

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO: _____

APPLICANT _____ § IN THE _____
VS. _____ §
RESPONDENT _____ § OF _____ COUNTY, TEXAS
§

Application for Protective Order

1. Parties:

Applicant _____ County of Residence _____

Mark this box if you are completing and filing this application on behalf of the Applicant.

Name of Person Filing the Application _____ Title of Person Filing the Application _____

Respondent _____

Respondent's address for service: _____

2. Reason(s) for Protective Order: (Mark all that apply)

- The Respondent committed family violence, dating violence, or child abuse.
- The Respondent committed sexual assault or abuse, indecent assault, indecency with a child, compelling prostitution, stalking, or trafficking.
- The Respondent violated a Protective Order that was active at the time of the violation but has since expired or will expire in 30 days or less. A copy of the Order is (Mark one)
 - attached. not available now but will be filed before the hearing set for this Application.

3. Describe Applicant's Relationship to the Respondent: (Mark all that apply)

- Current or former spouses
- Current or former dating partners
- Are or were members of the same family or household
- Parents of the same child(ren)
- Relatives
- Parent or child of the Respondent
- Foster child or foster parent of the Respondent
- Applicant is dating or married to Respondent's current or former spouse or dating partner
- No relationship

4. Children Under Age 18 Who Need Protection:

Name	Is Respondent the parent or guardian	
a. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mark all that apply:

- Other children are listed on a sheet attached to this Application.
- The children are or were members of the Applicant's family or household.
- The children have a court order that affects how and when they can visit their family or sets child support.

5. Other Adults: The Applicant requests protection for the following adults who are or were: members of the Applicant's family or household; or in a marital or dating relationship with the Applicant.

Name

a. _____

b. _____

6. Other Court Cases (other than criminal cases): Are there other court cases involving the Applicant, Respondent, or children?

- Yes No

(a) If "Yes," what kind of case and is the case active or complete?

- (b) If "complete," (*Mark all that apply*):
- A copy of the final order of the other case is attached.
 - A copy of the final order of the other case will be filed before the hearing on this Application.

(c) If the Texas Office of the Attorney General Child Support Division has been involved with a child support case: list the OAG case number for each open case, if known. Case Number: _____

7. Family Violence or Other Criminal Case(s): Has the Respondent ever been convicted of or placed on deferred adjudication community supervision for any crime under Title 5 or Title 6 of the Texas Penal Code? (See list of crimes at the end of the Instruction document)

- Yes No Unknown

If "Yes," what kind of crime:

If the Respondent was convicted or placed on community supervision for a Title 5 crime, did the Court make a finding that the crime involved family violence?

- Yes No Unknown

Was the crime against a child listed in this application?

- Yes No Unknown

Have the Respondent's parental rights to a child listed in this application been terminated?

- Yes No Unknown

If Respondent's parental rights have been terminated, has the Respondent contacted or attempted to contact the child?

- Yes No Unknown

8. Terms and Conditions of the Protective Order – Mark all terms and conditions that the Applicant wants the Court to include in the Temporary Ex Parte Order, if the Applicant is requesting one, and the final Protective Order.

The Applicant asks the Court to order the Respondent: *(Mark all that apply)*

- a. Not to commit family violence.
- b. Not to commit further acts of sexual assault or abuse, indecent assault, stalking, or trafficking.
- c. Not to communicate a threat through any person to any person who is listed in this application as a person seeking protection or who is a member of the Applicant's family or household.
- d. Not to communicate in a threatening or harassing manner with any person who is listed in this application as a person seeking protection or who is a member of the Applicant's family or household.
- e. Not to communicate or attempt to communicate in any manner with *(Mark all that apply)*:
 Applicant children listed in this application other Adults listed in this application
except through Applicant's attorney or other person named by the Court, namely:

Please explain why the court should prohibit direct communication from the Respondent:

(If necessary, attach sheet with additional information)

- f. Not go within _____ yards of the: *(Mark all that apply)*
 Applicant children listed in this application other Adults listed in this application
- g. Not go to or within _____ yards of the residence, workplace, or school of the: *(Mark all that apply)*
 Applicant children listed in this application other Adults listed in this application.

Residence: _____

Workplace: _____

School: _____

- h. Not go to or within _____ yards of the residence, child-care facility, or school of the children listed in this application, except as specifically authorized in a possession schedule or other order entered by the Court.

