

PROTECTIVE ORDER UNIT QUESTIONNAIRE

FANNIN COUNTY CRIMINAL DISTRICT ATTORNEY'S OFFICE

HOW TO USE THE QUESTIONNAIRE

USE BLACK INK ONLY – blue ink and other colors of ink are difficult to read, especially if you return your questionnaire by fax. **DO NOT USE PENCIL.**

Write legibly – printing or typing is preferred.

Fill out the form completely.

Pay special attention to the information on Pages 3 and 4.

When you have completed the questionnaire, return it to the Protective Order Unit by fax, by mail, or in person.

By fax: 903/583-7682

**By mail: Protective Order Unit
Fannin County Criminal District Attorney
101 E. Sam Rayburn Drive #301
Bonham, Texas 75418**

In person: Between the hours of 8:00 a.m. to 3:30 p.m., Monday through Friday, at the Protective Order Unit office located at 101 East Sam Rayburn Drive #301, Bonham, Texas 75418 in downtown on the third floor of the Fannin County Courthouse.

If you have any questions, you may call the Protective Order Unit at 903/583-7448 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

VERY IMPORTANT If you return the questionnaire by mail or by fax, please **call** the Protective Order Unit at 903/583-7448 to make sure that it has been received. Your questionnaire will be reviewed by an attorney after it is received; this usually takes at least one working day. We are unable to call everyone who turns in a completed questionnaire – **you must call our office** to make an appointment to meet with an assistant district attorney and prepare your protective order application. You will go to court about two weeks later.

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This form is not a protective order application. **COMPLETING THIS QUESTIONNAIRE DOES NOT MEAN YOU HAVE A PROTECTIVE ORDER. COMPLETING THIS QUESTIONNAIRE DOES NOT MEAN A JUDGE WILL GRANT A PROTECTIVE ORDER.** The District Attorney's Office uses this form to determine if we can represent you in a protective order proceeding. **YOU MUST CALL THIS OFFICE TO CHECK ON THE STATUS OF YOUR QUESTIONNAIRE.** If the District Attorney's Office can represent you in a protective order proceeding, you will have to meet with an assistant district attorney. **You must go to court to get a protective order.** The information that you provide in this questionnaire is for the use of the Fannin County Criminal District Attorney's Office only and will be kept confidential unless we are required by law to release or report any information.

PROTECTIVE ORDERS

A protective order is a civil court order that tells the person you are complaining against not to commit any further acts of violence against you. The District Attorney's Office does not issue protective orders. Only a district court judge can grant a protective order. What this office can do is prepare and file your application for a protective order and represent you in court.

A protective order takes at least two weeks to obtain and requires at least one appointment in our office and at least one court appearance. **You must be willing to make a time commitment.**

Before a judge will grant a protective order, you must show that family violence or dating violence has occurred and that family violence or dating violence is likely to occur in the future. Family violence or dating violence is defined as an act intended to result in physical harm, bodily injury, assault, or sexual assault or a threat that places you in reasonable fear of imminent physical harm, bodily injury, assault, or sexual assault. When you go to court, you must be able to show that the person you want the order against has recently committed more than one act of physical violence against you or made threats to physically harm you.

You must also show that you and the person you want the order against meet one of the following relationships: 1) related by blood; 2) related by marriage; 3) have been married; 4) have lived together; 5) have had a child together; 6) have had a dating relationship; 7) have or had a dating relationship or marriage with the same individual; 8) foster parent or foster child.

You **must** provide an address where the person can be found during the day. To get a protective order that person **must** receive personal notification of your application for a protective order.

If you are married to the person, and you are currently going through a divorce, you should talk to your divorce attorney about getting a protective order as part of your divorce.

After your application for a protective order is prepared and filed, you must go to court. If the judge decides to grant the protective order on the day you go to court, the person you are complaining against may be ordered **NOT** to:

1. Commit any acts of violence against you;
2. Communicate directly with you in a threatening or harassing manner;
3. Go within a specified distance of your home or place of employment;
4. Possess a firearm;
5. Remove or harm pets or companion animals.

This office DOES NOT get involved with CUSTODY or VISITATION or CHILD SUPPORT matters or PROPERTY disputes. If custody or property issues are important to you, you may want to consult a private attorney who can help you get custody of your children and possession of property in addition to obtaining a protective order.

After the court hearing, if the judge grants the protective order, your local police or sheriff's department will be sent a copy of the order. If the person complained against commits any of the prohibited acts, criminal charges can be filed if there is sufficient proof of a violation. The maximum punishment that a violator can, but not necessarily will, receive is one (1) year in jail or a \$4000.00 fine or a combination of the two.

IF YOU WISH TO OBTAIN A PROTECTIVE ORDER AND YOU MEET THE RELATIONSHIP REQUIREMENT AND FAMILY VIOLENCE HAS OCCURRED, PLEASE COMPLETE THE REST OF THIS PROTECTIVE ORDER QUESTIONNAIRE. OTHERWISE, PLEASE RETURN THIS FORM TO THE FRONT DESK.

A protective order is **not** a criminal charge. Criminal acts must be reported to a law enforcement agency in order to be prosecuted. If you have suffered personal injury as a result of a criminal act, you may qualify for crime victims' compensation benefits. To be eligible for consideration, you must report the crime to law enforcement within a reasonable period of time, but not so late as to interfere with or hamper the investigation and prosecution of the crime. For more information you may contact the victim assistance liaison at the appropriate law enforcement agency.

It is the policy of the District Attorney that all services and activities of the office are accessible to all qualified persons without regard to disability. If you have a disability that will require an accommodation, please call the Protective Order Unit at 903/583-7448 as far in advance as possible.

SECTION I

Today's Date: _____

Name:

First

Middle

Last

(Other last names used)

Date of Birth: _____ Age: _____ Place of Birth: _____

Do you have any handicaps or disabilities? Yes No If yes what is the nature of your handicap or disability?

Visual Impairment Hearing Impairment Mobility/ Functional Impairment

Cardiac Disease Respiratory Disease Emotional/Mental Disorders

Other physical handicap or disabling condition - please specify: _____

Name of person you want a protective order against: _____

What is your relationship to this person? (Check **ONLY** one.)

Married - living together Married - not living together Divorced

Living together - not married Used to living together - never married Related by blood

Related by marriage Parents of same child - never married Dating or used to date

Other - please specify: _____

SECTION II

Home Address: _____ Apt # _____
Street Address

City State Zip

What police department answers 911 calls at this address? _____

Home Phone # _____ Home Email Address _____

Work Phone # _____ Work Email Address _____

Cell Phone # _____ Other Phone # _____

Does you live with other adults at this address? Yes No If yes, name(s) of person(s) and relationship to you, e.g., current spouse, roommate, relative.

Relative or friend (not living with you (who will always be able to locate you:

Name: _____ Relationship: _____

Address: _____ Apt# _____
Street Address

City State Zip

Home Phone # _____ Home Email Address _____

Work Phone # _____ Work Email Address _____

Cell Phone # _____ Other Phone # _____

What is your current occupation?

Homemaker Unskilled Labor Skilled Labor Professional/Managerial

Clerical Retired Student Active Military

Other - please specify: _____

If you are currently employed or attending school, please complete the following:

_____		_____
Employer/School		Phone
Address: _____		_____
Street Address		Apt#
_____		_____
City	State	Zip

What police department answers 911 calls at this address? _____

Days and hours that you work/attend class: _____

Does the abuser know where you work/attend school? Yes No

Where are you staying now?

Address: _____		_____
Street Address		Apt#
_____		_____
City	State	Zip

Does the abuser know where you are staying now? Yes No

SECTION III

Please provide information about your minor children

Child's Name	Age	Date of Birth	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where is each child staying now and whom are they living with? _____

Do any of your children have handicaps or disabilities? Yes No **If yes, indicate type of handicap or disability after the child's name above**

Is the abuser the parent of any of these children? Yes No **If yes which children?**

Are there any court orders, live a divorce decree or child support order, that affect any of your children, **even if the abuser is not the parent?** Yes No

SECTION IV

When did you meet this person? _____

When did you start dating this person? _____

When did you stop dating this person? _____

How may time did you go out with this person? _____

Where you ever formally engaged to this person? Yes No

Where you ever live with this person? Yes No

If **yes**, when did you start living with this person? _____

When did you stop living with this person? _____

While you were living together did you ever separate from this person? Yes No

If yes, how many times? _____ For how long? _____

If you were married to his person, when and where were you married?

