License No.: _____ Social Security No.: _____ / _____ / _____

Address: _____ City: _____ County: _____

Zip Code: _____

Home Phone: _____ / _____ / _____ Cell Phone: _____ / _____ / _____ Work Phone: _____ / _____ / _____

Employer: _____ Occupation: _____

Work Address: _____ City: _____ Zip Code: _____

Another address where the respondent can be served? _____

Describe the Respondent:

Height: __' __" Weight: __ lbs Build: _____ Eye Color: _____ Skin Tone: _____ Hair Color/Style: _____

Describe any tattoos, birthmarks, or scars: _____

Glasses Beard Mustache Goatee Missing Teeth Gold Teeth

Dress at Home: _____ at Work: _____

Citizen: ____ Yes ____ No Birth State: _____ How long in Coryell County?: _____

Vehicle Information: Year: _____ Model: _____ Make: _____ Color: _____

Condition: _____ License Plate# _____

Military

- Is the Respondent currently a member of the **State Military Forces** (Texas Army National Guard, Texas Air National Guard, or Texas State Guard)? ____ Yes ____ No

● Is the Respondent currently on *active duty* in the **U.S. Armed Forces**? _____ Yes _____ No

If yes, provide **commanding officer name** and **military base location**:

If the Respondent Owns Guns:

Describe: _____

Where are they kept?: _____ When were they purchased? _____

Last Incident Information:

Date of Last Incident: _____ Address of Last Incident: _____

Please ***briefly*** explain what happened:

Which police agency responds to your home? CCPD _____ Sheriff _____ GPD _____ Other: _____

Incident Number: _____ Was the Respondent Arrested? _____ Yes _____ No

If charges are pending, what charge?: _____ Case No.: _____

Is the Respondent on Probation or Parole?: _____ Yes _____ No For what?: _____

Name of Probation/Parole Officer: _____ Phone: _____

Has the Respondent ever done any of the following?

Put the date of the incident next all that apply:

- | | |
|---|--|
| _____ Pushed, pulled, or shoved you | _____ Choked you |
| _____ Pulled your hair | _____ Confined you against your will |
| _____ Scratched you | _____ Thrown objects at you |
| _____ Twisted your arm | _____ Prevented you from seeking medical treatment |
| _____ Hit you with his/her hand | _____ Prevented you from taking medication |
| _____ Hit you with any object | _____ Hurt/killed a family pet |
| _____ Slapped you | _____ Threatened to hurt you |
| _____ Kicked or stomped on you | _____ Threatened to kill you |
| _____ Bit you | _____ Threatened to hurt your children |
| _____ Pinched you | _____ Threatened to kill your children |
| _____ Cut you | _____ Threatened to take your children from you |
| _____ Shot at you | _____ Violent with you in front of your children |
| _____ Hit or hurt you while you were pregnant | _____ Threatened to hurt/kill a family pet |
| _____ Threatened you with a gun | _____ Forced you to have sex |
| _____ Threatened you with a knife | _____ Tried to force you to have sex |
| _____ Burned you | _____ Threatened to cut off financial support from you |
| _____ Stalked (followed) you | _____ Spied on you |
| _____ Controlled your daily activities | _____ Was jealous/controlling |

Describe *any other way* the Defendant (Respondent) made you afraid:

Information About Your Relationship

- What type of relationship do you have with the Respondent?

Please check the appropriate category (ies):

Previously Dated. Currently married Divorce Pending in _____ County or

Divorced

Currently live together or Previously lived together Biological parents of the same child(ren)

Related by blood, describe: _____
(brother, sister, mother, father, etc)

Other - Describe: _____

• How long have you known the Respondent? _____

• How long did you and the Respondent date? _____

• If you lived with the Respondent, what period of time did you live together?

From _____ To _____
Date Date

• If you are (were) married to the Respondent, how long have you been (were) married? _____

• When did you **LAST** separate / break-up with the Respondent? _____

• If you are divorced from the Respondent, when was your divorce final? _____

• Is a divorce OR custody case **currently** pending?: _____ Yes _____ No

• What County?: _____

• Do you and the Respondent have any child custody orders in place?: _____ Yes _____ No

• What County?: _____

• **IMPORTANT** If there are child visitation orders in place, we need to designate a neutral (safe) location for pick-up and drop-off of the children. ***Where would you like that place to be?*** It should be some place where you feel safe, like a police station that is open 24 hours.

• Please list a safe exchange location: _____

Information about Your Children

Please list your children (whether or not they live with you). Please also list ANYONE who lives with you.

Name of Protected Child: _____

Race: (circle one) Indian Asian Black White Unknown

Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Social Security Number: _____

Paternal Parent: _____ Phone Number: _____

Maternal Parent: _____ Phone Number: _____

Do you have Court Orders regarding this child? Yes No

If yes what County are the orders filed: _____ Cause Number: _____

Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Protected Child: _____

Race: (circle one) Indian Asian Black White Unknown

Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Social Security Number: _____

Paternal Parent: _____ Phone Number: _____

Maternal Parent: _____ Phone Number: _____

Do you have Court Orders regarding this child? Yes No

If yes what County are the orders filed: _____ Cause Number: _____

Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Protected Child: _____

Race: (circle one) Indian Asian Black White Unknown

Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Social Security Number: _____

Paternal Parent: _____ Phone Number: _____

Maternal Parent: _____ Phone Number: _____

Do you have Court Orders regarding this child? Yes No

If yes what County are the orders filed: _____ Cause Number: _____

Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

PROTECTIVE ORDER AFFIDAVIT

Coryell County Attorney's Office

NARRATIVE:

I, _____, a resident of _____ County, wish to file a Protective Order against _____, resident of _____ County.

Date of the most recent act of violence: _____

The incident occurred at _____

Was there a weapon involved? If yes, what kind? _____
Did you call the police? _____
Were children present? _____
If yes, describe _____

Were charges filed? _____
Did you require medical treatment? _____

AFFIDAVIT

I, _____ am the Applicant in the above Application for Protective Order and the facts and circumstances above are true and correct.

Signed this the _____ day of _____ 2016.

Applicant

Subscribed and sworn to before me on the _____ day of _____
2016.

Notary Public in and for
Coryell County, Texas
My Commission expires:

Accepted: ____ Rejected: ____ By: _____

Comments:
