

Howard County/ District Attorney Office

PROTECTIVE ORDER INTAKE FORM AND APPLICATION

Victim Service Director Lynn Creswell

Victim Service Coordinator Chavonna Parker

2906 W 13TH Big Spring, Texas 79720

432-263-3312

Please fill this form entirely. On the last 2 pages please fill out every area that has this symbol * by it. If you need help filling out the form, please contact us @ 432-263-3312 or by email

Lynn Creswell @ lcreswell@vsob.org

Chavonna Parker@ cparker@vsob.org

Protective Order Applicant:

Please think carefully about filling a Protective Order. Before an Application will be filed on your behalf by the Victim Services Office, you must understand.

1. No Application will be accepted or reviewed unless you have contacted Law enforcement. You must follow through with any and all instructions from Law Enforcement and/ or the Prosecutors (i.e., filed charges with the Municipal Courts; meet with Law Enforcement Officers, etc.). **If at any time you request that Law Enforcement or the Prosecutor dismiss any charges against the Respondent, the Protective Order Application will be dismissed, and you will be liable for court cost.**
2. Once filed, **OUR OFFICE WILL NOT HELP YOU DISMISS THE APPLICATION FOR THE PROTECTIVE ORDER.** The hearing on the Protective Order will be held. You may be required to testify if need be. You may be prosecuted if you lie either on the Affidavit for the Protective Order or in the Court.
3. **Once the final Protective Order Hearing is concluded the Respondent will be served or notified in Court, You must not violate the grounds either.** We cannot nor can the Prosecutors assist you with matters involving child support, visitation, and/or property. You must contact a Family Law Attorney if you need assistance in those areas. **If the Respondent violates the Protective Order, contact Law Enforcement.** If the violation involves further Family Violence, Law Enforcement should advise you to recontact our office, if not recontact and we will get involved for further help if and when it is appropriate.

I understand and agree to each of these terms and conditions and would like the District Attorney's Office to review my Application for Protective Order.

Signature

Printed Name & Date

email: _____

PROTECTIVE ORDER INTAKE FORM

APPLICANT'S INFORMATION (YOU):

DATE RECEIVED: _____

Applicant's Name _____ DOB _____

Sex: _____ Age: _____ Race: _____

Soc. Sec. # _____ DL # State _____

Home Address: _____ Phone: _____

Current Address: _____ Cell: _____

Applicant's Place of Employment and Work Address: _____

_____ Phone: _____

Contact Name and Phone: _____

Is the vehicle you are driving joint property? Yes / No

Year _____ Make _____ Model _____ Color _____

RESPONDENT'S INFORMATION (PERSON YOU WANT TO FILE AGAINST):

Respondent's Name: _____ DOB: _____

AGE _____ SEX _____ What relation to you: _____

State & DL# _____ Soc. Sec. _____

Home Address: _____ Phone No. _____

Current Address: _____ Cell No. _____

Respondent's Place of Employment and Address: _____

_____ Work Phone # _____

Contact Person and Phone No. _____

Race _____ Height _____ Weight _____ Eyes _____ Hair _____

YOUR RELATIONSHIP WITH RESPONDENT:

() Family Member (how related) _____

() Married to Respondent Date Married: _____

County and State Married in: _____

() Divorced from Respondent Date: _____

County and State of Divorce: _____

() Filed for Divorce When & Where: _____

Who is your attorney? _____

() Separated from Respondent When: _____

() Living with now or have lived with Respondent in the past: Yes / No
Dates: From _____ To _____

() Father of my Child(ren) Yes / No

Is Respondent in active military duty? Yes / No

Name and Telephone Number of Unit and Commander:

Is Respondent on Probation or Parole? Yes / No

Probation/Parole Officer: _____ Phone: _____

Offense for probation or parole? _____

Other known arrests/convictions: _____

Respondent's vehicle, license plate #: _____ state _____ year _____

Make _____ model _____ color _____

INFORMATION REGARDING CHILDREN OF THE MARRIAGE/RELATIONSHIP:

List the names of minor children of this relationship, including dates of birth, place of birth and social security numbers:

NAME	D.O.B	PLACE OF BIRTH	SS#
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

_____/_____/_____
_____/_____/_____

Do these children live with you? Yes / No

If not, with whom do they live? _____

List the names and ages of the minor children of other relationship(s):

Name	Date of Birth
_____	_____
_____	_____

Do these children live with you? Yes / No

If not, whom do they live with? _____

MARITAL STATUS AND DIVORCE PROCEEDINGS:

If you are presently married (legally or by common-law) has a divorce been filed?
Yes / No If Yes, what is the cause number? _____

Who is your divorce attorney? _____

When was the divorce filed? _____

If you were married to the respondent in the past, when was the divorce
finalized? _____ What county? _____

COURT ORDERS REGARDING CHILDREN:

Are there any court orders or court proceedings regarding your children (for
example, paternity, child support/visitation –Attorney General Case, Child
Protective Services case)? Yes / No

If yes, what is the cause number? _____

Who was your attorney? _____

HOUSEHOLD RESIDENCY:

Are you requesting an order excluding the respondent from the home until the
day of hearing? Yes / No

Have you resided at that address in the past 30 days? Yes / No

Has the respondent committed family violence within the last 30 days? _____

Do you own or lease the home?

Yes / No

Whose name is on the lease/deed? Yours/ respondents / both / other

VACATING THE RESPONDENT AND DURATION OF PROTECTIVE ORDER:

Are you requesting an order having the respondent removed from the residence?
Yes / No

If so, did the violence occur within 30 days? Yes / No

How long would you like your protective order to be in effect?

One Year /Two Years

List children's schools, daycares, other places of business you need respondent excluded from:

Name/relationship

Address

FAMILY VIOLENCE HISTORY:

Was there a weapon involved in the most recent incident of abuse? Yes / No
If yes, what type of weapon? _____

Was Respondent under the influence of drugs, alcohol or chemical intoxicants when abuse occurred? Yes / No
If yes, what kind? _____

Was medical treatment received as a result of this incident? Yes / No
If so, was it: _____ EMS Date of treatment: _____
_____ Hospital Date of treatment: _____
_____ Doctor Date of treatment: _____

Have you ever received medical treatment as a result of respondent's violence? Yes / No

If yes, when and where? _____

Was law enforcement called as a result of this incident of violence? Yes / No

If yes, what department responded? _____

If yes, what is the case number? _____

If not, why not? _____

Did you make a complaint to law enforcement? Yes / No

Were criminal charges filed as a result of this incident? Yes / No

Was the respondent arrested? Yes / No

Was an Emergency Protective Order issued? Yes / No

Have charges ever been filed against the respondent as a result of
Family violence to Applicant or anyone? Yes / No

If yes, when and what happened to the case? _____

Do you believe Respondent has a drug or alcohol problem? Yes / No

If yes, why do you believe this? _____

PHOTO DOCUMENTATION:

Were photos taken of your injuries? Yes / No

If yes, who took them? _____

PROPERTY:

Do you have property the respondent may want? Yes / No

Does the respondent have property that you want? Yes / No

If so, list specifically what property _____

Is it your separate property or community property (jointly owned)? _____

FIREARMS:

Does Respondent have a license to carry a concealed handgun? Yes / No

If yes, are you asking that the court suspend this license? Yes / No

Does Respondent have any firearms? Yes / No

Yes / No

Has the Respondent ever been abusive to your children?
If yes, in what way? _____

Yes / No

Yes / No

Yes / No

Yes / No

PLEASE EXPLAIN WHY YOU FEEL THE VIOLENCE WILL CONTINUE IF YOUR PROTECTIVE ORDER IS NOT GRANTED? EX: YOU MOVED OUT, YOU FILED FOR DIVORCE, YOU BROKE UP WITH HIM/HER AND THE FAMILY VIOLENCE HAS CONTINUED...

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Affidavit In Support of Protective Order

My name is _____, on _____ at
approximately _____ m. at _____,
in _____ County, Texas. Respondent, _____

_____, assaulted or threatened me by (in 4 or 5 sentences describe the incident that led up to the violence and in detail describe your injuries, were police called, were there any arrests):

This image shows a full page of a document template designed for handwritten notes or answers. It features approximately 28 evenly spaced, thin horizontal black lines across the entire width of the page. The background is plain white, providing a clear space for writing. There are no margins, headers, footers, or other markings present on the page.

**LIST PAST INCIDENTS OF FAMILY VIOLENCE, EVEN IF NO POLICE
REPORT WAS MADE:**

1. When did the incident happen? _____

Where did the incident happen? _____

What happened? (Describe injuries and result of incident) _____

Were police contacted? YES/NO Results? _____

2. When did the incident happen? _____

Where did the incident happen? _____

What happened? (Describe injuries and result of incident) _____

Were police contacted? YES/NO Results? _____

3. When did the incident happen? _____

Where did the incident happen? _____

What happened? (Describe injuries and result of incident) _____

Were police contacted? YES/NO Results? _____

4. When did the incident happen? _____

Where did the incident happen? _____

What happened? (Describe injuries and result of incident) _____

Were police contacted? YES/NO Results? _____

***RESPONDENTS RELATIONSHIP TO PROTECTED (YOU) PERSON:**

***RESPONDENTS**

*Texas I.D. No: _____ * I.D. No: _____

*Social Security No: _____

*Driver's License No: _____ * Driver's License State: _____

*Date of Expiration: _____

*Respondent's Address:

STREET: _____ CITY: _____ STATE: _____

ZIP: _____ COUNTY: _____

***Respondent's Vehicle Information:**

License Plate No: _____ L.P. State: _____

L.P. Year Of Expiration: _____ L.P. Type: _____

Vehicle I.D. #: _____ Year: _____

Make: _____ Model: _____ Style: _____ Color: _____

***** PROTECTED PERSON INFORMATION *****

***NAME OF PROTECTED PERSON:**

_____ *SEX: (circle one) M F

*RACE: (circle one) Indian Asian Black White Unknown

*Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

*DATE OF BIRTH: _____ *SOCIAL SECURITY #: _____

*Street: _____ *City: _____ *State: _____

*Zip: _____ COUNTY: _____

***Protected Person Employment Information: (use additional pages if necessary)**

*Place of Employment Name: _____

*Address: _____ City: _____

*State: _____ Zip: _____

*** PROTECTED CHILD INFORMATION ***
(Use additional pages if necessary)

Name of Protected Child: _____ Sex: (circle one) M F
Race: (circle one) Indian Asian Black White Unknown
Hispanic Non-Hispanic Unknown Ethnicity: (circle one)
Date of Birth: _____ Child Care or School Name: _____
Address: _____ City: _____
State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F
Race: (circle one) Indian Asian Black White Unknown
Hispanic Non-Hispanic Unknown Ethnicity: (circle one)
Date of Birth: _____ Child Care or School Name: _____
Address: _____ City: _____
State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F
Race: (circle one) Indian Asian Black White Unknown
Hispanic Non-Hispanic Unknown Ethnicity: (circle one)
Date of Birth: _____ Child Care or School Name: _____
Address: _____ City: _____
State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F
Race: (circle one) Indian Asian Black White Unknown
Hispanic Non-Hispanic Unknown Ethnicity: (circle one)
Date of Birth: _____ Child Care or School Name: _____
Address: _____ City: _____
State: _____ Zip: _____