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PROTECTIVE ORDER APPLICATION

Please read the instructions on the following page carefully **BEFORE** filling out the protective order application. An incomplete application will not be accepted.

DATE: _____

INSTRUCTIONS FOR PROTECTIVE ORDER APPLICATION

Please be sure that you read through the instructions given below before you begin working on this application.

- In filling out this application you are always the **APPLICANT**. The person you are seeking protection from is the **RESPONDENT**.
- It could take 14 days or longer to obtain a protective order and you will require appointments with our office and a court appearance.
- A protective order will be in effect for a maximum of 2 years, in most cases.
- This application must be filled out as completely and accurately as possible.
- Before filing for a Protective Order this office can and may require that you file a report of the abuse with either the sheriff's office or police department.
- If you have your own attorney that is representing you in a divorce or other hearing you may be required to have that attorney file your protective order instead of the County Attorney's office.
- In order to submit this application you **MUST** write your contact information, write the Respondent's address, complete the narrative section, and sign the last page.
- If our office is unable to contact you, you do not show up for your court date, or if the respondent is unable to be served for 90 days after the application is filed, then you will have to re-apply for a protective order.
- Should a protective order be granted, the order will not be dismissed, even at the request of the applicant without a motion and hearing before the court, which will involve retaining independent legal counsel by the applicant. _____Initials

I have read all of the instructions listed above. _____
(Applicant's Initials)

Definition and Information about Protective Orders

What is a Protective Order? A Protective Order is a civil court order that is issued to prevent continuing acts of family violence. Once in effect, the person which the order is against (the respondent) cannot come around you, threaten you, or have any communication with you. If the respondent violates the protective order they can be arrested immediately and charged with violation of a protective order.

Who can get a Protective Order? The qualifications are: 1) There must be a history of physical violence 2) There must be a danger that the violence will occur in the future 3) There must be a relationship between the two parties (romantic relationship, related by blood, living or previously lived together). There are exceptions for victims of Stalking and Sexual Assault.

OFFICIAL USE ONLY:

Date: _____ Accepted: _____ Rejected: _____ By: _____
Case #: _____ Agency: _____ Officer: _____ Offense: _____
Description of Incident: _____
Phoned Victim: _____ Notes: _____

Appointment: _____ Cancelled/No Show/Rescheduled
Date Refused: _____ By: _____ Rescheduled to: _____
Refused Reason: _____
Phoned Victim: _____

Applicant's Legal Name _____

Respondent's Legal Name _____

Aliases of Respondent: _____

CHECK ONE OF THE FOLLOWING:

- _____ The Respondent is a stranger to me.
- _____ I am married to the Respondent by: _____ Ceremony _____ Common Law
- _____ I am divorced from Respondent. County & state divorce filed _____. (Please provide a copy of decree.)
- _____ The Respondent and I live together.
- _____ The Respondent and I used to live together. We have been separated since _____.
- _____ I am dating or I have dated the Respondent.
- _____ I am dating an individual whom the Respondent is or was in a dating relationship or marriage.
- _____ Other relationship: _____.

Please answer the following questions by checking the appropriate column:

YES NO N/A

- _____ Do you currently have a divorce pending against the respondent?
- _____ Do you live in Wilson County? If not, what county? _____
- _____ Does the Respondent live in Wilson County? If not, what county? _____
- _____ Do you have any pending felony or misdemeanor charges against you, are you currently on probation/parole? If so, please explain: _____

YES NO N/A

- _____ Has the Respondent threatened to harm you with a weapon? (please list)
Firearm Knife Other: _____
- _____ Has the Respondent threatened to kill you?
- _____ Has the Respondent strangled (choked) or attempted to strangle you?
- _____ Is the Respondent constantly jealous?
- _____ Has the Respondent forced you to have sex when you did not want to?
- _____ Does the Respondent have firearms in the house?
- _____ Does the Respondent have a CCL (Concealed Handgun License)?
- _____ Has the physical violence increased in severity and/or frequency lately?
- _____ Were alcohol or drugs involved when the violence occurred?
- _____ Is the Respondent a threat to law enforcement?

