



**Coryell County Crime Victims' Office**  
**PROTECTIVE ORDER APPLICATION**

TODAY'S DATE: \_\_\_\_\_

**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.**

A Protective Order is a civil legal action which I am requesting the Coryell County Attorney to bring against the Respondent.

I understand that I will not be charged any fees for initiating this action, but that the Court will charge filing and service fees against the Respondent if an Order is obtained.

The County Attorney's Office is not going to settle property or other disputes, but is only going to request those things which are necessary to protect me and my household from family violence. This may include removing the Respondent from my house for up to one (1) year. If the Respondent is removed from the house, that will be a condition of the order which neither the Respondent nor I may violate.

A Temporary Protective Order may be requested to protect me until the hearing. No orders are effective until the respondent is served with notice of this action. If I cannot provide a good address for services, this suit will be refused.

At the hearing we may be able to enter an Agreed Protective Order which will make testifying at the hearing unnecessary. Both the Respondent and I will be bound by the terms of the Agreement, or any court order entered as a result of the filing of this lawsuit.

**The statements I make in this application or to the Judge are sworn to and the Texas Penal Code §37.03 makes it a Third Degree Felony offense to knowingly and intentionally make false statements about material facts in an official proceeding. The statements made in this Application are true and correct.**

*Initial* \_\_\_\_\_

**I understand that the consequences of falsifying any information or for bringing a suit for any reason other than my family's protection.**

*Initial* \_\_\_\_\_

**I will cooperate with Coryell County Agencies assisting me in this action**

*Initial* \_\_\_\_\_

**I understand that I will be required to come to court on my hearing date and my failure to appear may result in any of the following:**

**The Application may be dismissed** *Initial* \_\_\_\_\_

**An order with which I may not agree could be entered in my absence** *Initial* \_\_\_\_\_

**I may be subpoenaed or brought to court by a Deputy upon issuance of a writ of attachment.**

*Initial* \_\_\_\_\_

**I understand a Protective Order will be effective for two (2) years.** *Initial* \_\_\_\_\_

**I understand that the State of Texas is filing this action based on my sworn affidavit and that I am a witness in this case. I agree to testify in this matter if called upon, even if I no longer want to pursue the Protective Order at that time.**

**X** \_\_\_\_\_

**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

**Respondent's Information**

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 Coryell County?: \_\_\_\_\_

Vehicle Information: Year: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

Condition: \_\_\_\_\_ License Plate# \_\_\_\_\_

**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**:

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**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:

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Which police agency responds to your home? CCPD \_\_\_\_\_ Sheriff \_\_\_\_\_ GPD \_\_\_\_\_ Other: \_\_\_\_\_

Incident Number: \_\_\_\_\_ Was the Respondent Arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

If charges are pending, what charge?: \_\_\_\_\_ Case 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?**

**Put the date of the incident next all that apply:**

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

Describe *any other way* the Defendant (Respondent) made you afraid:

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## **Information About Your Relationship**

- What type of relationship do you have with the Respondent?

*Please check the appropriate category (ies):*

- Previously Dated.  Currently married  Divorce Pending in \_\_\_\_\_ County or
- 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
- What County?: \_\_\_\_\_
- Do you and the Respondent have any child custody orders in place?: \_\_\_\_\_ Yes \_\_\_\_\_ No
- What County?: \_\_\_\_\_
- **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 should be some place where you feel safe, like a police station that is open 24 hours.
- Please list a safe exchange location: \_\_\_\_\_

## Information about Your Children

*Please list your children (whether or not they live with you). Please also list ANYONE who lives with you.*

Name of Protected Child: \_\_\_\_\_

Race: (circle one)      Indian      Asian      Black      White      Unknown

Ethnicity: (circle one)      Hispanic      Non-Hispanic      Unknown

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Paternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have Court Orders regarding this child?      Yes      No

If yes what County are the orders filed: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Child Care or School Facility Name: \_\_\_\_\_

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

Name of Protected Child: \_\_\_\_\_

Race: (circle one)      Indian      Asian      Black      White      Unknown

Ethnicity: (circle one)      Hispanic      Non-Hispanic      Unknown

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Paternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have Court Orders regarding this child?      Yes      No

If yes what County are the orders filed: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Child Care or School Facility Name: \_\_\_\_\_

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

Name of Protected Child: \_\_\_\_\_

Race: (circle one)      Indian      Asian      Black      White      Unknown

Ethnicity: (circle one)      Hispanic      Non-Hispanic      Unknown

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Paternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Maternal Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have Court Orders regarding this child?      Yes      No

If yes what County are the orders filed: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Child Care or School Facility Name: \_\_\_\_\_

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









# AFFIDAVIT

I, \_\_\_\_\_ am the Applicant in the above Application for Protective Order and the facts and circumstances above are true and correct.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_ 2016.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_  
2016.

\_\_\_\_\_  
Notary Public in and for  
Coryell County, Texas  
My Commission expires:

Accepted: \_\_\_\_ Rejected: \_\_\_\_ By: \_\_\_\_\_

Comments:

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