



**MIKE McLELLAND  
CRIMINAL DISTRICT ATTORNEY  
KAUFMAN COUNTY, TEXAS**

TO: Victims of Family Violence

FROM: Criminal District Attorney for Kaufman County

Our office is dedicated to protecting those who are the victims of family violence. We take these offenses very seriously and prosecute them (whether as a criminal offense or as a protective order) to the fullest extent of the law. Once you make the decision to request a protective order, and we determine that such a request is reasonable, we will pursue your request vigorously.

Many times, however, victims who seek a Family Violence Protective Order later request that we dismiss their application, after we have gone through the interview process, filed for and obtained a Temporary Protective Order, and a hearing has been set on their application. They are, unfortunately, subject to coercion and duress from the very persons from whom they are seeking protection.

Once an Application for Protective Order is filed by this office, we will insist upon the payment of attorney's fees and court costs by the person who committed family violence against you and will otherwise proceed with your request. WE WILL NOT DISMISS THESE MATTERS BECAUSE A VICTIM REQUESTS US TO DO SO. Even if you refuse to appear at a hearing, or are prevented from appearing, we will go forward.

If you still wish to pursue a request for the issuance of a protective order, please sign below.

\_\_\_\_\_  
Signature Date

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

ACCEPT \_\_\_\_\_ REJECT \_\_\_\_\_ DATE \_\_\_\_\_

NOTES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL DISTRICT ATTORNEY'S CONFIDENTIAL APPLICATION /  
INFORMATION FORM FOR PROTECTIVE ORDERS**

DATE: \_\_\_\_\_

*I CERTIFY THAT WITHIN THE LAST 30 DAYS I, OR A PERSON OF MY HOUSEHOLD, HAVE OR HAS BEEN A VICTIM OF FAMILY VIOLENCE BY THE RESPONDENT NAMED BELOW AND THAT A GENUINE THREAT EXISTS OF FURTHER IMMINENT SUBSTANTIAL PHYSICAL HARM, BODILY INJURY, ASSAULT OR SEXUAL ASSAULT.*

YOUR NAME \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

YOUR TELEPHONE NUMBERS:

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

YOUR MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

YOUR PLACE OF EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

YOUR PLACE OF EMPLOYMENT TELEPHONE NUMBER: \_\_\_\_\_

YOUR EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* THE PERSON YOU ARE COMPLAINING ABOUT IS CALLED THE RESPONDENT \*\*\***

RESPONDENT'S NAME: \_\_\_\_\_

RESPONDENT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S TELEPHONE NUMBERS:

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

RESPONDENT'S PLACE OF EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S PLACE OF EMPLOYMENT TELEPHONE NUMBER: \_\_\_\_\_

**RESPONDENT SHOULD BE SERVED WITH NOTICE AT:**

(\_\_\_\_) HOME BETWEEN THE HOURS OF \_\_\_\_\_ AND \_\_\_\_\_  
(\_\_\_\_) WORK BETWEEN THE HOURS OF \_\_\_\_\_ AND \_\_\_\_\_

**YOUR RELATIONSHIP TO RESPONDENT:**

(\_\_\_\_) MARRIED, WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_  
(\_\_\_\_) DIVORCED, WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_  
(\_\_\_\_) DIVORCE PENDING, DATE FILED: \_\_\_\_\_ COURT: \_\_\_\_\_  
(\_\_\_\_) CO-HABITATING/ LIVING TOGETHER, SINCE: \_\_\_\_\_  
(\_\_\_\_) DATING BUT NOT LIVING TOGETHER  
(\_\_\_\_) SEPERATED UNDER COURT ORDER (PARENT CHILD RELATIONSHIP)  
(\_\_\_\_) OTHER: \_\_\_\_\_

**ARE SEPERATED NOW?** \_\_\_\_ NO \_\_\_\_ YES, WHEN \_\_\_\_\_

**NOTICE: IF YOU ARE SEPARATED UNDER A COURT ORDER DEALING WITH CUSTODY/CONSERVATORSHIP, VISITATION AND/OR CHILD SUPPORT, DIVORCED OR DIVORCING, YOU MUST PROVIDE US WITH A COPY OF THE COURT ORDER, DIVORCE DECREE, OR PETITION FOR DIVORCE AS SOON AS POSSIBLE.**

**ARE ANY MINOR CHILDREN VICTIMS OF FAMILY VIOLENCE?** \_\_\_\_ NO \_\_\_\_ YES

**NAMES, BIRTH DATES, AGES AND ADDRESS OF EACH CHILD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT ARE THE NAMES AND ADDRESSES OF EACH CHILD'S SCHOOL / DAY CARE?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DID YOU FILE A POLICE COMPLAINT AS A RESULT OF FAMILY VIOLENCE?**