Have you applied for a Protective Order with our office before? **Yes** / **No** What year did you apply? _____

Who was it against? _____ What name did you use? _____

Has past incidents been reported law enforcement or has law enforcement been involved? **Yes** / **No**

Which agency(s)? _____ OPD _____ Sheriff's Office: _____ Other: _____

Case #(s): _____

APPLICANT/YOU

Name: _____ Age _____ Birth Date _____ / _____ / _____

Sex: _____ Race: _____ DL#: _____ SSN: _____

Home Address: _____
Street City Zip

Home #: _____ Cell #: _____

Email Address: _____ Language: English Español other: _____

Mailing Address (if different from above) _____

Place of employment: _____ Work #: _____

Employment Address: _____

Present Address (if different from above) _____

Where do you intend to live if a protective order is granted? _____

Name, Relationship, & phone number of someone who will always be able to contact you:



RESPONDENT/ABUSER

State of Birth (or country if foreign): _____

Name: _____ Age _____ Birth Date ____/____/____

Home Address: _____
Street City Zip

Phone #: _____ Language: English Español Other: _____

Place of employment: _____ Work #: _____

Employment Address: _____

Height: _____ Weight: _____ Skin Color: _____ Hair Color: _____ Eye Color: _____

Sex: _____ Race: _____ Driver's License No.: _____

Social Security No.: _____ Other ID: _____

Respondent's physical appearance (including complexion, scars, marks, or tattoos): _____

Respondent's Vehicle Information:

Year: _____ Make: _____ Model: _____ Style: _____

Color: _____ License Plate No.: _____ LP State: _____

Does he carry a weapon? Yes/No If so, what kind? _____ Where does he carry it? _____

Time that the Respondent is likely to be at Home: _____

At Work: _____

Any other information that might be helpful in locating the respondent: _____

Has the Respondent ever been arrested? **Yes / No**

Convicted? **Yes / No** Placed on Probation or Parole? **Yes / No**

If so, please explain: _____

Have you sought medical treatment for any physical abuse? **Yes / No** If yes, give the name of the doctor or hospital. _____ Please attach any medical report, bills, or receipts you may have.

Describe injuries sustained by the abuse: _____

Once you have obtained a protective order, **keep the order with you at all times.** If the order is violated, law enforcement officers who answer your complaint of violation will ask to see the order. If children, who are presently attending school, are protected by said order, please **make copies** of the order and **take them to the principals** of each school involved. **This will authorize said principal in refusing access to the children by the abuser.**

Did someone refer you? Yes / No If yes, please list below.
Did someone help you complete this application? Yes / No If yes, please list below.
Name _____ Title _____
Agency/Organization _____
City _____ State/Zip _____
Phone _____ Email _____
Do you have a pending case with CPS (Child Protective Services) Yes / No

If Yes: Name of Case Worker/CPS Contact: _____

Are there children who need to be protected? Yes / No <i>If Yes, Please list. If No, skip to next page</i>
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I have _____ child(ren) _____ from this relationship _____ other relationship(s)

- 1) Name: _____ Age: _____ Birth Date: ____/____/____
Sex: _____ Race: _____ Name of School: _____
Address of School/day care: _____
Respondent's relationship to child: _____ Does the Child live with you? Yes / No

- 2) Name: _____ Age: _____ Birth Date: ____/____/____
Sex: _____ Race: _____ Name of School: _____
Address of School/day care: _____
Respondent's relationship to child: _____ Does the Child live with you? Yes / No

- 3) Name: _____ Age: _____ Birth Date: ____/____/____
Sex: _____ Race: _____ Name of School: _____
Address of School/day care: _____
Respondent's relationship to child: _____ Does the Child live with you? Yes / No

- 4) Name: _____ Age: _____ Birth Date: ____/____/____
Sex: _____ Race: _____ Name of School: _____
Address of School/day care: _____
Respondent's relationship to child: _____ Does the Child live with you? Yes / No

Are the children affected by any court order or decree (Custody, conservatorship, etc.)

Yes / No

If Yes, Please explain: _____

YOU MUST PROVIDE A COPY OF ANY ORDERS AFFECTING YOU, THE CHILDREN, OR THE RESPONDENT.



