

PRO SE PROTECTIVE ORDER PACKET

**WOMEN'S ADVOCACY PROJECT, INC
P.O. BOX 833
AUSTIN, TEXAS 78761-0833
GENERAL LEGAL HOTLINE:
1-800-777-FAIR
OR IN AUSTIN 476-1866
FAMILY VIOLENCE LEGAL HOTLINE 1-800-374-HOPE
OR IN AUSTIN 476-5770**

**1997 LEGISLATIVE UPDATE AND VAWA SECTION
FUNDED BY: TEXAS BAR FOUNDATION**

COURT DATE: _____
REGARDING TEMPORARY EX PARTE: _____
MAIL TO: _____
CALL AT: _____ FOR PICK UP

APPLICATION FOR PROTECTIVE ORDER

APPLICANT (PERSON APPLYING)

NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE: _____ SOCIAL SECURITY NO: _____

PLACE OF EMPLOYMENT: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

RESPONDENT: (PERSON YOU WANT TO FILE AGAINST)

NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE: _____ SOCIAL SECURITY NO: _____

PLACE OF EMPLOYMENT: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO RESPONDENT:

- () MARRIED TO RESPONDENT: Yes/No DATE MARRIED _____
- () COMMON-LAW MARRIED: Yes/No HOW LONG _____
- () LIVING OR HAVE LIVED WITH RESPONDENT. HOW LONG _____
- () SEPARATE FROM RESPONDENT. WHEN? _____
- () DIVORCED RESPONDENT. WHEN? _____
- () HAVE YOU LIVED TOGETHER AFTER YOUR DIVORCE? YES OR NO
- () HAVE YOU OR THE RESPONDENT FILED FOR A DIVORCE? IF YES, WHEN? _____
- () OTHER _____

CHILDREN AND HOUSEHOLD MEMBERS:

PLEASE LIST THE FOLLOWING NAMES, BIRTH DATES, AND AGES, OF THE CHILD BORN TO APPLICANT (YOU) AND RESPONDENT (PERSON YOU ARE FILING AGAINST):

<u>FULL NAME</u>	<u>BIRTH DATE</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS THERE A COURT ORDER REGARDING CUSTODY OR CHILD SUPPORT FOR ANY OF THE ABOVE NAMED CHILDREN? **YES OR NO** IF **YES**, PLEASE LIST THE FOLLOWING INFORMATION AND PROVIDE OUR OFFICE WITH A COPY:

CAUSE NO: _____ TYPE OF ORDER _____

DO YOU WANT THE RESPONDENT TO BE ORDERED TO VACATE (or leave) THE RESIDENCE IN WHICH YOU ARE CURRENTLY RESIDING IN?

YES OR NO, IF **YES** PLEASE GIVE THE FOLLOWING INFORMATION:

ADDRESS: _____, BEE COUNTY, TX

HOW LONG HAS THE RESPONDENT RESIDED AT THE ABOVE ADDRESS? _____

HOW LONG HAVE YOU (APPLICANT) RESIDED AT THE ABOVE ADDRESS? _____

WHY DO YOU WANT A PROTECTIVE ORDER? _____

IF YOU HAVE BEEN ASSAULTED OR THREATENED BY THE RESPONDENT (PERSON YOU ARE FILING AGAINST), PLEASE BRIEFLY DESCRIBE WHAT HAPPENED. IF ADDITIONAL ROOM IS NEEDED, USE THE BACK OF THIS SHEET.

1. Date:_____ Time:_____ Place:_____

Describe what happened:_____

List bruises or injuries received: _____

Witnesses: (Give name, relationship, address, and phone number)

a. _____

b. _____

c. _____

Police report made? Yes or No

2. Date:_____ Time:_____ Place:_____

Describe what happened:_____

List bruises or injuries received: _____

Witnesses: (Give name, relationship, address, and phone number)

a. _____

b. _____

c. _____

Police report made? Yes or No

3. Date: _____ Time: _____ Place: _____

Describe what happened: _____

List bruises or injuries received: _____

Witnesses: (Give name, relationship, address, and phone number)

a. _____

b. _____

c. _____

Police report made? Yes or No

VISITATION

A Protective Order will include terms and conditions for the Respondent access to the minor children and child support. Only in a very rare case will the Judge order **NO** visitation. With this in mind.....

STANDARD VISITATION IS AS FOLLOWS:

FIRST, THIRD, AND FIFTH WEEKENDS OF THE MONTH FROM **6:00 P.M. FRIDAY TO 6:00 P.M. SUNDAY**

EVERY WEDNESDAY, FROM 6:00 P.M. TO 8:00 P.M.

PROVISIONS FOR HOLIDAYS AND EXTENDED SUMMER VISITS

IF YOU DO NOT HAVE AN ORDER REGARDING CUSTODY OR VISITATION AT THIS TIME, IS STANDARD VISITATION ACCEPTABLE? **YES OR NO**

IF NO, WHY NOT? PLEASE LIST ANY TYPE OR ABUSE THE CHILDREN HAVE SUFFERED? _____

OTHER HELPFUL INFORMATION:

HAVE THERE EVER BEEN WEAPONS USED IN THE INCIDENTS OR ABUSE? THIS INCLUDES HOUSEHOLD ITEMS, TOOLS, ETC.? _____

HAVE YOU EVER RECEIVED MEDICAL TREATMENT FOR ANY INJURIES YOU HAVE SUSTAINED? **YES OR NO**. IF YES, WHEN DID YOU RECEIVE MEDICAL TREATMENT, WHY DID YOU RECEIVE MEDICAL TREATMENT, AND WHERE DID YOU RECEIVE MEDICAL TREATMENT? _____

THE RESPONDENT BEEN UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WHEN THE ABUSE OCCURRED? YES OR NO

HAVE YOU EVER FILED CRIMINAL CHARGES AGAINST THE RESPONDENT FOR ANY ASSAULTS, THREATS, OR HARRASSMENT? YES OR NO

HAVE YOU EVER DROPPED CRIMINAL CHARGES YOU FILED AGAINST THE RESPONDENT? YES OR NO... IF YES, FOR WHAT REASON DID YOU DROP CHARGES?

PROPERTY:

A Protective Order is not intended to settle Property disputes, however, we will request ONLY that the **RESPONDENT** return possessions to you.

Does the Respondent have things that belong to you, your children, Or household members? If yes, please list the items:

DATE: _____

SIGNATURE OF APPLICANT

APPLICANT

SIGNED under oath before me on _____ 2020.

Notary Public, State of Texas