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## PROTECTIVE ORDER APPLICATION

Please read the instructions on the following page carefully **BEFORE** filling out the protective order application. An incomplete application will not be accepted.

DATE: \_\_\_\_\_

## INSTRUCTIONS FOR PROTECTIVE ORDER APPLICATION

Please be sure that you read through the instructions given below before you begin working on this application.

- In filling out this application you are always the **APPLICANT**. The person you are seeking protection from is the **RESPONDENT**.
- It could take 14 days or longer to obtain a protective order and you will require appointments with our office and a court appearance.
- A protective order will be in effect for a maximum of 2 years, in most cases.
- This application must be filled out as completely and accurately as possible.
- Before filing for a Protective Order this office can and may require that you file a report of the abuse with either the sheriff's office or police department.
- **If you have your own attorney that is representing you in a divorce or other hearing you may be required to have that attorney file your protective order instead of the County Attorney's office.**
- In order to submit this application you **MUST** write your contact information, write the Respondent's address, complete either the affidavit or the declaration, and sign all required document.
- If our office is unable to contact you, if you do not show up for your court date, or if the respondent is unable to be served for 90 days after the application is filed, then you will have to re-apply for a protective order.
- Should a protective order be granted, the order will not be dismissed, even at the request of the applicant without a motion and hearing before the court, which will involve retaining independent legal counsel by the applicant. \_\_\_\_\_ Initials

I have read all of the instructions listed above. \_\_\_\_\_  
(Applicant's Initials)

Definition and Information about Protective Orders

*What is a Protective Order? A Protective Order is a civil court order that is issued to prevent continuing acts of family violence. Once in effect, the person which the order is against (the respondent) cannot come around you, threaten you, or have any communication with you. If the respondent violates the protective order they can be arrested immediately and charged with violation of a protective order.*

*Who can get a Protective Order? The qualifications are: 1) There must be a history of physical violence 2) There must be a danger that the violence will occur in the future 3) There must be a relationship between the two parties (romantic relationship, related by blood, living or previously lived together). There are exceptions for victims of Stalking and Sexual Assault.*

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**Applicant's Legal Name:** \_\_\_\_\_

**Respondent's Legal Name:** \_\_\_\_\_

**Aliases of Respondent:** \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

- \_\_\_\_\_ The Respondent is a stranger to me
- \_\_\_\_\_ I am married to the Respondent by: \_\_\_\_\_ Ceremony \_\_\_\_\_ Common Law
- \_\_\_\_\_ I am divorced from Respondent  
County and State divorced filed \_\_\_\_\_ (Please provide copy of decree)
- \_\_\_\_\_ The Respondent and I live together
- \_\_\_\_\_ The Respondent and I use to live together. We have been separated since \_\_\_\_\_.
- \_\_\_\_\_ I am dating, or I have dated the Respondent
- \_\_\_\_\_ I am dating an individual whom the Respondent is or was in a dating relationship or marriage.
- \_\_\_\_\_ Other relationship: \_\_\_\_\_

Please answer the following questions by checking the appropriate column:

YES	NO	NA	
_____	_____	_____	Do you currently have a divorce pending against the Respondent?
_____	_____	_____	Do you live in Wilson County? If not, what County? _____
_____	_____	_____	Does the Respondent live in Wilson County? If not, what County? _____
_____	_____	_____	Do you have any pending felony or misdemeanor charges against you, are you currently on probation/parole? If so, please explain: _____
_____	_____	_____	Has the Respondent threatened to harm you with a weapon? (Please list) _____ Firearm _____ Knife Other: _____

YES	NO	NA	
_____	_____	_____	Has the Respondent threatened to kill you?
_____	_____	_____	Has the Respondent strangled (choked) or attempted to strangle you?
_____	_____	_____	Is the Respondent constantly jealous?
_____	_____	_____	Has the Respondent forced you to have sex when you did not want to?
_____	_____	_____	Does the Respondent have firearms in the house?
_____	_____	_____	Does the Respondent have a CCL (Concealed Handgun License)?
_____	_____	_____	Has the physical violence increased in severity and/or frequency lately?
_____	_____	_____	Was alcohol involved when the violence occurred?
_____	_____	_____	Were drugs involved when the violence occurred?
_____	_____	_____	Is the Respondent a threat to law enforcement?