Residence: _____

Child-care facilities: _____

School: _____

- i. Not to engage in conduct that is reasonably likely to harass, annoy, alarm, abuse, torment, or embarrass any person who is listed in this application as a person seeking protection, or who is a member of the Applicant's family or household, including not tracking or monitoring the car or other property belonging to any person who is listed in this application as a person seeking protection, or who is a member of the Applicant's family or household, or by physically following or causing another to physically follow a person seeking protection or any member of the Applicant's family or household.

The Applicant further asks the Court to:

- j. Suspend the Respondent's license to carry a handgun.*
- k. Prohibit Respondent from possessing a firearm.*
- l. Require the Respondent to complete a battering intervention and prevention program.
- m. Prohibit the Respondent from taking, harming, threatening, or interfering with the care, custody, or control of the following pet, companion animal, or assistance animal: (describe the animal)
- _____
- n. Require the Respondent to do the following to prevent or reduce the likelihood of family violence or future harm to the Applicant or any person listed in this application as a person in need of protection.
- _____
- _____
- _____

*NOTE: If the Respondent is a peace officer actively engaged in employment as a sworn, full-time paid employee of a state agency or political subdivision, the court may not suspend the Respondent's license to carry a handgun or prohibit the Respondent from possessing a firearm.

9. Property Orders: (Complete this section **only** if the Applicant shares, owns, or leases a residence with the Respondent)

The Residence located at: _____

- (Mark one):
- is jointly owned or leased by the Applicant and Respondent.
- is solely owned or leased by the Applicant.
- is solely owned or leased by the Respondent; and the Respondent is obligated to support the Applicant or a child in the Applicant's possession.

The Applicant asks the Court to make these orders about the residence: (Mark all that apply)

- Grant the Applicant exclusive use of the residence identified above, and order the Respondent to vacate the residence and its premises.

- Order a law enforcement officer: to go with the Applicant to the residence; to tell the Respondent that the Court has ordered the Respondent to vacate the residence; to provide protection to the Applicant while the Applicant takes possession of the residence or while the Respondent takes possession of the Respondent's personal property; and to arrest the Respondent if the Respondent refuses to leave in violation of the Order.
- Applicant requests exclusive use of the following property that the Applicant and Respondent jointly own or lease:

_____ ;

- Order the Respondent not to damage, transfer, encumber, or otherwise dispose of any property jointly owned or leased by the parties, including removing or disabling any vehicle owned or possessed by the Applicant or jointly owned or possessed by the parties.

10. Spousal Support Order (Mark the box if the Applicant is married to the Respondent and would like spousal support)

Applicant is married to the Respondent and requests the Court to order the Respondent to pay spousal support.

11. Rights to Mobile Phone Numbers, Associated Devices, and Accounts (Mark the box if asking to separate or transfer the wireless telephone account)

The Applicant asks the Court to order that the wireless telephone numbers that are used primarily by the Applicant or a person listed in this application as a person in need of protection be separated from the Respondent's wireless telephone service account. The Applicant asks for sole use, possession, and control of the following wireless telephone numbers and associated mobile devices, including sole billing responsibility and sole ownership of the mobile devices and wireless telephone service account associated with the wireless telephone numbers.

The Applicant further asks the Court to order the Respondent to pay the costs associated with transferring the wireless service account to the Applicant and the outstanding balance on the account.

The following wireless telephone numbers and associated mobile devices are used by the Applicant or the children listed in this Application.

- | | | |
|-------|--|---|
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |
| _____ | <input type="checkbox"/> my phone number | <input type="checkbox"/> child's phone number |

(Sheet may be attached for additional numbers)

The Applicant asks the Court to prohibit Respondent from closing, limiting access to, or otherwise tampering with the wireless telephone service account associated with aforementioned mobile phone numbers and associated mobile devices until this Court determines who is the primary user of the mobile phone numbers and devices. Applicant also asks the Court to order the Respondent's wireless telephone service provider not to disclosure the Applicant's or other persons in need of protection contact information to the Respondent, including any new telephone numbers assigned to the Applicant or other person in need of protection.

