

C O N F I D E N T I A L

TRAVIS COUNTY INTER-DEPARTMENTAL CONSOLIDATED PROTECTIVE ORDER INFORMATION

COURT INFORMATION:

- District Court - County Court-at-Law Cause #: _____ Date: ___/___/___
 - Final Order - Modified Final Order - Ex Parte Order - Emergency Order Order to Vacate Included? Y N

RESPONDENT INFORMATION:

NAME AND IDENTIFYING CHARACTERISTICS: _____ CHECK HERE IF RESPONDENT IN JAIL

LAST _____ FIRST _____ MIDDLE _____
PLACE OF BIRTH: _____ DATE OF BIRTH: ___/___/___ HT: ___' ___" WT: _____
SEX: M ~ F RACE: INDIAN ~ ASIAN ~ BLACK ~ WHITE ~ UNKNOWN ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN
SKIN: ALBINO ~ BLACK ~ DARK ~ DK BRN ~ FAIR ~ LIGHT ~ LT BRN ~ MEDIUM ~ MED BRN ~ OLIVE ~ RUDDY ~ SALLOW ~ YELLOW ~ UNKNOWN
EYE COLOR: BLACK ~ BLUE ~ BROWN ~ GRAY ~ GREEN ~ HAZEL ~ MAROON ~ PINK ~ MULTI-COLORED ~ UNKNOWN
HAIR COLOR: BLACK ~ BLOND ~ BROWN ~ GRAY ~ RED ~ WHITE ~ SANDY ~ BALD ~ UNKNOWN HAIR STYLE: _____
SCARS, MARKS, AND/OR TATTOOS (PLEASE DESCRIBE IN DETAIL): _____

CIRCLE ALL THAT APPLY: GLASSES ~ BEARD ~ MOUSTACHE ~ MISSING FRONT TEETH

PLEASE INCLUDE THE FOLLOWING IDENTIFIERS, IF AVAILABLE:

TEXAS I.D. #: _____ MISC I.D. #: _____ SOC SEC. #: _____
DRIVER'S LICENSE #: _____ DRIVER'S LICENSE STATE: _____ DATE OF EXPIRATION: ___/___/___

HOME ADDRESS:

STREET: _____ MAILING ADDRESS (IF DIFFERENT): _____
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

OTHER OCCUPANTS AT RESIDENCE (INCLUDE RELATIONSHIP): _____

BUSINESS / WORK INFORMATION:

COMPANY: _____ ADDRESS: _____
CITY: _____ PHONE #: _____ OCCUPATION _____
SUPERVISOR: _____ DEPARTMENT: _____ WORK HOURS: _____

OTHER ADDRESSES:

WHERE ELSE MIGHT RESPONDENT BE FOUND? _____

WHO ELSE LIVES THERE? _____

VEHICLE INFORMATION:

LICENSE PLATE #: _____ LICENSE PLACE STATE: _____ YEAR OF EXPIRATION: _____ TYPE: _____
VEHICLE I.D. #: _____ YEAR: _____ MAKE: _____ MODEL: _____ STYLE: _____ COLOR: _____

OTHER RELEVANT INFORMATION:

RELATIONSHIP TO PROTECTED PERSON(S): _____
OUTSTANDING WARRANTS: Y N FOR: _____
PAST ARRESTS: Y N FOR: _____
KNOWN CONVICTIONS: Y N FOR: _____
CURRENTLY ON PROBATION: _____ NAME OF PROBATION OFFICER: _____ COUNTY: _____
CURRENTLY ON PAROLE: _____ NAME OF PAROLE OFFICER: _____ COUNTY: _____
SERIOUS MENTAL PROBLEMS: _____ ALCOHOL/DRUG PROBLEMS: _____
WEAPONS OWNED: _____ HISTORY OF VIOLENCE WITH OTHERS? Y N
RESPONDENT ATTORNEY'S NAME: _____ ATTORNEY'S PHONE #: _____

APPLICANT INFORMATION:

NAME: _____
 LAST _____ FIRST _____ MIDDLE _____
 STREET: _____ MAILING ADDRESS (IF DIFFERENT): _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
 PLACE OF BIRTH: _____ DATE OF BIRTH: ____/____/____ HT: ____'____" WT: _____
 SEX: M F RACE: AM. INDIAN ASIAN/ORIENTAL BLACK WHITE UNKNOWN ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN
 EMPLOYER #1: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ OCCUPATION: _____
 EMPLOYER #2: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ OCCUPATION: _____

PROTECTED CHILD #1:

NAME: _____
 LAST _____ FIRST _____ MIDDLE _____
 STREET: _____ MAILING ADDRESS (IF DIFFERENT): _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
 PLACE OF BIRTH: _____ DATE OF BIRTH: ____/____/____ HT: ____'____" WT: _____
 SEX: M F RACE: AM. INDIAN ASIAN/ORIENTAL BLACK WHITE UNKNOWN ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN
 SCHOOL/DAYCARE: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CONTACT: _____

PROTECTED CHILD #2:

NAME: _____
 LAST _____ FIRST _____ MIDDLE _____
 STREET: _____ MAILING ADDRESS (IF DIFFERENT): _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
 PLACE OF BIRTH: _____ DATE OF BIRTH: ____/____/____ HT: ____'____" WT: _____
 SEX: M F RACE: AM. INDIAN ASIAN/ORIENTAL BLACK WHITE UNKNOWN ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN
 SCHOOL/DAYCARE: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CONTACT: _____

PROTECTED CHILD #3:

NAME: _____
 LAST _____ FIRST _____ MIDDLE _____
 STREET: _____ MAILING ADDRESS (IF DIFFERENT): _____
 CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
 PLACE OF BIRTH: _____ DATE OF BIRTH: ____/____/____ HT: ____'____" WT: _____
 SEX: M F RACE: AM. INDIAN ASIAN/ORIENTAL BLACK WHITE UNKNOWN ETHNICITY: HISPANIC NON-HISPANIC UNKNOWN
 SCHOOL/DAYCARE: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ CONTACT: _____

CRIMINAL JUSTICE/LAW ENFORCEMENT INFORMATION:

ORI: _____ TYPE OF ORDER: PROTECTIVE ORDER ~ EMERGENCY PROTECTIVE ORDER
 OCA: _____ PROTECTIVE ORDER #: _____ COURT IDENTIFIER: _____
 ISSUE DATE: ____/____/____ DATE OF EXPIRATION: ____/____/____ DATE OF DISMISSAL: ____/____/____
 SID#: _____ FB#: _____ FPC: _____ MNU: _____

INFORMATION FOR USE: