

Matthew Poston
County Attorney

1923 Sam Houston St. Ste. 202

Liberty, TX 77575

Kathrine B. McCarty
First Asst. Co. Atty.

THE COUNTY OF LIBERTY
Office of the County Attorney

Voice
(936) 336-4650

Ragis Fontenot
Asst. Co. Atty.

Facsimile
(936) 336-4568

Shelby Cain Buchhorn
Asst. Co. Atty.

PROTECTIVE ORDER APPLICATION

The Applicant is **YOU**.

The **Respondent** is the person you are filing this protective order against.

A protective order is a civil lawsuit. To obtain a protective order, we must be able to prove to a judge:

- That you have been a victim of **FAMILY VIOLENCE** (violence committed against you by a member of your family or household or someone with which you had a dating relationship).
- That violence is likely to occur against you in the future.

NOTE: IF YOU HAVE A DIVORCE OR A SAPCR (SUIT AFFECTING PARENT-CHILD RELATIONSHIP), YOU MUST OBTAIN A PROTECTIVE ORDER THROUGH YOUR ATTORNEY.

NOTE: IF YOU WERE ARRESTED DURING THE INCIDENT, YOUR REQUEST FOR A PROTECTIVE ORDER IS BASED UPON, YOU MUST OBTAIN A PROTECTIVE ORDER THROUGH A PRIVATE ATTORNEY.

An attorney with our office will review your application for protective order and determine if our office will represent you. If this office will not represent you, you will be notified and you will be informed of other alternatives available to you.

Please complete the attached pages:

Date: _____

APPLICANT AND RESPONDENT INFORMATION

APPLICANT:

Full name: _____

Other names used: _____

Home address: _____

City: _____ State: _____ Zip: _____ County: _____

Work address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone numbers: Home: _____

Cell: _____ Work: _____

Birth date: _____ Driver's License No.: _____

Does Respondent know where you live? _____ Your work? _____ Your child(ren)'s
daycare/school? _____

RESPONDENT:

Full Name: _____

Other names used: _____

Home address: _____

City: _____ State: _____ Zip: _____ County: _____

Work address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone numbers: Home: _____

Cell: _____ Work: _____

Birth date: _____ Driver's License No.: _____

(Continued on next page)

Relationship to Applicant: _____

Date of Marriage: _____

Place of Marriage: _____

Date of Divorce: _____

Place of Divorce: _____ County _____ Court _____

Dates of Living Together: _____

Date of Separation: _____

Did you move out from the residence? Yes No **If yes, when?** _____

Did the Respondent move out from the residence? Yes No

If yes, when? _____

APPLICANT'S CHILDREN:

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

Full name: _____ Sex: ___ Male ___ Female

Mother's name: _____

Father's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ County: _____

Birth Date: _____ Birth place: _____

Social Security Number: _____

WHAT APPLICANT IS ASKING FOR IN PROTECTIVE ORDER

- To prohibit Respondent from committing family violence.
- To prohibit Respondent from removing child/children from Applicant's possession.
- To prohibit Respondent from transferring, encumbering or otherwise disposing of property mutually owned or leased by the parties except through the ordinary course of business.
- To Grant Applicant possession of child/children.
- To Order Respondent to pay support for child/children.
- To Order Respondent to pay support for Applicant.
- Require Respondent to complete a batterer's treatment program.
- To prohibit Respondent from communicating directly or indirectly with Applicant in a threatening or harassing manner.
- To prohibit Respondent from going to or near the residence or place of employment of Applicant.
- To prohibit Respondent from going to or near the residence child-care facility or school where the child/children reside or attend.
- To prohibit Respondent from coming within 200 feet of Applicant and/or child/children.
- To prohibit Respondent from engaging in conduct directed specifically toward Applicant and/or child/children including following Applicant and/or child/children that is likely to harass, annoy, alarm, abuse, torment or embarrass Applicant and/or child/children.
- Awarding Applicant exclusive possession of the residence located at:

- Awarding Applicant exclusive use and possession of the following property:

The residence of applicant:

- is jointly owned or leased by the Applicant and Respondent
- is solely owned or leased by the Applicant

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE COLUMN:

YES NO

1. Do you currently have a Magistrate's Emergency Protective Order?
If yes, when does it expire? _____
2. Do you currently have a divorce pending against the Respondent?
If yes, in which county was it filed and when? _____
3. Have you ever been involved in a previous Protective Order?
If yes, against who, when and in which county? _____

4. Do you want the Respondent ordered to stay away from you?
5. Will you take all necessary steps to comply with any court order entered in this case, including reporting all violations to the proper authorities?
6. Do you understand that it takes 14 days to obtain a Protective Order and requires at least two appointments in our office and a Court appearance?
7. Do you understand that the Protective Order will be in effect for 1-2 years?
8. Is there a past history of violence to you with the Respondent?
9. Do you have criminal charges currently pending against you?
10. Have you ever been convicted of a crime? **If yes**, what was the offense, when were you convicted, what was your sentence and in which county were you convicted?