\_\_\_\_ NO \_\_\_\_ YES AGENCY: \_\_\_\_\_ WHEN \_\_\_\_\_

**WAS THE RESPONDENT ARRESTED OF FAMILY VIOLENCE?** \_\_\_\_ NO \_\_\_\_ YES

**DID YOU OBTAIN MEDICAL CARE AS A RESULT OF THE FAMILY VIOLENCE?**

\_\_\_ NO \_\_\_ YES, BY WHOME: \_\_\_\_\_ WHEN: \_\_\_\_\_

LIST INJURIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WAS ANYONE ELSE INJURED AS A RESULT OF THE FAMILY VIOLENCE?**

\_\_\_ NO \_\_\_ YES, WHAT: \_\_\_\_\_

**WAS THERE ANY PROPERTY DAMAGE AS A RESULT OF THE FAMILY VIOLENCE?**

\_\_\_ NO \_\_\_ YES, WHAT: \_\_\_\_\_

**BESIDES YOU, WERE THERE ANY OTHER WITNESSES TO THE FAMILY VIOLENCE?**

\_\_\_ NO \_\_\_ YES, WHO: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE YOU REQUESTING EXCLUSIVE POSSESSION OF THE RESIDENCE AND THAT THE RESPONDENT BE REMOVED FROM THAT RESIDENCE? \_\_\_\_\_ NO \_\_\_\_\_ YES**

**WHAT IS YOUR RIGHT OF POSSESSION TO THAT RESIDENCE?**

\_\_\_ SOLE OWNER \_\_\_\_\_ CO-OWNER WITH: \_\_\_\_\_

\_\_\_ TENET \_\_\_\_\_ CO-TENET WITH: \_\_\_\_\_

**HAVE YOU LIVED IN THAT RESIDENCE CONTINUOUSLY FOR THE LAST 30 DAYS?**

\_\_\_ NO \_\_\_ YES, SINCE: \_\_\_\_\_

**ARE YOU REQUESTING POSSESSION OF THE CHILD(REN) FOR YOURSELF? (UNDERSTANDING THAT THIS IS NOT A CUSTODY DETERMINATION) \_\_\_ NO \_\_\_ YES**

**ARE YOU OR THE RESPONDENT THE LEGALLY PRESUMED (BY MARRIAGE OR BY BIRTH CERTIFICATE) OR COURT DETERMINED BIOLOGICAL FATHER?**

\_\_\_ NO \_\_\_ YES, WHEN: \_\_\_\_\_

HOW: \_\_\_\_\_

**ARE YOU REQUESTING CHILD SUPPORT FROM RESPONDENT?**

\_\_\_ NO \_\_\_ YES, WHAT ARE THE RESPONDENT'S EARNING? \_\_\_\_\_

WHAT VERIFICATION? \_\_\_\_\_





**PROTECTIVE ORDERS**

Data Entry Form for  
TEXAS CRIME INFORMATION CENTER (TCIC)

The intent of this form is to aid court clerks with the collecting and providing to local law enforcement agencies pertinent information regarding protective orders for the purpose of entry into TCIC.

\*\*\* RESPONDENT INFORMATION \*\*\*

Items in **ALL UPPERCASE LETTERS** must be answered to allow entry into TCIC

**NAME OF RESPONDENT:** \_\_\_\_\_ **SEX:** (circle one) **M** **F**

**RACE:** (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Place of Birth: (State) \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

Skin:(circle one) Albino Black Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow Unknown

**EYE COLOR:** (circle one) Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown

**HAIR COLOR:** (circle one) Black Blonde Brown Gray Red White Sandy Bald Unknown

Scars, Marks and/or Tattoos: (please describe in detail) \_\_\_\_\_

**RELATIONSHIP TO PROTECTED PERSON:** \_\_\_\_\_

(PLEASE INCLUDE THE FOLLOWING IDENTIFIED IF AVAILABLE):

Texas I.D. No: \_\_\_\_\_ Misc I.D. No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver License State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Respondent's Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

Respondent's Vehicle Information:

License Plate No: \_\_\_\_\_ LP State: \_\_\_\_\_ LP Year of Expiration: \_\_\_\_\_ LP Type: \_\_\_\_\_

Vehicle ID No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Style: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No: \_\_\_\_\_ LP State: \_\_\_\_\_ LP Year of Expiration: \_\_\_\_\_ LP Type: \_\_\_\_\_

Vehicle ID No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Style: \_\_\_\_\_ Color: \_\_\_\_\_

TCIC DATA ENTRY FORM FOR PROTECTIVE ORDERS

PAGE TWO

RESPONDENT'S NAME: \_\_\_\_\_

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

NAME OF PROTECTED PERSON: \_\_\_\_\_ SEX: (circle one) M F

RACE: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

DATE OF BIRTH: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Place of Employment Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F

Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F

Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F

Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_