



JOHN FORREST
PARKER COUNTY ATTORNEY
ASSAULT FAMILY VIOLENCE UNIT
101 NORTH MAIN STREET
WEATHERFORD, TEXAS 76086
PHONE (817) 594-8409 FAX (817) 594-8414

VALERIE KRUSE
Assistant County Attorney

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Victim Assistance Coordinator

PROTECTIVE ORDER INTAKE PACKET

INSTRUCTIONS

Today's Date: _____

Completing this intake packet does not mean you have a Protective Order nor does it guarantee that a Judge will grant you a protective order.

If you are married to the person you want a Protective Order against and you are currently going through a divorce or other legal proceeding (where you have an attorney), you need to talk to your attorney about getting a Protective Order as part of your divorce or legal proceeding.

- 1. USE BLACK OR BLUE INK ONLY. DO NOT USE PENCIL.**
2. Please write legibly. You may type if desired.
3. Fill out the packet in its entirety. If a portion is not applicable to your situation please put N/A. If you do not know the information please put unknown.
4. When you have completed the intake packet, return it to the Assault Family Violence Unit of the Parker County Attorney's Office in person, by fax, e-mail or mail.

Fax: 817.594.8414
Email: lisa.mehrhoff@parkercountytexas.com
Mail: Parker County Attorney's Office
Assault Family Violence Unit
101 North Main Street
Weatherford, Texas 76086



Hours of Operation: Monday – Friday 8:00a.m. to 4:30p.m. The office is closed from 12:00p.m. -1:00p.m. for lunch.

5. If you have any questions, you may call the Assault Family Violence Unit at 817-594-8409.
6. If you return the intake packet by mail, fax or e-mail, please call the Assault Family Violence Unit to make sure it has been received.

The County Attorney’s Offices uses this form to determine if we can provide assistance to you in filing for a Protective Order and/or in a Protective Order proceeding.

This office DOES NOT get involved with custody or visitation or child support matters or property disputes. If custody or property issues are important to you, you may want to consult a private attorney who can help you get custody of your children, change the possession and access to or with your children, and possession of property matters.

If the County Attorney’s Office can provide assistance, you will have to sign a sworn Affidavit that will be submitted with your Application. **You will have to go to Court for a hearing on the application for Protective Order.**

The information that you provide in this form is for the use of the Parker County Attorney’s Office only and will be kept confidential unless we are required by law to release or report any information.

Do you have minor children in common with the Respondent? Yes: _____ No: _____

If you checked YES, please note that if there is a prior custody determination that was made in any other Court, only the Court that made that prior custody determination has jurisdiction to issue an order allocating parental rights or a possession order or modification of a possession order. This includes a juvenile court or an out of county court.

Who referred you to get a civil Protective Order or how did you hear about our office?

- Law Enforcement
- Judge or Justice of the peace
- Mental Health Services
- Legal Aid
- Hospital/Doctor/Nurse/Medical Professional
- Social Service Agency – please specify: _____
- Other – please specify: _____



Are you currently represented by an Attorney? _____ If yes, by whom?

PARTY INFORMATION

PETITIONER (YOU)

Your Name: _____

Other Last Names you have used: _____

Your Address: _____

County of Residence : _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Does our office have permission to leave message as the above phone numbers?

____ Yes ____ No. **This office will not leave messages at any number provided if you are still living with the Respondent.**

Date of Birth: _____ Age: _____

Gender: _____ Driver's License Number: _____ SSN: _____

Employer: _____ Employer Address: _____

E-Mail Address: _____

Your Race or Ethnicity:

- White Hispanic African American
 Native American Asian American Pacific Islander Other- Specify

Do you have any disabilities? Yes: _____ No: _____

If yes, what is the nature of your disability? _____

What police agency answers 911 calls for your address? _____



RESPONDENT (PERSON WHO YOU WANT A PROTECTIVE ORDER AGAINST)

Please complete all areas below. If the information is unknown, please write Unknown.

Respondent: _____ Nicknames: _____

Other Names that he/she has used: _____

Last known address: _____

Last known phone numbers: _____

Name, address and phone number of Respondent's employer: _____

Respondent's Identifying Information:

Height: _____ Date of Birth: _____ DL: _____

Weight: _____ Place of Birth: _____ SSN: _____

Tattoos: _____ Piercings: _____

Race: _____ Eye Color: _____ Hair Color: _____

Type of Vehicle: _____ Color of Vehicle: _____ License Plate: _____

**Does he/she own any guns? ____ Yes ____ No Does he/she have a concealed handgun license?
____ Yes ____ No.**

Name and contact information of other contacts that have information to help locate Respondent.
Examples include, mother, father, friends, mutual acquaintances.

