MIKE McLELLAND
CRIMINAL DISTRICT ATTORNEY
KAUFMAN COUNTY, TEXAS

TO: Victims of Family Violence

FROM: Criminal District Attorney for Kaufman County

Our office is dedicated to protecting those who are the victims of family violence. We take these offenses very seriously and prosecute them (whether as a criminal offense or as a protective order) to the fullest extent of the law. Once you make the decision to request a protective order, and we determine that such a request is reasonable, we will pursue your request vigorously.

Many times, however, victims who seek a Family Violence Protective Order later request that we dismiss their application, after we have gone through the interview process, filed for and obtained a Temporary Protective Order, and a hearing has been set on their application. They are, unfortunately, subject to coercion and duress from the very persons from whom they are seeking protection.

Once an Application for Protective Order is filed by this office, we will insist upon the payment of attorney's fees and court costs by the person who committed family violence against you and will otherwise proceed with your request. WE WILL NOT DISMISS THESE MATTERS BECAUSE A VICTIM REQUESTS US TO DO SO. Even if you refuse to appear at a hearing, or are prevented from appearing, we will go forward.

If you still wish to pursue a request for the issuance of a protective order, please sign below.

_____ _____

Signature Date

********** **FOR OFFICE USE ONLY** **********

ACCEPT _____ REJECT _____ DATE _____

NOTES

_____

_____

_____

_____

100 W. Mulberry ♦ Kaufman, Texas 75142 ♦ Office (972) 932-4331 ♦ Fax (972) 932-0357

CRIMINAL DISTRICT ATTORNEY'S CONFIDENTIAL APPLICATION / INFORMATION FORM FOR PROTECTIVE ORDERS

DATE:_____

I CERTIFY THAT WITHIN THE LAST 30 DAYS I, OR A PERSON OF MY HOUSEHOLD, HAVE OR HAS BEEN A VICTIM OF FAMILY VIOLENCE BY THE RESPONDENT NAMED BELOW AND THAT A GENUINE THREAT EXISTS OF FURTHER IMMINENT SUBSTANTIAL PHYSICAL HARM, BODILY INJURY, ASSAULT OR SEXUAL ASSAULT.

YOUR NAME_____

YOUR ADDRESS_____

_____

_____

YOUR TELEPHONE NUMBERS:

HOME: _____

CELL: _____

YOUR MAILING ADDRESS_____

_____

_____

YOUR PLACE OF EMPLOYMENT: _____

_____

_____

YOUR PLACE OF EMPLOYMENT TELEPHONE NUMBER: _____

YOUR EMERGENCY CONTACT INFORMATION:

_____

_____

_____

_____

***** <u>THE PERSON YOU ARE COMPLAINING ABOUT IS CALLED THE RESPONDENT</u> *****

RESPONDENT'S NAME: _____

RESPONDENT'S ADDRESS: _____

_____

_____

RESPONDENT'S TELEPHONE NUMBERS:

HOME: _____

CELL: _____

RESPONDENT'S PLACE OF EMPLOYMENT: _____

_____

_____

RESPONDENT'S PLACE OF EMPLOYMENT TELEPHONE NUMBER: _____

RESPONDENT SHOULD BE SERVED WITH NOTICE AT:

(_____) HOME BETWEEN THE HOURS OF _____ AND _____
(_____) WORK BETWEEN THE HOURS OF _____ AND _____

YOUR RELATIONSHIP TO RESPONDENT:

(_____) MARRIED, WHEN:_____ WHERE:_____
(_____) DIVORCED, WHEN:_____ WHERE:_____
(_____) DIVORCE PENDING, DATE FILED:_____ COURT: _____
(_____) CO-HABITATING/ LIVING TOGETHER, SINCE:_____
(_____) DATING BUT NOT LIVING TOGETHER
(_____) SEPERATED UNDER COURT ORDER (PARENT CHILD RELATIONSHIP)
(_____) OTHER:_____

ARE SEPERATED NOW? ____NO _____YES, WHEN_____

NOTICE: IF YOU ARE SEPARATED UNDER A COURT ORDER DEALING WITH CUSTODY/CONSERVATORSHIP, VISITATION AND/OR CHILD SUPPORT, DIVORCED OR DIVORCING, YOU MUST PROVIDE US WITH A COPY OF THE COURT ORDER, DIVORCE DECREE, OR PETITION FOR DIVORCE AS SOON AS POSSIBLE.

ARE ANY MINOR CHILDREN VICTIMS OF FAMILY VIOLENCE? _____ NO _____YES

NAMES, BIRTH DATES, AGES AND ADDRESS OF EACH CHILD:

_____
_____
_____
_____
_____

WHAT ARE THE NAMES AND ADDRESSES OF EACH CHILD'S SCHOOL / DAY CARE?

_____
_____
_____
_____
_____

DID YOU FILE A POLICE COMPLAINT AS A RESULT OF FAMILY VIOLENCE?

_____ NO _____ YES AGENCY: _____ WHEN_____

WAS THE RESPONDENT ARRESTED OF FAMILY VIOLENCE? _____NO _____YES

DID YOU OBTAIN MEDICAL CARE AS A RESULT OF THE FAMILY VIOLENCE?

_____ NO _____ YES, BY WHOME: _____ WHEN: _____

LIST INJURIES: _____
_____
_____

WAS ANYONE ELSE INJURED AS A RESULT OF THE FAMILY VIOLENCE?

