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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: \_\_\_\_\_

(For Official Use Only)

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# 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 2 years.
- 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 District Attorney's office.
- In order to submit this application you **MUST** write your contact information, write the Respondent's address, complete the narrative section, and sign the last page.
- If our office is unable to contact you, 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.
- If you have questions please call our office at (432) 498-4102.

**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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OFFICIAL USE ONLY:

Date: \_\_\_\_\_ Accepted: \_\_\_\_\_ Rejected \_\_\_\_\_ By: \_\_\_\_\_

Comments:

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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 the Respondent.
- \_\_\_\_\_ The respondent and I live together.
- \_\_\_\_\_ The respondent and I used to live together. We have been separated since \_\_\_\_\_.
- \_\_\_\_\_ I am dating or I have dated the Respondent.
- \_\_\_\_\_ Other relationship: \_\_\_\_\_.

Please answer the following questions by checking the appropriate column:

- | YES   | NO    | N/A   |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | Do you currently have a divorce pending against the respondent?  |
| _____ | _____ | _____ | Do you live in Ector County? If not, what county? _____  |
| _____ | _____ | _____ | Does the Respondent live in Ector 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: _____ |

- | YES   | NO    | N/A   |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | Has the Respondent threatened to harm you with a weapon? (please list)<br>Firearm      Knife      Other: _____ |
| _____ | _____ | _____ | 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 CDL (Concealed Handgun License)?  |
| _____ | _____ | _____ | Has the physical violence increased in severity and/or frequency lately?                                       |
| _____ | _____ | _____ | Were alcohol or 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? \_\_\_\_\_

Has past incidents been reported law enforcement or has law enforcement been involved? **Yes** / **No**

Which agency(s)? \_\_\_\_\_ OPD \_\_\_\_\_ Sheriff's Office \_\_\_\_\_ Other: \_\_\_\_\_

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

**APPLICANT/YOU**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Language: English Español other: \_\_\_\_\_

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

Place of employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Employment 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 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone #: \_\_\_\_\_ Language: English Español other: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 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: \_\_\_\_\_

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 \_\_\_\_\_ child(ren). \_\_\_\_\_ from this relationship \_\_\_\_\_ other relationship(s)

- 1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/day care: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does the Child live with you? Yes / No
  
- 2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/day care: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does the Child live with you? Yes / No
  
- 3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/day care: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does the Child live with you? Yes / No
  
- 4) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/day care: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does the Child live with you? Yes / No
  
- 5) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Address of School/day care: \_\_\_\_\_  
Respondent's relationship to child: \_\_\_\_\_ Does the Child live with you? Yes / No

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

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

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



Lined writing area consisting of 25 horizontal lines.

\_\_\_\_\_  
SIGNATURE