11. Has CPS ever been involved with your family? **If yes**, when, in which county and what was the result? _____

12. Were you sent to our office by an arresting agency and/or CPS? **If yes**, which agency and/or CPS case worker? _____
Does this arresting agency have a criminal case against Respondent? _____
If yes, what is the case number and status? _____

Does CPS have a case against Respondent? **If yes**, what is the case number and status? _____

HAS THE RESPONDENT EVER DONE ANY OF THE FOLLOWING (CHECK ALL THAT APPLY AND PROVIDE DATES)?:

Dates

- Pushed, pulled, or shoved you _____
- Pulled your hair _____
- Scratched you _____
- Twisted your arm _____
- Hit you with his/her hand _____
- Hit you with any object _____
- Slapped you _____
- Spit on you _____
- Kick or stomped on you _____
- Bit you _____
- Pinched you _____
- Cut you _____
- Shot at you _____
- Hit or hurt you while you were pregnant*** _____

Explain: _____

- Threatened you with a gun*** _____
- Explain: _____

- Threatened you with a knife*** _____
- Explain: _____

- Burned you _____
 - Choked you*** _____
- Explain: _____

Confined you against your will _____
Explain: _____

Thrown object as you _____
 Threatened to hurt you _____
 Threatened to kill you _____

Violent with you in front of your children _____
 Hit your children _____
 Threatened to hurt/kill your children _____
Explain: _____

Threatened to take your children from you _____
 Physically hurt your children in any other way _____
 Hurt/killed a family pet _____
 Threatened to hurt/kill a family pet _____
 Tried to force you to have sex _____
Explain: _____

Forced you to have sex _____
Explain: _____

Prevented you from seeking medical treatment _____
 Made you afraid for your safety or well-being in any other way
Describe how the Respondent made you afraid: _____

Affidavit

County of Liberty
State of Texas

My name is _____, I am _____ years old and otherwise competent to make this Affidavit. The information and events described in this Affidavit are true and correct.

1. Describe the most recent time the Respondent hurt you or threatened to hurt you:

2. What date did this happen? _____ / _____ / _____
3. Was a weapon involved? Yes No *If yes, what kind?* _____
4. Were any children there? Yes No *If yes, who?* _____
5. Did you call the police? Yes No *If yes, what happened?* _____
6. Did you get medical care? Yes No *If yes, describe your injuries:* _____
7. Has the Respondent ever threatened or hurt you before? Describe below, including date(s) _____
8. Were weapons ever involved? Yes No *If yes, what kind?* _____
9. Were any children there? Yes No *If yes, who?* _____
10. Have the Police ever been called? Yes No *If yes, what happened?* _____
11. Did you ever have to get medical care? Yes No *If yes, describe your injuries:* _____
12. See Exhibit "A" for further details.

Signed the _____ Day of _____, 20____.

Applicant signs here

On ___/___/___, The Applicant _____ personally appeared before me, the undersigned notary. After being sworn, the Applicant stated that she/he is qualified to make this oath, that she/he has read the forgoing Application and Affidavit, that she/he has personal knowledge of the facts asserts, and the facts asserted are true the best of her/his knowledge and belief.

Subscribed and sworn to before me on ___/___/___.

Notary Public in and for the State of Texas
My Commission expires: _____

Exhibit "A"
Attached to and made a part of the forgoing Affidavit

County of Liberty
State of Texas

My name is _____, I am _____ years old and otherwise competent to make this statement. The information and events described in this statement are true and correct.

Signed the _____ Day of _____, 20____.

Applicant signs here

On ____/____/____, The Applicant _____ personally appeared before me, the undersigned notary. After being sworn, The Applicant stated that she/he is qualified to make this oath, that she/he has read the forgoing statement, that she/he has personal knowledge of the facts asserts, and the facts asserted are true the best of her/his knowledge and belief.
Subscribed and sworn to before me on ____/____/____.

Notary Public in and for the State of Texas
My Commission expires: _____

AFFIDAVIT

Please read and complete the following:

I, _____, Applicant for a Family Violence Protective Order against _____, Respondent, do certify that I have read and do understand the following ***(initial all)***:

_____ A Protective Order is a civil, legal action which I am requesting the Liberty County Attorney to bring against the Respondent on my behalf. A Protective Order is ***not a substitute for divorce***. It is a temporary measure designed to stop further violence from happening. This may include removing the Respondent from my house. If Respondent is removed, that will be a condition of the order which neither the Respondent nor I may violate.

