## **PROTECTIVE ORDERS**

## Data Entry Form for TEXAS CRIME INFORMATION CENTER (TCIC)

The intent of this form is to aid Court Clerks with the collecting and providing to local Law Enforcement Agencies pertinent information regarding Protective Orders for the purpose of entry into TCIC.

To be filled out by Criminal Justice/Law i	Enforcement Official:			
ORI:	(check one) PROTECTIVE	E ORDER:	EMERGENCY PROTECTIVI	E ORDER:
OCA: PR	OTECTIVE ORDER NUMB	ER:	COURT IDENTIF	IER:
ISSUE DATE:	DATE EXPERATION:		DATE OF DISMISSAL: _	
Hems in	***RESPONDANT <u>all uppercase letters</u>			
NAME OF RESPONDANT:			SEX	K: (circle one) M F
RACE: (circle one) Indian Asian B				
PLACE OF BIRTH:				CTZ:
HEIGHT:	WEIGHT:			
SKIN: (circle one) Albino Black D Unknown	k Brown Fair Light L	t Brown Medius	n Med Brown Olive Ruddy	Sallow Yellow
EYE COLOR: (circle one) Black	Blue Gray Green	Hazel Maroo	on Pink Multi-Colored	l Unknown
HAIR COLOR: (circle one) Black	Blonde Brown Gray	Red Whi	te Sandy Bald Unki	nown
SCARS, MARKS AND OR TATTO				
SCARS, WARRS AND OR THIN				
00-Armed and Dangerous 05-Violent 30-Sexual violent predator 50-Heart Co 85-Hemophiliac 90-Diabetic 01-Oth Pl. 01-Respondent is restrained from assaud 02-Respondent may not threaten a memb 03-The protected person is granted exclu 04-Respondent is required to stay away from 05-Respondent is retrained from any commemployees or fellow workers, or other we 06-Respondent is awarded temporary cu 07-Respondent is prohibited from posse 08-See miscellaneous field for comment 09-The protected person is awarded temporary cu	endition 55-Alcoholic 60-Aller ner ROTECTIVE ORDER CONDiting, threatening, abusing, harassiper of the protected person's faminative possession of the residence/ mather residence, property, school or punication with the protected person in thom the communication would be stody if the children named. ssing and/or purchasing a firearm is regards terms and conditions of porary exclusive custody of the contents.	pert 15-Explosive rgies 65-Epilepsy 1TIONS (PCO) (eng, following, interly/household. household. place of employment including, but not line likely to cause and or other weapon. The protection ord hild(ren) named.	e Expertise 20-Known to abuse 70-Suicidal 80-Medication R circle all that apply) fering with or stalking the protected tofthe protected person or other familied to, personal, written, or phone conoyance or alarm.	equired  ed pers on and or child.  illy or household member.  contact, or their employers,
BRADY RECORD INDICATOR (	BRD): N-Respondent is NOT	disqualified	Y-Respondent is disqualified	U-Unknown
RELATIONSHIP TO PROTECTED P				
(PLEASE INCLUDE THE FOLLOWI	NG NUMERIC IDENTIFIERS,	IF AVAILABLE	):	
Texas I.D. Number:	MISC. I.D. Number:		Social Security Number:	
Driver's License Number:	Driver's License	State:	Date of Expirat	ion:

Respondent's Address: \_\_\_\_\_ Street: \_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ County: \_\_\_\_

ESPONDENT'S NAME:	

