

Taylor County District Attorney's Office

FAMILY VIOLENCE PROTECTIVE ORDER APPLICATION – NOTICE TO APPLICANTS

Dear Protective Order Applicant,

Please think carefully before completing an Application for Protective Order. Before an application will be filed on your behalf by the Taylor County District Attorney's Office, **you must understand the following:**

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.

NOTE: IF YOU HAVE A DIVORCE OR CUSTODY CASE PENDING, THE DISTRICT ATTORNEY'S OFFICE WILL NOT FILE A PROTECTIVE ORDER ON YOUR BEHALF. YOU CAN SPEAK WITH YOUR DIVORCE ATTORNEY ABOUT FILING THE ORDER.

1. Once filed, **YOU will not be able to dismiss the Application for Protective Order.** A hearing will be held. You will be required to testify. You may be prosecuted if you lie either on the Affidavit for Protective Order or in Court. Once the Protective Order is granted, **YOU will not be able to dismiss or modify the Order for at least one year.**
2. If you choose to have voluntary contact with the Respondent between the time you file the Application and the Court hearing, the Application WILL be dismissed.
3. You must complete the entire Application. If a section does not apply to you, please mark the section N/A for not applicable. **Addresses for you and the Respondent are REQUIRED.** Without an address for the Respondent, the application WILL NOT be filed with the Court as the Respondent must be served prior to the hearing.
4. There is NO GUARANTEE that a Protective Order will be granted. If a Protective Order is granted, you must contact the police department if the terms of the Order are violated.
5. **No person, including a person protected by the order, may give permission to anyone to ignore or violate any provision of the Protective Order.** A person who violates the Protective Order, including the person protected by the order, may be punished by contempt of court **carrying up to a \$500.00 fine and up to six months in jail.**
6. Once the final Protective Order Hearing is concluded, this office no longer represents you in any capacity. Neither the Victim's Advocate or any of the prosecutors can assist you with matters involving child support, visitation, and/or property division. You must contact a family law attorney if you need assistance in those areas.
7. In addition to completing this Application, you should take any and all measures to protect yourself and your family. That includes reporting any recent or future acts of violence against you or your family to the police department.

I HAVE READ, UNDERSTAND, AND AGREE TO EACH OF THE TERMS AND CONDITIONS AND WOULD LIKE THE TAYLOR COUNTY DISTRICT ATTORNEY'S OFFICE TO REVIEW MY APPLICATION FOR PROTECTIVE ORDER.

If you should have any questions, please contact Anissa Rodriguez, Admin Asst., Protective Order and CPS Division, at (325) 677-1786.

Printed Name

Signature

Date

WAIVER OF CONFIDENTIALITY AND PRIVILEGE

I, _____ (name), have applied for a protective order through the Taylor County Criminal District Attorney's office.

I understand that this office prosecutes criminal cases and child protective services cases on behalf of the Department of Family and Protective Services.

All communications with a Taylor County Assistant District Attorney are intended for use in open court. **No communications are made in confidence.** Nothing I disclose to an Assistant District Attorney is intended to be kept secret for any purpose.

I understand that this office may file a suit against me in the future for a criminal infraction, a protective order, or a suit affecting the parent-child relationship. I understand that all facts that I disclose in pursuit of this protective order may be used against me in the future.

I have either consulted with an attorney about this waiver, or I understand the waiver and wish to proceed without consulting an attorney.

Applicant Signature

Date

***Are your
addresses
confidential?

Yes / No***

TODAY'S DATE: _____

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 _____

Relative/ Friend's Name

Relationship to You

Phone Number

Do you have an attorney? _____ If yes, whom? _____

The person you want to file against (Respondent)

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 Taylor 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:

Did you report the incident to the police? _____ Which agency responds to your home?: APD _____ Sheriff _____

Other: _____ Incident Number: _____ Was the Respondent Arrested? _____

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: _____

Was an Emergency Protective Order issued at the time of the respondent's arrest?: _____ Yes _____ No

Has the Respondent ever done any of the following? Check 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 or Previously married (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

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

• **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: _____

• Is there property the Respondent has that you want?: _____ Yes _____ No


Describe: _____

• Is there property you have that the Respondent wants?: _____ Yes _____ No

Describe: _____

Information About Your Children *and* People Who Live with You Now

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

<p>Name / Relationship to YOU Relationship to Respondent</p>	<p>Date of Birth / Age</p>	<p>School / Daycare Information  IMPORTANT: <i>IS THIS ADDRESS CONFIDENTIAL?</i> YES / NO</p>	<p>Has this person been assaulted / threatened OR witnessed violence?</p>	<p>Include this person on the protective order?</p>
<p>_____ Name</p> <p>_____ Relationship to YOU</p> <p>_____ Relationship to RESPONDENT</p>	<p>___/___/___ DOB</p> <p>_____ Age</p>	<p>_____ School / Daycare Name</p> <p>_____ Address</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
<p>_____ Name</p> <p>_____ Relationship to YOU</p> <p>_____ Relationship to RESPONDENT</p>	<p>___/___/___ DOB</p> <p>_____ Age</p>	<p>_____ School / Daycare Name</p> <p>_____ Address</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
<p>_____ Name</p> <p>_____ Relationship to YOU</p> <p>_____ Relationship to RESPONDENT</p>	<p>___/___/___ DOB</p> <p>_____ Age</p>	<p>_____ School / Daycare Name</p> <p>_____ Address</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
<p>_____ Name</p> <p>_____ Relationship to YOU</p> <p>_____ Relationship to RESPONDENT</p>	<p>___/___/___ DOB</p> <p>_____ Age</p>	<p>_____ School / Daycare Name</p> <p>_____ Address</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>
<p>_____ Name</p> <p>_____ Relationship to YOU</p>	<p>___/___/___ DOB</p> <p>_____ Age</p>	<p>_____ School / Daycare Name</p> <p>_____ Address</p>	<p>Yes</p> <p>No</p>	<p>Yes</p> <p>No</p>