_____ There may also be orders entered allowing visitation of the children. I may be subject to contempt of court if I disobey. Protection and safety are the primary issues, ***not child custody and/or property division***. The County Attorneys Office will not settle property or other disputes, but is only going to request those things which are necessary to protect y and/or my household from family violence.

_____ I understand that I will not be charged any fees for initiating this action, but that the Court will charge filing and service fees against the Respondent if an Order is obtained.

_____ I understand that if a petition for divorce is filed by me prior to the Protective Order hearing, ***the County Attorney's Office will withdraw***, and my divorce attorney will have to handle the hearing for the Protective Order.

_____ I understand that I will be required to go to court for my Protective Order on my hearing date and my failure to appear for a hearing may result in this application being dismissed and I cannot seek any future help from the Liberty County Attorney's Office.

_____ I understand that when I go to court for my Protective Order hearing, I will have to bring to the hearing any witnesses or evidence pertaining to my case (such as tape recordings, photos or medical records).

_____ I understand that no orders are effective until the Respondent is served with notice of this action (in person by a constable). ***If I cannot provide a good address for service, this suit may be refused, dismissed or delayed***.

_____ I understand that the County Attorney's Office is filing this action based on my sworn affidavit and that I am a witness in this case. I agree to testify in this matter if called upon, even if I no longer wish to pursue the Protective Order at that time. I understand that a Protective Order will be effective for either 1 or 2 years.

_____ I understand that if the Protective Order is granted, but I wish to have the Protective Order removed at a later date, ***I must hire an attorney to do so***. The County Attorney's Office will not represent me in a proceeding to remove a Protective Order.

_____ The statements I make in this application or to the Judge are sworn to and the Texas Penal Code § 37.03 makes it a Third Degree Felony offense to knowingly or intentionally make false statements about material facts in an official proceeding. The statements made in this application are true and correct. **I understand the consequences of falsifying any information or for bringing this suit for any reason other than for me or my family's protection.**

_____ I understand that **I WILL NOT INCLUDE** addresses or information about myself and/or my child/ren that the Respondent is not aware of and that I want to keep confidential.

Applicant

SWORN and SUBSCRIBED before me this _____ day of _____, 20_____.

Notary Public in and for the State

**PLEASE PROVIDE THE MOST ACCURATE INFORMATION ON RESPONDENT IN ORDER
TO HAVE A VALID SERVICE**

IDENTIFYING DATA FOR SERVICE OF CITATION

Applicant: _____ Daytime phone no. _____
Nighttime phone no. _____ Work phone no. _____

RESPONDENT INFORMATION

Respondent's name: _____ DOB: _____ Age: _____
Race/Ethnicity: _____ Sex: _____ Height: _____ Weight: _____
Hair color: _____ Eye color: _____ Skin tone: _____
Place of Birth: _____ Citizenship: _____
Daytime phone no. _____ Nighttime phone no. _____
Work phone no. _____
Social Security Number: _____
Scars, marks & tattoos: _____

Driver's License Number: _____ Class: _____ State: _____
Relationship to protected person: _____
Address of Respondent: _____
City: _____ County: _____ St: _____ Zip: _____
Service address (CR#, Road Name) : _____

Residence description (wood frame, trailer house, color): _____
Directions to residence : _____

VEHICLE INFORMATION:

Auto make: _____ Model: _____

(Ford, Chevrolet, Dodge)

(Truck or car)

Year: _____ Color: _____

License plate number: _____ State: _____ Year: _____ Type: _____

Employer: _____

Employer address: _____

Other location information: _____

PROTECTED PERSON(S) INFORMATION: (NEEDED FOR EACH PROTECTED)

DO NOT INCLUDE ADDRESSES OR INFORMATION ABOUT YOURSELF AND/OR CHILD(REN) THAT THE RESPONDENT IS NOT AWARE OF AND THAT YOU WANT TO KEEP "CONFIDENTIAL"

Please provide the following information for each protected person who needs to be included in the Protective Order:

Name: _____ DOB: _____

Relationship to protected person: _____

Social Security Number: _____ Sex: _____ Race/Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Place of employment/school: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Relationship to protected person: _____

Social Security Number: _____ Sex: _____ Race/Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Place of employment/school: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Relationship to protected person: _____

Social Security Number: _____ Sex: _____ Race/Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Place of employment/school: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Relationship to protected person: _____

Social Security Number: _____ Sex: _____ Race/Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Place of employment/school: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Relationship to protected person: _____

Social Security Number: _____ Sex: _____ Race/Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Place of employment/school: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____