12. **Orders Related to Removal, Possession, and Support of Children** (Mark the box if asking for the removal, possession, or support of the children)

The Applicant and the Respondent are the parents or guardians of the following children:

The Applicant asks the Court to enter the following orders with respect to the children: *(Mark all that apply):*

- The Respondent must not remove children from the Applicant's possession or from their child-care facility or school, except as specifically authorized in a possession schedule or other order entered by the Court.
- The Respondent must not remove the children from the jurisdiction of the Court.
- An order establishing or modifying a schedule for the Respondent's possession of the children, subject to any terms and conditions necessary for the safety of the Applicant or the children.
- An order requiring the Respondent to pay child support in an amount set by the Court.

13. **Temporary Ex Parte Order** (Mark the box if requesting a temporary ex parte order)

Based on the information in the attached Affidavit or Declaration, the Applicant asks the Court to find that there is a clear and present danger of family violence, sexual assault or abuse, indecent assault, stalking, trafficking, or other harm to Applicant and/or a member of the family or household and issue a Temporary Ex Parte Order immediately without bond, notice, or hearing.

13a. **Temporary Ex Parte Order That Also Requires Respondent to Vacate Residence Immediately**
(Mark the box if you are requesting that the temporary ex parte order also exclude Respondent from the shared residence)

NOTE: IF YOU MARK 13a, YOU MUST APPEAR FOR A HEARING BEFORE THE COURT CAN EXCLUDE OR REMOVE THE RESPONDENT FROM A SHARED RESIDENCE.

The Applicant lives with the Respondent at:

or resided there within the 30 days prior to the filing of this Application. The Respondent committed family violence against the Applicant, or a member of the family or household, as described in the Affidavit or Declaration attached, within 30 days prior to the filing of this Application. There is a clear and present danger that the Respondent is likely to commit family violence against the Applicant and/or a member of the family or household. The Applicant is available for a hearing to justify the issuance of an order excluding the Respondent from the residence. If the Court grants this request, the Applicant asks the Court to issue a Temporary Ex Parte Order that:

- Grants the Applicant exclusive use and possession of the residence and orders the Respondent to vacate the residence immediately and remain at least 200 yards away from the residence pending further Order of the Court.
- Directs the sheriff, constable, or chief of police to provide a law enforcement officer to accompany the Applicant to the residence; to inform the Respondent that the Court has ordered the Respondent to vacate the residence; and to protect the Applicant while the Applicant takes possession of the residence, or while the Applicant takes possession of the Applicant's necessary personal property if the Respondent refuses to vacate the residence.

14. Keep Information Confidential (Mark the box if you want your information to remain confidential)

The Applicant requests the Court to exclude the following information from the protective order: the mailing address, county of residence, and telephone number of the Applicant and any person listed in this application as a person in need of protection; and the address and telephone number of a place of employment, business, child-care facility, or school, if any, of the Applicant and any person listed in this application as a person in need of protection. The Applicant further asks the Court to order the clerk of the court to strike the aforementioned information from the public records of the Court and keep a confidential record of the information for use only by the Court or law enforcement for the purpose of entering the information required by Section 411.042(b)(6), Government Code, into the statewide law enforcement information system maintained by the Texas Department of Public Safety.

WARNING: A copy of this application will be served on the Respondent and made available for public inspection. Marking Box No.14 means that you are asking the judge to remove your address and telephone numbers from the final order so the public cannot see this information. If you are requesting confidentiality, **DO NOT INCLUDE** personal information in this application or any other form related to your request.

If the Applicant is requesting confidentiality, provide the information requested below:

The Applicant asks the Court to designate the following person to receive on Applicant's behalf all notices and documents filed with the Court, if related to this Application:

Name: _____
 Address: _____

15. Citations and Notices

The Applicant asks the Court to issue all citations and notices required by law for the application and any resultant order.

PRAYER

WHEREFORE, PREMISES CONSIDERED, the Applicant prays the Court issue the protective order as requested in this Application, and, if applicable, the Applicant further prays the Court issue a Temporary Ex Parte Order until a hearing can be held.

I have read the entire Application and it is true and correct to the best of my knowledge.

Applicant or Person filing on behalf of Applicant

Address and telephone number where Applicant or Person filing on behalf of Applicant may be contacted (*List another address/telephone if you want yours kept confidential*):

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Use this form if YOU WANT your Date of Birth and Address to REMAIN CONFIDENTIAL.

You will need to have it signed BY A NOTARY.

Do NOT use the DECLARATION form if you use this form.

AFFIDAVIT

County of _____

State of Texas

My name is _____ (First Middle Last). I am _____ years old and otherwise competent to make this Affidavit. The information and events described in this Affidavit are true and correct.

