

Protective Order Screening Form

APPLICANT'S NAME: _____

ADDRESS: _____

No. Street City State Zip

Home Phone: _____ Referred by: _____

Work Phone: _____ Business Hours: _____

Race: _____ Sex: _____ DOB: _____

Emergency Contact: _____
Name Phone #

RESPONDENT'S NAME: _____

ADDRESS: _____

No. Street City State Zip

Race: _____ Sex: _____ DOB: _____

WHAT IS YOUR RELATION WITH THE RESPONDENT? _____

Please answer the following questions by checking the appropriate column:

Yes No

- _____ 1. Do you currently have a divorce pending against the Respondent?
- _____ 2. Have you ever been involved in a Protective Order?
- _____ 3. Do you live in McCulloch County? If no, what County? _____
- _____ 4. Does Respondent live in McCulloch County?
- _____ 5. Do you want the Respondent ordered to stay away from you?
- _____ 6. Will you take all necessary steps to comply with any Court Order entered in the case? including reporting all violations to the proper authorities?
- _____ 7. Do you understand that it takes 14 days to obtain a Protective Order and requires at least one appointment in our office and a Court appearance? Therefore, you must be willing to make a time commitment?
- _____ 8. Were alcohol or drugs involved when violence occurred?
- _____ 9. Do you have children? If yes, how many? _____
- _____ 10. Do you have any children by the Respondent? If yes, how many? _____

Date: _____

**Request for Protective Order
Office of McCulloch County Attorney**

Applicant/Victim Information

Last Name:	First Name:	Middle Name:	Maiden Name:
Social Security Number:	Date of Birth:	Driver's License Number:	Issuing State:
Home Address:			
City	State:	Zip	Home Phone #:
Name of Employer:	Work Phone #	Hours of Work	
Work Address:	City:	State:	Zip:
Do you currently have an Emergency Magistrate's Protective Order? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Issued:
Do you have a criminal case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the charge?	What County:
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what for?	
Are you on Probation or Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what for?	
Are you under criminal investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what for?	

Respondent Information
(Name of person you need protection from)

Last Name:	First Name:	Middle Name:	Maiden Name:
Social Security Number	Date of Birth:	Driver's License Number:	Issuing State:
Height:	Weight:	Eye Color:	Hair Color:
Home Address:			
City	State:	Zip:	Home Phone #:
Name of Employer:	Work Phone #:	Hours of Work:	
Work Address:			
City:	State:	Zip	
Does Respondent have an Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attorney's Name:		
Has Respondent ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	When: Where: Charges:		
Any Drug or Alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:		
Is Respondent on Probation or Parole at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	What for?		
Is there a criminal or civil case pending on Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	What for?		

Relationship

What is your relationship to Respondent? <input type="checkbox"/> Married <input type="checkbox"/> Members of same family or household <input type="checkbox"/> Parents of same child or children <input type="checkbox"/> Divorced <input type="checkbox"/> Dating		
If divorced, Date of Divorce: County and State in Which Divorce filed:	Legally Separated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of time separated?
Are you still living together? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who left residence?	When?

Information on All Children

1. Last Name:	First Name:	Middle Name:
Name of Father:	Name of Mother:	Date of Birth:
Current Home Address:		
City:	State:	Zip:
School/Day Care Address:		
City	State:	Zip:

2. Last Name:	First Name:	Middle Name:
Name of Father:	Name of Mother:	Date of Birth:
Current Home Address:		
City:	State:	Zip:
School/Day Care Address:		
City	State:	Zip:

3. Last Name:	First Name:	Middle Name:
Name of Father:	Name of Mother:	Date of Birth:
Current Home Address:		
City:	State:	Zip:
School/Day Care Address:		
City	State:	Zip:

4. Last Name:	First Name:	Middle Name:
Name of Father:	Name of Mother:	Date of Birth:
Current Home Address:		
City:	State:	Zip:
School/Day Care Address:		
City	State:	Zip:

Please list each act of Family Violence against either you your children or any other person in your household committed by the Respondent. If you need additional space, please write on the back of the sheets, or ask for additional pages. It is important that EACH AND EVERY ACT of family violence be listed in detail, to the best of your ability and memory.

Most Recent Act of Violence:

Date act took place:	Location where occurred:	Time of Day:
Was Medical Treatment sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Physician:	Name of Medical Facility:
Address:		
City	State	Zip
Did you call the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were charges filed?	Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please identify Witnesses

Witness Last Name:	First Name:	Middle Name:
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Relation to Applicant:

Witness Last Name:	First Name:	Middle Name:
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Relation to Applicant:

Witness Last Name:	First Name:	Middle Name:
Home Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Relation to Applicant:

Affidavit

Please read and confirm each question by marking Yes or No

Do you understand that the Protective order will be in effect for up to two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you will be required to appear in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you will be required to testify in open court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that a Protective Order is issued to prevent future family and/or dating violence and that if custody of your children becomes a contested issue that you will be required to obtain other Legal Counsel to pursue custody of your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that once a Protective Order is initiated in this office, you may NOT choose to drop it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form below, I acknowledge and understand that I am making a statement to the McCulloch County Attorney, and that the McCulloch County Attorney is NOT my private attorney in any manner. I understand that anything I say to the McCulloch County Attorney is not privileged and may be disclosed in any court proceedings. I further acknowledge and understand that the McCulloch County Attorney will not, under any circumstance, represent me in any manner involving any divorce, child support, or child custody proceedings, and that if I desire to address those issues, then I will need to retain my own attorney. I also agree to provide a release of my medical records concerning any injuries received by me as a result of the acts described in this Application and that such records may be made public in a court proceeding, or hearing concerning this matter, and that I will appear to testify in any trial or hearing involving the acts described by me in this Application. I represent and warrant, on oath, that all statements and facts provided by me in this Application are true and correct. By signing this Application below, I represent and warrant that I have fully and completely read this paragraph and understand and agree to all of its terms.

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 or intentionally make false statements about material facts in an official proceeding. The statements made in this Application are true and correct

Applicant

Signature of Interpreter

On the ____ day of _____, 20____, the Applicant, _____, Personally, appeared before the undersigned notary. After being sworn, the Applicant stated that she/he is qualified to make this oath, that she/he has read the foregoing Application and Affidavit, that she/he has personal knowledge of the facts asserted, and the facts asserted are true to the best of her/his knowledge and belief.

Subscribed and sworn to before me on the ____ day of _____, 20 ____.

Notary Public in and for the State of Texas
My Commission expires _____

Release of Medical Information

I, _____, hereby release to the McCulloch County Attorney's Office, including office staff and investigators, any and all of my medical records, which shall include without limitation all physician notes or summaries, nurse notes or summaries, X-rays, cat scans, MRI scans, imaging or scanning results or pictures, on or about the _____ day of _____, 20____. This release specifically includes any medical records concerning any follow-up or additional treatment received by me for those injuries at a later date. The medical records are to be used in court proceedings and I understand that by granting this release, all medical records provided pursuant to this release may be disclosed in that court proceeding.

I request that you provide all medical records in your possession directly to the McCulloch County Attorney, 105 N. Church Street, Brady, Texas 76825 and telephone number 325-597-0733 x7, along with the completed business records affidavit that accompanies this release.

I am signing this release freely and voluntarily under no compulsion or duress of any kind. I understand that I may revoke this release at any time in writing.

Signed on the _____ day of _____, 20____.

Signature

Printed Name

SUBSCRIBED TO BEFORE ME, the undersigned authority by _____, personally, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to the he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas
My Commission Expires _____