Respondent's Vehicle Information:				
License Plate Number:	_ L.P. State:		L.P. Year of Expiration:	L.P. Typ e:
VIN#:	Year	Make	Model:	Color:
	****PRO]	TECTED PERS	ON INFORMATIO	<u>N</u> ****
NAME OF PROTECTED PERSON:	•			SEX: (circle one) M F
Race: (circle one) Indian Asian			Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown
Date of Birth:	So	cial Security Number:		
Address:		City:	State: Z	ip: County:
PR	OTECTED	PERSONS EMI	PLOYMENT INFOR	<u>MATION</u>
Black of Franciscope Information:		<del></del>		
Place of Employment Information: _ Address:	<u> </u>	City:	State:	Zip:
Place of Employment Information:		City	State	Zip:
Address:		City	State	
Place of Employment Information:				Zip:
Address:		City:	State: _	Zip:
Place of Employment Information: _				
Address:		City:	State:	Zip:
Name of Protected Child:			Age:	Sex: M F
Race: (circle one) Indian Asian B	Black White	Unknown	Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E	Black White Child Ca	Unknown are or School Facility N	Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian B	Black White Child Ca	Unknown are or School Facility N	Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:	Black White Child Ca	Unknown  are or School Facility N  City:	Ethnicity: (circle one)  Jame: State:	Hispanic Non-Hispanic Unknown  Zip:
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:	Black White Child Ca	Unknown  or School Facility N  City:	Ethnicity: (circle one) lame:  State:  Age:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E	Black White Child Ca	Unknown  are or School Facility N  City:  Unknown	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:	Black White Child Ca  Black White Child Ca	Unknown  are or School Facility N  City:  Unknown  are or School Facility N	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E	Black White Child Ca  Black White Child Ca	Unknown  are or School Facility N  City:  Unknown  are or School Facility N	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:	Black White Child Ca Black White Child Ca	Unknown  are or School Facility N  City:  Unknown  are or School Facility N  City:  City:	Ethnicity: (circle one)  lame:  State:  Age:  Ethnicity: (circle one)  Jame:  State:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:	Black White Child Ca  Black White Child Ca	Unknown  are or School Facility N  City:  Unknown  are or School Facility N  City:  City:	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  State:  Age:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E	Black White Child Ca  Black White Child Ca	Unknown  The or School Facility Mare Or School Facilit	Ethnicity: (circle one)  lame:  State:  Age:  Ethnicity: (circle one)  Vame:  Age:  State:  Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:	Black White Child Ca  Black White Child Ca	Unknown  City:  Unknown  are or School Facility N  City:  Unknown  City:  Unknown  Are or School Facility N  City:  Unknown	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  Age:  Age:  State:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Address:	Black White Child Ca  Black White Child Ca	Unknown  The or School Facility Mare or School Facilit	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  State:  Age:  State:  State:  State:  State:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E Date of Birth:  Address:  Name of Protected Child:  Name of Protected Child:	Black White Child Ca  Black White Child Ca  Black White Child Ca	Unknown  City:  Unknown  are or School Facility N  City:  Unknown  City:  City:  City:  City:  City:	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  Age:  State:  Age:  Age:  Age:  Age:  Age:  Age:  Age:  Age:	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Sex: M F  Hispanic Non-Hispanic Unknown
Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Name of Protected Child:  Race: (circle one) Indian Asian E  Date of Birth:  Address:  Address:	Black White Child Ca  Black White Child Ca  Black White Child Ca	Unknown  The or School Facility More or More o	Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  State:  Age:  Ethnicity: (circle one)  Name:  State:  Ethnicity: (circle one)	Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown  Zip:  Sex: M F  Hispanic Non-Hispanic Unknown

Name of Protected Child:							Age:		Sex: M F	
Race: (circle one) Indian	Asian	Black	White	Unknown		Ethnicity: (circle	one)	Hispanic	Non-Hispanic	Unknown
Date of Birth:			Child Ca	re or School	Facility Nan	me:				_
Address:	_		<del>.</del>		City:	S	tate:		Zip:	
Name of Protected Child:	_									
Race: (circle one) Indian	Asian	Black	White	Unknown		Ethnicity: (circle	one)	Hispanic	Non-Hispanic	Unknown
Date of Birth:			Child Ca	re or School	Facility Nar	me:				
Address:			<u>.</u>		City:	S	tate:		Zip:	
							A gas		Sex: M F	
Name of Protected Child:										I Indonesia
Race: (circle one) Indian						Ethnicity: (circle		_		
Date of Birth:										
Address:		_			City:	S	State:		Zip:	
Name of Protected Child:							Age: _		Sex: M F	
Race: (circle one) Indian						Ethnicity: (circle	e one)	Hispanic	Non-Hispanic	Unknown
Date of Birth:						me:				
Address:										
Name of Protected Child:							Age: _		Sex: M F	
Race: (circle one) Indian	Asian	Black	White	Unknown		Ethnicity: (circle	e one)	Hispanic	Non-Hispanic	Unknown
Date of Birth:										
Address:					City:	5	State:		Zip:	
Name of Protected Child:							A ge:		Sex: M F	
						Ethnicity: (circle				Unknown
Race: (circle one) Indian										
Date of Birth:										
Address:					_ City:		State:	·	z.p	
Name of Protected Child:			_				Age: _		Sex: M F	
Race: (circle one) Indian	Asiar	Black	White	Unknown		Ethnicity: (circl	e one)	Hispanio	Non-Hispanic	Unknown
Date of Birth:			Child C	are or School	ol Facility Na	ame:				
Address:								<del></del>		