

FOR OFFICE USE ONLY	
DATE RECEIVED	

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Applicant's contact Information:

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

4. Applicant's ID Information:

DATE OF BIRTH	D.L. NUMBER & STATE	RACE	ETHNICITY		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>		SOCIAL SECURITY NUMBER	
SOCIAL SECURITY NUMBER					

5. Applicant's Work Info:

BUSINESS NAME	ADDRESS	PHONE NUMBER

-
6. I am seeking this Protective Order as a victim of the following: (Mark the applicable circumstances)
- Family Violence Assault
 Family Violence Threat of Assault
 Stalking
 Sexual Assault
 Human Trafficking

- OR,** I am seeking this Protective Order on behalf of a MINOR CHILD who is the victim of: (Mark applicable)
- Family Violence Assault
 Family Violence Threat of Assault
 Stalking
 Sexual Assault
 Human Trafficking

7. I am seeking this Protective Order in Erath County because: (Mark applicable)
- I live in Erath County
 The Respondent lives in Erath County
 The incidents occurred in Erath County

8. My relationship with the Respondent is (Check all the apply):
- Current Spouse
 Current Dating Relationship
 Current member of the same household
 Former (Ex) Spouse
 Former Dating Relationship
 Former member of the same household
 Parents of the same child/children
 OTHER (Describe): _____

9. Have you ever received any kind of health care / treatment because of the abuse? (Mark all applicable)

- EMS/Ambulance Emergency Room Hospitalization
- Doctor's Care Dental Care Counseling or Therapy

10. Does the abuser know where you live? Yes No

11. Do you live with other adults at address? Yes (If YES, provide names below) No

NAME OF ADULT	DATE OF BIRTH	SEX	RACE	NAME OF ADULT	DATE OF BIRTH	SEX	RACE

12. Do you have children who live at this address? Yes (If YES, provide names below) No

NAME OF CHILD	DATE OF BIRTH	SEX	RACE	SCHOOL/DAYCARE NAME & ADDRESS	GRADE

13. Has the Respondent threatened to hurt the children? Yes No

14. Has the child/children been present during the abuse? Yes No

15. Are you requesting the children be included in this PO? Yes No

16. Respondent's Name: _____

17. Respondent's Address: _____

18. Respondent's contact Information:

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

19. Respondent's ID Information:

DATE OF BIRTH	D.L. NUMBER & STATE	RACE	ETHNICITY		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>		SOCIAL SECURITY NUMBER	
SOCIAL SECURITY NUMBER					

20. Respondent's Work Info:

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	BUSINESS NAME	ADDRESS	PHONE NUMBER
21. Respondent's Vehicle Information:			
	VEHICLE L.P.#	L.P. STATE	
	VEHICLE I.D. NUMBER	YEAR	MODEL
		STYLE	COLOR/SPECIAL FEATURES

22. Does the Respondent have any weapons? Yes (Describe below) No

23. Is the Respondent on probation or parole? Yes (Describe below) No

24. Have you ever applied for a PO against this Respondent before? Yes (Describe below) No

25. Do you currently have an Emergency Protective Order (EPO) against this Respondent? Yes No

26. Has CPS ever been notified of the abuse? Yes (Describe below) No

27. Have criminal charges ever been filed against this Respondent because of the abuse?

Yes (Describe below) No

28. If married, have either of you filed for divorce? Yes No

If yes, please list the county, court, and case number: _____

29. If you are a female, are you currently pregnant? Yes No

30. Has the Respondent ever abused you while you were pregnant? Yes No

31. The most **RECENT** incident of abuse / threats / stalking / violence occurred:

Date	Place

Describe what happened. (Were there children present? Was a weapon used?
Were drugs / alcohol involved?)

32. The most **SERIOUS** incident of abuse / threats / stalking / violence occurred:

Date	Place

Describe what happened. (Were there children present? Was a weapon used?
Were drugs / alcohol involved?)

33. Are you aware of any other Protective Orders against this Respondent? Yes No

34. Do you believe without this Protective Order, you (or the minor child/
children) are likely to suffer more abuse / violence? Yes No

35. Are you asking that the Respondent be excluded from the residence? Yes No

36. Have you ever been arrested for or convicted of assault? Yes (Describe below) No

37. Has anyone ever gotten a Protective Order against you? Yes (Describe below) No

38. Is there anything else we need to know about this Respondent?