___NO ____YES, WHAT: _____

WAS THERE ANY PROPERTY DAMAGE AS A RESULT OF THE FAMILY VIOLENCE?

___NO ___YES, WHAT: _____

BESIDES YOU, WERE THERE ANY OTHER WITNESSES TO THE FAMILY VIOLENCE?

____NO _____YES, WHO: _____
ADDRESS & PHONE: _____
_____
_____

ARE YOU REQUESTING EXCLUSIVE POSSESSION OF THE RESIDENCE AND THAT THE RESPONDENT BE REMOVED FROM THAT RESIDENCE? _____ NO _____ YES

WHAT IS YOUR RIGHT OF POSSESSION TO THAT RESIDENCE?

_____SOLE OWNER _____CO-OWNER WITH: _____
_____TENET _____CO-TENET WITH: _____

HAVE YOU LIVED IN THAT RESIDENCE CONTINUOUSLY FOR THE LAST 30 DAYS?

_____ NO _____ YES, SINCE: _____

ARE YOU REQUESTING POSSESSION OF THE CHILD(REN) FOR YOURSELF? (UNDERSTANDING THAT THIS IS NOT A CUSTODY DETERMINATION) __NO __YES

ARE YOU OR THE RESPONDENT THE LEGALLY PRESUMED (BY MARRIAGE OR BY BIRTH CERTIFICATE) OR COURT DETERMINED BIOLOGICAL FATHER?
_____ NO _____ YES, WHEN: _____

HOW: _____

ARE YOU REQUESTING CHILD SUPPORT FROM RESPONDENT?

_____ NO _____ YES, WHAT ARE THE RESPONDENT'S EARNING? _____

WHAT VERIFICATION? _____

PLEASE DESCRIBE IN DETAIL THE SPECIFIC ACTS AND/OR THREATS OF FAMILY VIOLENCE IN WHICH THE RESPONDENT HAS ENGAGED, STATING THE SPECIFIC DATES, TIMES AND LOCATIONS THE FAMILY VIOLENCE OCCURRED:

DETAIL CONTINUED:

I, THE UNDERSIGNED, AFFIRM, ON PENALTY OF PERJURY, THAT THE ABOVE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO MY OWN KNOWLEDGE. I WILL NOT ATTEMPT TO DROP THIS CASE FILED. I PROMISE I WILL APPEAR IN COURT AS NECESSARY TO TESTIFY AND PROVIDE EVIDENCE.

APPLICANT SIGNATURE

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.

*** RESPONDENT INFORMATION ***
Items in **ALL UPPERCASE LETTERS** must be answered to allow entry into TCIC

NAME OF RESPONDENT:_____ **SEX:** *(circle one)* **M F**

RACE: *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

Place of Birth: *(State)*_____ **DATE OF BIRTH:**_____ **HEIGHT:**_____ **WEIGHT:**_____

Skin:*(circle one)* Albino Black Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow Unknown

EYE COLOR: *(circle one)* Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown

HAIR COLOR: *(circle one)* Black Blonde Brown Gray Red White Sandy Bald Unknown

Scars, Marks and/or Tattoos: *(please describe in detail)*_____

_____

RELATIONSHIP TO PROTECTED PERSON:_____

(PLEASE INCLUDE THE FOLLOWING IDENTIFIED IF AVAILABLE):

Texas I.D. No:_____ Misc I.D. No:_____ Social Security No:_____

Driver's License No:_____ Driver License State:_____ Date of Expiration:_____

Respondent's Address:

Street:_____ City:_____ State:_____ Zip:_____ **COUNTY:**_____

Respondent's Vehicle Information:

License Plate No:_____ LP State:_____ LP Year of Expiration:_____ LP Type:_____

Vehicle ID No:_____ Year:_____ Make:_____ Model:_____

Style:_____ Color:_____

License Plate No:_____ LP State:_____ LP Year of Expiration:_____ LP Type:_____

Vehicle ID No:_____ Year:_____ Make:_____ Model:_____

Style:_____ Color:_____

 RESPONDENT'S NAME:_____

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*** PROTECTED PERSON INFORMATION ***

NAME OF PROTECTED PERSON:_____ **SEX:** *(circle one)* **M** **F**

RACE: *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

DATE OF BIRTH:_____ Address:_____ City:_____

State:_____ Zip:_____ County:_____

Protected Person Employment Information: *(use additional pages if necessary)*

Place of Employment Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Place of Employment Name:_____

Address:_____ City:_____ State:_____ Zip:_____

*** PROTECTED CHILD INFORMATION ***
(Use additional pages if necessary)

Name of Protected Child:_____ **SEX:** *(circle one)* **M** **F**

Race**:** *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

Date of Birth:_____ Child Care or School Facility Name:_____

City:_____ State:_____ Zip:_____

Name of Protected Child:_____ **SEX:** *(circle one)* **M** **F**

Race**:** *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

Date of Birth:_____ Child Care or School Facility Name:_____

City:_____ State:_____ Zip:_____

Name of Protected Child:_____ **SEX:** *(circle one)* **M** **F**

Race**:** *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

Date of Birth:_____ Child Care or School Facility Name:_____

City:_____ State:_____ Zip:_____

Name of Protected Child:_____ **SEX:** *(circle one)* **M** **F**

Race**:** *(circle one)* Black White Other Ethnicity: *(circle one)* Hispanic Non-Hispanic

Date of Birth:_____ Child Care or School Facility Name:_____

City:_____ State:_____ Zip:_____