_____ Place _____ Date

Have either of you filed for a divorce from each other? Yes No

If yes, when and where?

_____ County _____ State _____ Date

If you are divorce from the abuser: When and where?

_____ Place _____ Date

Have you ever applied for a protective order against this person before? Yes No

If **yes**, When and where?

_____ Place _____ Date

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

If **yes**, When and where?

Place

Date

Do you have an emergency protective order? Yes No

If **yes**, what police department ? _____

Have anyone ever applied for or received a protective order against you? Yes No

If **yes**, When and where?

Place

Date

Has this person abused you on any other occasions? Yes No

If yes give the requested information about the other incidents

Date _____ Describe what happened _____

Did the person use any weapons? Yes No If **yes**, what kind? _____

Injuries? _____

Witnesses? _____

Were the police called? Yes No If **yes**, which police department ? _____

What did the police do? _____

Police Report # _____

Date _____ Describe what happened _____

Did the person use any weapons? Yes No If **yes**, what kind? _____

Injuries? _____

Witnesses? _____

Were the police called? Yes No If **yes**, which police department ? _____

What did the police do? _____

Police Report # _____

SECTION VI

Have you ever hit, slapped, pushed, bitten, kicked, spit at or otherwise physically hurt, threatened or used a weapon against this person? Yes No

If yes please, explain: _____

Have you ever been arrested, convicted, put on probation, or given a ticket for an act you committed against **ANY PERSON**? Yes No

If yes please, explain: _____

Have you ever received any kind of health care because of abuse in this relationship? Yes No

If yes please specify:

Emergency Room Hospitalization Counseling/Psychiatric

Doctor's Care Dental Care

If you are female, are you now pregnant? Yes No Maybe/don't know

If you are female, has this person ever abused you while you were pregnant? Yes No

SECTION VII

Has this person ever harmed any of your children? Yes No If yes complete the following

Date	Victim(s)	
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Describe what happened _____

Has CPS been notified? Yes No If yes complete the following

Date	Place	Name of case worker	Phone #
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Have the police ever been notified of child abuse been notified? Yes No If yes complete the following:

Date	Detective	Police Dep't	Case #
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Have criminal charges ever been filed against this person for child abuse? Yes No If yes

When	Where	Case #
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SECTION VIII

Abuser's _____
Name: First Middle Last (Other last names used)

What other name's does abuser use? _____

Sex Age Date of Birth Driver's License No. & State Social Security #

Place of Birth Abuser's Occupation

Is the abuser currently employed? Yes No If yes, complete the following

Employer Phone

Address: _____
Street Address Apt#

City State Zip

When does the abuser work?

Days Hours

Home
Address: _____
Street Address Apt#

City State Zip

Home Phone # _____ Home Email Address _____

Work Phone # _____ Work Email Address _____

Cell Phone # _____ Other Phone # _____

When is the best time to find the abuser at home? _____

Is there another address where the abuse can be found? Yes No If yes, complete the following

Whose address? _____

Street Address

Apt#

City

State

Zip

Home Phone # _____ Home Email Address _____

Work Phone # _____ Work Email Address _____

Cell Phone # _____ Other Phone # _____

Physical Description of Abuser:

Height

Weight

Race/Ethnicity

Complexion

Hair Color

Eye Color

Glasses? Yes No

Contacts? Yes No

Color of Contacts

Beard? Yes No

Mustache? Yes No

Other Facial Hair?

Tattoos? Yes No, If yes please describe _____

Scars? Yes No, If yes please describe _____

Body Piercings? Yes No, If yes please describe _____

Other identifying characteristics: _____

Abuser's Vehicle

Year Make Model Color License Place No.

Does the abuser have any weapons? Yes No, If yes please list _____

Is this person currently on probation or parole? Yes No, If yes please complete

Probation/Parole Officer's Name

Office Location

Phone No.

Reason on Probation/Parole