

EMERGENCY PROTECTIVE ORDER REQUEST FORM

PLEASE PRINT CLEARLY

VIOLATOR INFORMATION:

Name of Defendant: _____

DOB of Defendant: _____ DL#: _____ Race: _____ Sex: _____

The defendant has been arrested for committing:

Assault Family Violence Stalking Other: _____

Address of Defendant: _____
Street Number Street Name Apt/Unit No.

City State Zip

REQUESTOR INFORMATION:

Name of person requesting order: _____

I am:

- The Victim
- The Parent/Guardian of the Victim
- A Peace Officer
- An Attorney Representing the State of Texas
- The Magistrate

Contact Phone No. _____

VICTIM(S) INFORMATION:

Name of Victim: _____

Race: _____ Sex: _____ DOB: _____ DL#: _____

What is victim's relationship to defendant? _____

Victim's Address: _____
Street Number Street Name Apt/Unit No.

City State Zip

Phone No. _____

Describe the reason you believe an Emergency Protective Order is needed. _____

Person(s) you wish to be protected under this order:

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Signature of person requesting order

Date

ADDITIONAL VICTIM INFORMATION

ADULT INFORMATION:

ADULT PLACE OF WORK /SCHOOL:

Name of Business/School: _____

Address: _____
Street Number Street Name

_____ City State Zip

Phone Nos. _____

MINOR CHILD INFORMATION:

**Child(ren)/Minor Information: Residence, School/Child Care Facility(s)
Information**

Name of Minor Child No. 1: _____

Date of Birth: _____ Child resides with: _____

Child's Address: _____
Street Number Street Name

_____ City State Zip

Phone No. _____

Name of School / Child Care Facility (if any): _____

Address: _____
Street Number Street Name

_____ City State Zip

Phone No. _____

Name of After School Care Facility (If Any) _____

Address: _____
Street Number Street Name

City State Zip

Phone Nos. _____

Name of Minor Child No.2: _____

Date of Birth: _____ Child resides with: _____

Child's Address: _____
Street Number Street Name

City State Zip

Phone No. _____

Name of School / Child Care Facility (if any): _____

Address: _____
Street Number Street Name

City State Zip

Phone No. _____

Name of After School Care Facility (If Any) _____

Address: _____
Street Number Street Name

City State Zip

Phone No. _____

Attach additional pages if needed.