

CONFIDENTIAL

TRAVIS COUNTY INTER-DEPARTMENTAL CONSOLIDATED PROTECTIVE ORDER INFORMATION

COURT INFORMATION

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

***RESPONDENT INFORMATION**

Check here if respondent is in jail

Last Name _____ First Name _____ Middle _____

Place of Birth _____ Date of Birth ____/____/____ Height ____' ____" Weight _____

Sex: (M) (F) Race: Native American Asian Pacific Islander Black White Unknown Ethnicity: Hispanic Non-Hispanic Unknown

Skin: Albino Black Dark Dark Brown Fair Light Light Brown Medium Med Brown 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 Front Teeth Missing Limp Other _____

Please include the following identifiers if available

Texas ID # _____ Misc. ID # _____

Driver's License # _____ Driver's License State _____ Date of Expiration ____/____/____

***Home Address**

Street _____ City _____ State _____ Zip _____ County _____

Mailing address (if different) _____ Ph # (____) _____ Cell # (____) _____

Other occupants at residence (include relationship) _____

***Business/Work Information**

Company _____ Address _____ Suite No. _____

City _____ State _____ Zip _____ Ph # (____) _____ ext. _____

Occupation _____ Supervisor _____ Dept. _____ Wk Schedule _____

Other Addresses

Where else might respondent be found? _____

Who else might be there? _____

***Vehicle Information**

License Plate # _____ Issuing State _____ Year of Expiration _____ Type _____

Vehicle ID # _____ Year _____ *Make _____ Model _____ *Style _____ *Color _____

*Unusual vehicle markings (bumper/window stickers, damage, etc.) _____

Other Relevant Respondent Information

Relationship to protected person(s) _____

Outstanding warrants? Y N For: _____

Past arrests? Y N For: _____

Known convictions? Y N For: _____

Currently on probation? Y N Name of probation officer _____ County _____

Currently on parole? Y N Name of probation officer _____ County _____

Serious mental problems _____ Alcohol/drug problems _____

Weapons owned _____ History of violence with others? Y N

Respondent Attorney's name _____ Respondent Attorney's Ph # (____) _____

Additional notes _____

APPLICANT INFORMATION - CONFIDENTIAL

Last Name _____ First Name _____ Middle _____
Street _____ City _____ State _____ Zip _____ County _____
Mailing address (if different) _____ *Ph # (_____) _____ *Cell # (_____) _____
Place of Birth _____ Date of Birth ____/____/_____
Sex: (M) (F) Race: Native American Asian Pacific Islander Black White Unknown Ethnicity: Hispanic Non-Hispanic Unknown
Employer # 1 _____ Address _____
City _____ State _____ Zip _____ Ph # (_____) _____
Occupation _____ Work Schedule _____
Employer # 2 _____ Address _____
City _____ State _____ Zip _____ Ph # (_____) _____
Occupation _____ Work Schedule _____

PROTECTED CHILD #1

Last Name _____ First Name _____ Middle _____
Street _____ City _____ State _____ Zip _____ County _____
Mailing address (if different) _____ Ph # (_____) _____ Cell # (_____) _____
Place of Birth _____ Date of Birth ____/____/_____
Sex: (M) (F) Race: Native American Asian Pacific Islander Black White Unknown Ethnicity: Hispanic Non-Hispanic Unknown
School /Day Care _____ Address _____
City _____ State _____ Zip _____ Ph # (_____) _____ Contact _____

PROTECTED CHILD #2

Last Name _____ First Name _____ Middle _____
Street _____ City _____ State _____ Zip _____ County _____
Mailing address (if different) _____ Ph # (_____) _____ Mobile # (_____) _____
Place of Birth _____ Date of Birth ____/____/_____
Sex: (M) (F) Race: Native American Asian Pacific Islander Black White Unknown Ethnicity: Hispanic Non-Hispanic Unknown
School /Day Care _____ Address _____
City _____ State _____ Zip _____ Ph # (_____) _____ Contact _____

PROTECTED CHILD #3

Last Name _____ First Name _____ Middle _____
Street _____ City _____ State _____ Zip _____ County _____
Mailing address (if different) _____ Ph # (_____) _____ Mobile # (_____) _____
Place of Birth _____ Date of Birth ____/____/_____
Sex: (M) (F) Race: Native American Asian Pacific Islander Black White Unknown Ethnicity: Hispanic Non-Hispanic Unknown
School /Day Care _____ Address _____
City _____ State _____ Zip _____ Ph # (_____) _____ Contact _____

CRIMINAL JUSTICE/LAW ENFORCEMENT INFORMATION

ORI _____ Type of Order: Protective Order Emergency Protective Order
OCA _____ Protective Order # _____ Court Identifier _____
Date of Birth ____/____/_____ Date of Expiration ____/____/_____ Date of Dismissal ____/____/_____
SID # _____ FBI # _____ FPC _____ MNU _____

COUNTY USE ONLY

Assigned Investigator _____ Assigned Case # _____
Additional Warrant/Complaint Information _____