1. My relationship with Respondent is: _____
2. Describe the most **recent time** the Respondent hurt or threatened to hurt you, including any conduct involving sexual assault, stalking, or trafficking:

- a. In what county did this happen? _____
- b. On what date did this happen? _____
- c. Was a weapon involved? Yes No If yes, what kind?

- d. Does Respondent possess or have access to firearms? Yes No
- e. Were any of the children present? Yes No If yes, who?

- f. Did anyone call the police? Yes No If yes, what happened?

- g. Were you injured? Yes No If yes, describe your injuries:

- h. Did you seek medical care? Yes No

3. Has the Respondent threatened or hurt you **before**? Yes No
If so, describe below how the Respondent threatened or hurt you, including date(s) if possible.

a. Were weapons ever involved? Yes No If yes, what kind?

b. Were the children present? Yes No If yes, who?

c. Did anyone report the conduct to the police? Yes No

d. Were you injured? Yes No If yes, describe your injuries:

e. Did you seek medical care? Yes No

4. Has the Respondent ever been convicted of family violence? Yes No

If yes, list when and in which county and state the conviction(s) occurred:

5. Has the Respondent ever been convicted or placed on deferred adjudication community supervision for any of the following:

Trafficking of Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Continuous Trafficking of Persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Indecent Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Aggravated Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Compelling Prostitution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

If yes, list when and in which county and state the conviction(s) occurred:

6. Are you requesting exclusive possession of a residence and to have the Respondent excluded from the residence? Yes No

a. What is the location of the residence? _____

b. Do you currently reside at the residence or have resided there within the last 30 days?

Yes No

c. Please describe the facts and circumstances that require the Respondent to be excluded from the residence:

On ___ / ___ / ___, the Applicant _____
personally appeared before me, the undersigned notary.
After being sworn, the Applicant stated that the Applicant is
qualified to make this oath, that the Applicant has read the
foregoing Application and Affidavit, that the Applicant has
personal knowledge of the facts asserted, and the facts
asserted are true and to the best of the Applicant's knowledge
and belief. Subscribed and sworn before me on ___ / ___ / ___.



Applicant signs here



Notary Public in and for the State of Texas

My Commission expires: _____

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Use this form if you want your Date of Birth and Address to be public information (not confidential).
If you use the Declaration Form, a notary does not have to sign. Do NOT use the Affidavit form if you use this form.

DECLARATION

County of _____

State of Texas

My name is _____, _____, _____
(First Middle Last)

my date of birth is _____, and my address is _____
(Street) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____
day of _____, _____ (Month) _____ (Year).

_____ (Declarant Signature).

- 1. My relationship with Respondent is: _____
- 2. Describe the most **recent time** the Respondent hurt or threatened to hurt you, including any conduct involving sexual assault, stalking, or trafficking:

a. In what county did this happen? _____

b. On what date did this happen? _____

c. Was a weapon involved? Yes No If yes, what kind?

d. Does Respondent possess or have access to firearms? Yes No

e. Were any of the children present? Yes No If yes, who?

f. Did anyone call the police? Yes No If yes, what happened?

g. Were you injured? Yes No If yes, describe your injuries:

h. Did you seek medical care? Yes No

3. Has the Respondent threatened or hurt you **before**? Yes No
If so, describe below how the Respondent threatened or hurt you, including date(s) if possible.

a. Were weapons ever involved? Yes No If yes, what kind?

b. Were the children present? Yes No If yes, who?

c. Did anyone report the conduct to the police? Yes No

d. Were you injured? Yes No If yes, describe your injuries:

e. Did you seek medical care? Yes No

4. Has the Respondent ever been convicted of family violence? Yes No
If yes, list when and in which county and state the conviction(s) occurred:

5. Has the Respondent ever been convicted or placed on deferred adjudication community supervision for any of the following:

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|----------------------------------|
| Trafficking of Persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Continuous Trafficking of Persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Indecent Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Aggravated Sexual Assault | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Stalking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Compelling Prostitution | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

If yes, list when and in which county and state the conviction(s) occurred:

6. Are you requesting exclusive possession of a residence and to have the Respondent excluded from the residence? Yes No

a. What is the location of the residence? _____

b. Do you currently reside at the residence or have resided there within the last 30 days?
 Yes No

c. Please describe the facts and circumstances that require the Respondent to be excluded from the residence:



Applicant signs here