Your relationship to the Respondent:

- | | |
|--|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Living together (roommates) |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Dating or used to date |
| <input type="checkbox"/> Biological parents of same child | <input type="checkbox"/> Child of Respondent |
| <input type="checkbox"/> Other relative by blood or marriage | <input type="checkbox"/> Parent of Respondent |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Foster Parent |



If you do not have a full address for the Respondent, the name and contact information of someone who might know the whereabouts of Respondent:

ADDITIONAL INFORMATION ABOUT YOU

YOUR PERSONAL INFORMATION

Have you ever been arrested, convicted, put on probation or given a ticket for an act you committed against any person: ____ Yes ____ No.

If yes, please briefly explain and include dates:

Do you currently have any pending criminal charges against you? ____ Yes ____ No.

If yes, please briefly explain and include dates and in what county the charges are pending:

Has anyone ever applied for or gotten a protective order against you? ____ Yes ____ No.

If yes, please briefly explain and include dates and in what county the protective order was filed or granted.

YOUR HOUSEHOLD INFORMATION

Does the Respondent know where you live today? ____ Yes ____ No.

List the names and contact information for any other ADULTS currently living in your household. Please include your relationship with these adults.



If you have any minor children, please provide the following information.

Child's Name	Age	Date of Birth	Sex	Live with you?
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have minor children NOT living with you, briefly explain why:

Do any of the children listed above have any disabilities? ____ Yes ____ No. If yes, please indicate which child and what type of disability.

Is the Respondent the father of any of these children? ____ Yes ____ No. If yes, which children?

Are there any Court orders, like a child support order, divorce decree or a Suit Affecting the Parent Child Relationship that affect any of your children? ____ Yes ____ No.

If yes, please list what type of order, the case number and the county in which the order was entered.



Has the Texas Department of Family and Protective Services (CPS) been notified and/or has a case ever been opened that involved you, the Respondent and/or any of your children?

___ Yes ___ No. If yes, please provide the date, the city, the State, and the name and phone number of the caseworker.

Date	City/State	Name of Caseworker	Caseworker Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELATIONSHIP INFORMATION

When did you meet the Respondent? _____

When did you start dating this person? _____

If applicable, when did you marry this person? _____

Did you ever live with this person? _____

When did stop dating this person? _____

Are you currently living with this person? ___ Yes ___ No.

If you are not living with this person, when did you stop living together? _____

During your relationship did you ever separate from this person? ___ Yes ___ No. If yes, please state how many times and for how long. _____.

Do you currently have an emergency protective order? ___ Yes ___ No. If yes, please list what city and state. _____

Are there currently bond conditions in effect for the Respondent? ___ Yes ___ No. If yes, please list what city and state. _____

Has the Respondent ever applied for or gotten a protective order against you? ___ Yes ___ No. If yes, please explain. _____

Have you ever hit, slapped, pushed, bitten, kicked, spit at, or otherwise physically hurt, threatened or used a weapon against the Respondent? ___ Yes ___ No. If yes, please explain. _____



DETAILS ABOUT DOMESTIC VIOLENCE/SEXUAL ASSAULT OR STALKING

Has the Respondent ever done any of the following? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Pushed, pulled or shoved you | <input type="checkbox"/> Choked you |
| <input type="checkbox"/> Pulled your hair | <input type="checkbox"/> Confined you against your will |
| <input type="checkbox"/> Scratched you | <input type="checkbox"/> Thrown objects at you |
| <input type="checkbox"/> Twisted your arm | <input type="checkbox"/> Prevented you from seeking medical care |
| <input type="checkbox"/> Hit you with his/her hand | <input type="checkbox"/> Hurt a family pet |
| <input type="checkbox"/> Slapped you | <input type="checkbox"/> Killed a family pet |
| <input type="checkbox"/> Kicked or stomped you | <input type="checkbox"/> Threatened to kill you |
| <input type="checkbox"/> Bit you | <input type="checkbox"/> Threatened to hurt your children |
| <input type="checkbox"/> Pinched you | <input type="checkbox"/> Threatened to kill your children |
| <input type="checkbox"/> Cut you | <input type="checkbox"/> Threatened to take your children from you |
| <input type="checkbox"/> Shot a gun at you | <input type="checkbox"/> Been violent in front of the children |
| <input type="checkbox"/> Threatened you with a gun | <input type="checkbox"/> Forced you to have sex |
| <input type="checkbox"/> Threatened you with a knife | <input type="checkbox"/> Tried to force you to have sex |
| <input type="checkbox"/> Hit or hurt you while you were pregnant | <input type="checkbox"/> Threatened to cut off financial support |
| <input type="checkbox"/> Burned you | <input type="checkbox"/> Threatened to have you deported |
| <input type="checkbox"/> Stalked/followed you | <input type="checkbox"/> Spied on you |
| <input type="checkbox"/> Prevented you from calling 911 | |
| <input type="checkbox"/> Left bruises on you | |

Has the Respondent ever hurt you in front of your children? ____ Yes ____ No

Has the Respondent ever hurt/harmed your children ____ Yes ____ No

If you answered yes to either or both of the questions above please describe:



Are there photos of your injuries? Yes No.