Have you applied for a Protective Order with our office before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 What year did you apply? \_\_\_\_\_ Who was it against? \_\_\_\_\_

What name did you use? \_\_\_\_\_

Have past incidents been reported to Law Enforcement or has Law Enforcement been involved?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If so which agencies: \_\_\_\_\_ Floresville PD \_\_\_\_\_ Wilson County SO Other: \_\_\_\_\_

Case #(s): \_\_\_\_\_

**APPLICANT/YOU**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DL#: \_\_\_\_\_ SSN#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Language: English Spanish Other: \_\_\_\_\_

Mailing Address (if different from above) : \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Present Address (if different from above) : \_\_\_\_\_

Where do you intend to live if a protective order is granted? \_\_\_\_\_

Name, Relationship & Phone number of someone who will always be able to contact you: \_\_\_\_\_

\_\_\_\_\_

**RESPONDENT/ABUSER**

State of Birth (or country if foreign): \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Phone #: \_\_\_\_\_ Language: English Spanish Other: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Other ID: \_\_\_\_\_

Respondent's physical appearance (including complexion, scars, marks, or tattoos): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Respondent's Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate No.: \_\_\_\_\_ LP State: \_\_\_\_\_

Does he carry a weapon? Yes/No If so, what kind? \_\_\_\_\_

Where does he carry it? \_\_\_\_\_

Time that the Respondent is likely to be at Home: \_\_\_\_\_ At Work: \_\_\_\_\_

Any other information that might be helpful in locating the respondent: \_\_\_\_\_

\_\_\_\_\_

Has the Respondent ever been arrested? Yes / No

Convicted? Yes / No Placed on Probation or Parole? Yes / No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you sought medical treatment for any physical abuse? Yes / No If yes, give the name of the doctor or hospital. \_\_\_\_\_ Please attach any medical report, bills, or receipts you may have.

Describe injuries sustained by the abuse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Once you have obtained a protective order, **keep the order with you at all times.** If the order is violated, law enforcement officers who answer your complaint of violation will ask to see the order. If children, who are presently attending school, are protected by said order, please **make copies** of the order and **take them to the principals** of each school involved. **This will authorize said principal in refusing access to the children by the abuser.**

Did someone refer you? **Yes / No** If yes, please list below:

Did someone help you complete this application? **Yes / No** If yes, please list below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a pending case with CPS (Child Protective Services) **Yes / No**

If Yes: Name of Case Worker/CPS Contact: \_\_\_\_\_

\_\_\_\_\_

Are there children who need to be protected? **Yes / No**  
*If Yes, Please list. If No, skip to next page*

I have \_\_\_\_\_ children \_\_\_\_\_ from this relationship \_\_\_\_\_ other relationship(s)

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of School/daycare: \_\_\_\_\_

Respondent's relationship to child: \_\_\_\_\_ Does child live with you? \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of School/daycare: \_\_\_\_\_

Respondent's relationship to child: \_\_\_\_\_ Does child live with you? \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_

Address of School/daycare: \_\_\_\_\_

Respondent's relationship to child: \_\_\_\_\_ Does child live with you? \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/daycare: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does child live with you? \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/daycare: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does child live with you? \_\_\_\_\_

Are the children affected by any court order or decree (Custody, conservatorship, etc.) Yes / No

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST PROVIDE A COPY OF ANY ORDERS AFFECTING YOU, THE CHILDREN, OR THE RESPONDENT.**



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 to hurt you **before**?  Yes  No

If so, describe below how the Respondent threatened to 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?

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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:

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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:

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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:

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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: \_\_\_\_\_



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 to hurt you **before**?  Yes  No

If so, describe below how the Respondent threatened to 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?

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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:

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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:

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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:

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Applicant signs here