

**Information for Protective Order**

**\*Please fill out completely and please make sure handwriting is legible\***

**Applicant**

Date: \_\_\_\_\_

DL#/ID#: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hispanic Origin?  Yes  No U.S Citizen?  Yes  No

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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When did you end relationship with Respondent? \_\_\_\_\_

Do you currently live with Respondent?  Yes  No

If yes, do you want Respondent to be removed from the home?  Yes  No

Do you want your information kept confidential from Respondent?  Yes  No

Have you applied for a protective order before?  Yes  No

If so, when? \_\_\_\_\_ What County or State? \_\_\_\_\_

Do you have a safe place to go until a protective order is issued?  Yes  No

If not, do you need to be placed in an "emergency shelter"?  Yes  No

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Have you received any injuries in the past due to your abuse?  Yes  No

If so, what were they? \_\_\_\_\_

Have you called law enforcement before, because of your abuse?  Yes  No

Has he been arrested for abusing you in the past?  Yes  No

If so, when? \_\_\_\_\_

How long has this violent behavior been present? \_\_\_\_\_

Do you currently have an emergency magistrate order of protection (EMOP) that is good for 60 days?  Yes  No From where? \_\_\_\_\_

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Applicant's Vehicle Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Plate #/State: \_\_\_\_\_

**Respondent**

DL#/ID#: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hispanic Origin?  Yes  No U.S Citizen?  Yes  No

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Scars and/or tattoos?  Yes  No What/Where? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Where else can Respondent be found? \_\_\_\_\_

Is Respondent on Probation/Parole?  Yes  No

If yes, name of Probation/Parole Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you married to the abuser?  Yes  No

If yes, how long? \_\_\_\_\_

Have either of you or your spouse filed for divorce?  Yes  No

If yes, when? \_\_\_\_\_

What state and county was it filed in? \_\_\_\_\_

If you are divorced from the respondent, when was the divorce finalized? \_\_\_\_\_

**Please attach copies of all paperwork relating to the divorce and/or divorce decree**

If you were not married to this person, when did you meet this person? \_\_\_\_\_

Have you lived with the Respondent?  Yes  No

When? \_\_\_\_\_

Have you had a child with the Respondent?  Yes  No

How many? \_\_\_\_\_

If you have never married, lived with or had a child with the Respondent, did you ever date this person?  Yes  No When did you start dating? \_\_\_\_\_

When did you stop dating? \_\_\_\_\_

What date did you leave respondent? \_\_\_\_\_

Were you formally engaged?  Yes  No

Have you been granted a protective order against this person before?  Yes  No

**If yes, please attach a certified copy of this protective order**

**Children**

Please list the **BIOLOGICAL** children of Applicant and Respondent.

Name	Date of Birth	Sex	Social	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list **ANY OTHER** children in the household.

Name	Date of Birth	Sex	Social	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the children have any handicaps or disabilities?  Yes  No

If yes, please indicate type of handicap/disability and child's name.

\_\_\_\_\_

Is there a divorce decree child support order, or any other court order that affects any of the children?  Yes  No

**If yes, please attach a certified copy of the order**

Has the Respondent ever been abusive to the children?  Yes  No

If yes, to who, when and in what way? \_\_\_\_\_

Other Household members.

Please list any other people who reside in your household.

Name	Date of Birth	Sex	Social	School/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is their relationship to Respondent? \_\_\_\_\_

Do they need to be included in the Protective Order?  Yes  No

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Be descriptive when filling out the Affidavit and incidences. You must be able to provide the following:

- 1) Family Violence has occurred and,
- 2) Family Violence is likely to occur in the future

**Affidavit**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Time: \_\_\_\_\_

Describe specifically the relationship with respondent up until the last incident.

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**Family Violence History**

Has your abuser sexually abused you in the past?  Yes  No

If yes, please describe the incident (you may use the back of this form if you need more space to write down the information.

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**Second Incident**

Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were police called?  Yes  No

Was a weapon used?  Yes  No

Did you sustain injuries from this incident?  Yes  No

Were photo taken?  Yes  No

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**Third Incident**

Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were police called?  Yes  No

Was a weapon used?  Yes  No

Did you sustain injuries from this incident?  Yes  No

Were photos taken?  Yes  No

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