

**PROTECTIVE ORDER APPLICATION INFORMATION PACKET
GALVESTON COUNTY CRIMINAL DISTRICT ATTORNEY'S OFFICE**

_____, Applicant v _____, Respondent

NOTICES

The following are exceptions to the attorney client privilege and the following circumstances will **NOT** be considered confidential:

- 1.) any new allegations of child abuse or neglect;**
- 2.) any statements concerning threatened harm to anyone; and/or**
- 3.) any allegations of abuse, neglect or exploitation of a disabled adult or elderly person.**

The Texas Family Code designates the criminal district attorney as the prosecuting attorney responsible for filing applications for protective orders. This does **NOT** prohibit other attorneys from doing so as well.

In Galveston County the Criminal District Attorney **ALSO** represents the Texas Department of Family and Protective Services (the Department), also known as CPS. This office is authorized under the Texas Family Code to represent an applicant for a protective order **AND** the Department regardless of whether the protective order proceeding occurs before, concurrently with, or after the other action involving the applicant.

CONSENT

I understand that incidents which might lead to my making incriminating statements may be addressed. I understand these issues will likely be addressed during the hearing requesting the protective order and that any testimony given during that hearing may be used against me in future proceedings.

I understand the above limitations upon confidentiality AND the potential dual roles of the Galveston County Criminal District Attorney's Office. I understand that should any exculpatory evidence, related to charges pending against the respondent, be divulged it will be forwarded to the attorney prosecuting the case and that the information may then be shared with the respondent or his attorney. I am aware that I have the right to hire an attorney to pursue a protective order on my behalf. Understanding this I still wish for the Galveston County Criminal District Attorney's Office to represent me in this protective order application. I hereby waive any potential conflict.

Applicant

I **do/do not** have a pending criminal case.

I **do/do not** have a pending CPS case.

If yes, does CPS have conservatorship of your children? Y/N

The respondent **does/does not** have pending criminal charges.

Are you receiving child support through the Attorney General's Office? Y/N

What is the OAG # attached to the case? _____

(below for office use only)

Enclosed application for Protective Order has been: Accepted / Not Accepted

This application was not accepted, because: _____

DATE: _____

SIGNED: _____

APPLICANT INFORMATION

Your Name: _____
 First **Middle** **Last** **Maiden/other**

Race:____ **Sex:**____ **DOB:**_____ **Age:**____ **Marital Status:**_____

How long have you lived in Galveston County? ____ **Birth State:**_____

Citizen: Yes / No **DL or ID:**_____ **SS#:** _____

Home Address: _____

Employer: _____

Wk Address: _____

Mailing address(if dif than hm): _____

Ph Numbers: hm _____ wk _____ cell _____ other _____

Other Contact #s: _____

Friend/Relative	Relationship	Ph #
_____	_____	_____
Friend/Relative	Relationship	Ph #
_____	_____	_____

Does the respondent know where you live? Yes / No

Does the respondent have a key to your home? Yes / No

Does the Respondent know where you work? Yes / No

What police agency responds to your home? _____

What is your relationship w/the Respondent?

Married Divorced Live together Previously lived together Dated Child together

Related by blood/marriage-describe: _____

Other-Describe: _____

How long have you known the Respondent? _____

How long did you date? _____ **When did you last separate?** _____

If you live/d together when? From _____ To _____

If you were/are married, how long? From _____ To _____

When did you last separate from the Respondent? _____

If you are divorced from Respondent, when was it final? _____

Is a divorce currently pending? Yes / No

If yes, what is the cause #? _____ **Court?** _____

If you have child/ren w/Respondent how many? _____

Is there court ordered visitation? Yes / No

Is a child custody case currently pending? Yes / No

If yes, what is the cause #? _____ **Court?** _____

Is there property the Respondent has that you want? Yes / No

What? _____
Is there property you have that Respondent wants? Yes / No
What? _____

RESPONDENT INFORMATION

Respondent's Name: _____
 First **Middle** **Last** **Maiden/other**

Race: _____ Sex: _____ DOB: _____ Age: _____ Marital Status: _____ Skin Color: _____

