



Harris County District Attorney's Office
PROTECTIVE ORDER APPLICATION

*Are your addresses
confidential?
Yes / No*

TODAY'S DATE: _____

Preferred language: _____

Your Information (Applicant)

SPN: _____

Name: _____
Last First Middle Maiden/Other

Race: _____ Sex: _____ Birth Date: ____/____/____ Age: _____ County you live in: _____

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

Address: _____ City: _____ 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

Safe E-mail: _____ Alternative E-mail: _____

Other (social messenger app): _____ May we contact you by text messages?: YES / NO

The person want to file against (The Respondent)

SPN: _____

Name: _____
Last First Middle Alias/Nickname

Race: _____ Sex: _____ Birth Date: ____/____/____ Age: _____ County Respondent lives in: _____

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

Address: _____ City: _____ 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: _____ Marital Status: _____

Glasses ☐ Beard ☐ Mustache ☐ Goatee ☐ Missing Teeth ☐ Gold Teeth ☐

Citizen?: ____Yes ____No Birth State: _____ How long in Harris County?: _____

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

Condition: _____ License Plate# _____ Gang member ____Yes ____No

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?: _____ HPD _____ Sheriff _____ Other: _____

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

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

Do you or the Respondent have pending criminal charges in Harris County or ANY other county? ____ Yes ____ 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? Check all that apply:

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

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: _____ ☐ Other - Describe: _____
(brother, sister, mother, father, etc)

• 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?: _____

• Is there a divorce **currently pending**?: _____ Yes _____ No

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

• Is there custody case **currently pending**?: _____ Yes _____ No

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

• Do you have an open CPS case?: _____ Yes _____ No

If yes, please provide your caseworker's _____
Caseworker's Name Phone Number

Is there a CPS Safety Plan 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: _____

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.

Please tell us how we can help you.


We don't provide all these services here, but we will tell you who may be able to help you.

- | | |
|--|--|
| <input type="checkbox"/> Protective Order | <input type="checkbox"/> File Criminal Charges |
| <input type="checkbox"/> Find out about pending Criminal charges | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Safety Information | <input type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Crime Victim's Compensation (money available through the Attorney General's Office) | |
| <input type="checkbox"/> Custody (establish or change) or Child Support | |
| <input type="checkbox"/> Divorce | |

Note: *The District Attorney's Office does not handle divorces or custody matters. However, we may be able to refer you to an agency that can file a divorce or custody modification for you. If you are interested, please answer the following question:*

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.

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