



Dimmit County Attorney's Office

PROTECTIVE ORDER APPLICATION INTAKE

830-876-4236

**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: 1) _____
Relative/ Friend's Name Relationship to You Phone Number
2) _____
Relative/ Friend's Name Relationship to You Phone Number

The person 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 Dimmit County?: _____

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 |
| <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"/> Tried to force you to have sex |
| <input type="checkbox"/> Burned you | <input type="checkbox"/> Threatened to cut off financial support from you |
| <input type="checkbox"/> Stalked (followed) you | <input type="checkbox"/> Spied on you |
| <input type="checkbox"/> Controlled your daily activities | <input type="checkbox"/> 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: _____

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 COUNTY ATTORNEY'S OFFICE MAY NOT FILE A PROTECTIVE ORDER ON YOUR BEHALF. YOU CAN SPEAK WITH YOUR DIVORCE ATTORNEY ABOUT FILING THE ORDER.


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 | |

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

Please list ANYONE who lives with you.

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