Were there any witnesses? Yes No.

If yes, please provide name(s), phone number(s) and address(es):

Were the Police called? Yes No.

If yes, what agency? _____

What did the police do? _____

Report number: _____

Date of the **NEXT MOST RECENT** incident: _____

Briefly describe what happened. Be specific as possible.

Were weapons or objects used on you? Yes No If yes, what kind? _____



Were you injured? ____ Yes ____ No.

If yes, describe your injuries:

Are there photos of your injuries? ____ Yes ____ No.

Were there any witnesses? ____ Yes ____ No.

If yes, please provide name(s), phone number(s) and address(es):

Were the Police called? ____ Yes ____ No.

If yes, what agency? _____

What did the police do? _____

Report number: _____

SOCIAL MEDIA FOOTPRINT

YOUR SOCIAL MEDIA FOOTPRINT

Do you have any social media accounts? ____ Yes ____ No

If yes please indicate which accounts:

Facebook Username: _____

Instagram Username: _____

Snapchat Username: _____

Twitter: Username: _____

Google + Username: _____

Other _____ Username: _____



RESPONDENT'S SOCIAL MEDIA FOOTPRINT

Do he/she have any social media accounts? ____ Yes ____ No

If yes please indicate which accounts:

Facebook Username: _____

Instagram Username: _____

Snapchat Username: _____

Twitter: Username: _____

Google + Username: _____

Other _____ Username: _____

Have you interacted with the Respondent on social media within the last 30 days?

____ Yes ____ No

If you answered yes to the above question, please indicate the dates and the content of the interaction. For example, posting on a wall or feed, personal messaging etc..

CERTIFICATION

I _____ herein after referred to as "**Applicant**", certify and understand that a Protective Order is a civil, legal action which I am requesting that the Parker County Attorney's Office bring against the **Respondent**. I do certify that I have read and understand the following:

- This packet is NOT an official Application for a Protective Order. An Application will be prepared and filed with the Court if you qualify for a Protective Order;
- The information that is provided herein is for the use of the Parker County Attorney's Office only and will be kept confidential unless required by law to disclose or report any information;
- This office may receive federal grant funds, so it is necessary to request some statistical information from you. This information is used only to prepare reports to show compliance with federal requirements. This information has no bearing on whether or not you qualify for services through this office;



- A protective order is **NOT** a criminal charge. Criminal acts must be reported to a law enforcement agency in order to be prosecuted. If you have suffered personal injury or harm as a result of a criminal act, you may qualify for Crime Victim's Compensation benefits, however they are not guaranteed;
- I will cooperate with the Parker County Attorney's Office, any Parker County agency or any law enforcement agency assisting me in this Application for Protective Order;
- I will **not** be charged any fees for initiating this action, but that the Court may charge a filing fee, court costs, service fees and attorney fees against the Respondent if an order of protection is obtained;
- I understand that the Parker County Attorney's Office is only assisting me in the narrow scope of presenting an Application for Protective Order and in no other matter. The Parker County Attorney's Office is not going to settle property or other disputes. The Parker County Attorney's Office is only going to request things which are necessary to protect me and my household from future harm by Respondent, which may include excluding the Respondent from my residence and other named addresses;
- If the Respondent is excluded from my residence or other named addresses, I understand that it may be for a period of up to **two (2) years**, and neither I nor the Respondent may violate that provision;
- A Temporary Ex Parte Protective Order may be requested to protect me until the Court can hold a hearing of the Application for Protective Order. If a Temporary Protective Order is requested and granted by the Court, it is not effective until the Respondent is formally served with notice of the Application for Protective Order, Order Setting Hearing and the Temporary Ex Parte Protective Order signed by the Judge;
- If I cannot provide a good address for the Respondent or reliable information to assist the Parker County Attorney's Office in locating Respondent, the Parker County Attorney's Office may not be able to proceed with obtaining a Protective Order on my behalf;
- At the time of any hearing we may be able to enter into 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 other court order entered as a result of the filing of the Application for Protective Order;
- I understand, pursuant to the Texas Family Code, that if there is a suspicion that there is or has been child abuse or neglect, the Parker County Attorney's Office must make a report to the Texas Department of Family and Protective Services;



- I will be required to cooperate, provide truthful information and come to Court on my hearing date. My failure to cooperate, provide truthful information and/or appear may result in any of the following:
1. The application may be dismissed
 2. An order with which I do not agree could be entered in my absence.
 3. I may be subpoenaed or brought to Court by a deputy upon issuance of a writ of attachment.

I further certify that I understand that the statements I will make in the Application and attached Affidavit, or to the Judge or Court are sworn to, and the Texas Penal Code §37.03, makes it a Third Degree Felony offense to knowingly or intentionally make false statements about material facts in an official proceeding. I understand the consequence of falsifying any information or for bringing this suit for any reason other than for my family's protection.

I, _____, affirm that the information contained herein is true and correct to the best of my knowledge.

Signature

Date