Height: _____ Weight: _____ Build: _____ Eye Color: _____ Hair Color: _____

Hair style: _____ DL or ID: _____ SS#: _____

Describe any tattoos, birthmarks, or scars: _____

How long have they lived in Galveston County? _____ Birth State: _____ Citizen: Yes / No

Home Address: _____

Employer: _____

Wk Address: _____

Phone Numbers: hm _____ wk _____ cell _____ other _____

Another address for service: _____

Vehicle Info: Year: _____ Make: _____ Model: _____
Type: _____ Color: _____ Condition: _____ Plate# _____

On Parole or probation? Yes / No Which? Parole / Probation
Name of parole/probation officer: _____ Phone# _____
For what offense? _____

Information About Child/ren and People Who Live With You

Please list your child/ren whether or not they live with you. Also list anyone else who lives with you.

1. _____

Name	Age	DOB	Relationship to you (child/roommate, etc)
Relationship to Respondent		School/Daycare/Wk Address	
Has this person been abused by Respondent? Yes / No			
Do you want this person included in the protective order, if possible? Yes / No			
Does the Respondent know where this person lives? Yes / No			
Does this person live with you? Yes / No			
If NO, list this person's address: _____			

2. _____
Name Age DOB Relationship to you (child/roommate, etc)

Relationship to Respondent School/Daycare/Wk Address

Has this person been abused by Respondent? Yes / No
Do you want this person included in the protective order, if possible? Yes / No
Does the Respondent know where this person lives? Yes / No
Does this person live with you? Yes / No
If NO, list this person's address: _____

3. _____
Name Age DOB Relationship to you (child/roommate, etc)

Relationship to Respondent School/Daycare/Wk Address

Has this person been abused by Respondent? Yes / No
Do you want this person included in the protective order, if possible? Yes / No
Does the Respondent know where this person lives? Yes / No
Does this person live with you? Yes / No
If NO, list this person's address: _____

4. _____
Name Age DOB Relationship to you (child/roommate, etc)

Relationship to Respondent School/Daycare/Wk Address

Has this person been abused by Respondent? Yes / No
Do you want this person included in the protective order, if possible? Yes / No
Does the Respondent know where this person lives? Yes / No
Does this person live with you? Yes / No
If NO, list this person's address: _____

5. _____
Name Age DOB Relationship to you (child/roommate, etc)

Relationship to Respondent School/Daycare/Wk Address

Has this person been abused by Respondent? Yes / No
Do you want this person included in the protective order, if possible? Yes / No
Does the Respondent know where this person lives? Yes / No
Does this person live with you? Yes / No
If NO, list this person's address: _____

6. _____

Name	Age	DOB	Relationship to you (child/roommate, etc)
Relationship to Respondent		School/Daycare/Wk Address	

Has this person been abused by Respondent? Yes / No
 Do you want this person included in the protective order, if possible? Yes / No
 Does the Respondent know where this person lives? Yes / No
 Does this person live with you? Yes / No
 If NO, list this person's address: _____

7. _____

Name	Age	DOB	Relationship to you (child/roommate, etc)
Relationship to Respondent		School/Daycare/Wk Address	

Has this person been abused by Respondent? Yes / No
 Do you want this person included in the protective order, if possible? Yes / No
 Does the Respondent know where this person lives? Yes / No
 Does this person live with you? Yes / No
 If NO, list this person's address: _____

8. _____

Name	Age	DOB	Relationship to you (child/roommate, etc)
Relationship to Respondent		School/Daycare/Wk Address	

Has this person been abused by Respondent? Yes / No
 Do you want this person included in the protective order, if possible? Yes / No
 Does the Respondent know where this person lives? Yes / No
 Does this person live with you? Yes / No
 If NO, list this person's address: _____

PLEASE LIST BY DATE, EACH INCIDENT OF DOMESTIC VIOLENCE SEPARATELY

Exact Date Violence Occurred: Month _____ Day ____ Year _____

WHAT HAPPENED: _____

Exact Date Violence Occurred: Month _____ Day ____ Year _____

WHAT HAPPENED: _____

Exact Date Violence Occurred: Month _____ Day ____ Year _____

WHAT HAPPENED: _____

Exact Date Violence Occurred: Month _____ Day ____ Year _____

WHAT HAPPENED: _____
