## COUNTY OF GILLESPIE

Christopher G. Nevins County Attorney



125 West Main, L41 Phone: 830/990-0675 Fax: 830/992-2615

Fredericksburg, Texas 78624

# **PROTECTIVE ORDERS** MUST MEET THE FOLLOWING CRITERIA:

- Physical violence has occurred in the past; and
- Physical violence will more than likely occur in the future; and
- Applicant is a victim of physical violence or stalking and the abuser is a member of applicant's household or family (including dating relationships) or victim has been sexually assaulted by abuser; and
- Criminal charges have been filed by a prosecutor; and
- Applicant and abuser have not filed for divorce.

If the above criteria are not fully met, then the victim may seek a RESTRAINING ORDER through his or her own attorney.

The victim may also file a Protective Order Pro Se by downloading a protective order kit off of the Attorney General's Website and following the directions.

Protective Order Specifications This worksheet will assist the attorney drafting you application for a protective order.

Name:		Date of Birth:	
Your Address:			
Homo #:	Cell #:	Mork #	
		Work #: will know how to reach you:_	
Name and numbe	is of relatives/menus who	o will know now to reach you.	

Person(s) to be included in the order of protection:

Name:
Date of birth:
Relation to Respondent:
Name:
Date of birth:
Relation to Respondent:
Name:
Date of birth:
Relation to Respondent:
Name:
Date of birth:
Relation to Respondent:
Name:
Date of birth:
Relation to Respondent:

Specific locations from which the Respondent is to be prohibited. Exact ADDRESSES MUST be listed or the entity will <u>NOT</u> be included in protective order. The County Attorney's office will not look up any address.

Work #1:		 
Work #2:		
School #1:		
School #2:		
Day Care:		

### **Respondent Information:**

Please note the name and address MUST be filled in or the protective order will
<b><u>NOT</u></b> be pursued by the County Attorney's Office.
Name:
Address:

Times Respondent I	ikely to be home:	
Respondent's Phone	e:	
Times likely to be at	work:	
Age:	Height:	Weight:
Race:	Hair Color:	Sex:
Date of Birth:		
Driver's License:		
Other identifying info	ormation (scars, tattoos, fac	cial hair, glasses, etc.)
Car Make:	Model:	Year:
Color:	License Plate	e #:
Respondent's mothe	er/grandmother:	
Address:		
Phone Numb	er:	
Respondent's best f	riend:	
Address:		
Phone Numb	er:	
		it:

#### AFFIDAVIT IN SUPPORT OF APPLICATION FOR FAMILY VIOLENCE PROTECTIVE ORDER

BEFORE ME, the undersigned authority, on this day personally appeared the Applicant, whom did state upon her/his oath as follows:

"I am \_\_\_\_\_\_, and I am over 18 and of sound mind. I am the Applicant in the above and foregoing application for a protective order and state that the facts and circumstances contained therein are true to the best of my knowledge and belief. There is a clear and present danger of continuing family violence and of other immediate and irreparable harm if a temporary ex parte order is not granted as shown by the following:

"Respondent is \_\_\_\_\_\_.

"The relationship between me and the Respondent is (check **ONE** below): spouse / member of family / member of household / intimate partners

"Respondent and I are the parents to: \_\_\_\_\_

"I reside in Gillespie County, Texas.

"In the past, Respondent has committed the following forms of family violence: (Please check <b>ALL</b> that apply)				
hitting	pushing	sexual abuse	kicking	
insulting	verbal abuse	spitting	slapping	
threats to kill	spanking	choking	threats to injure	

Other:\_\_\_\_\_

"The Respondent has injured me or threatened me with a weapon, described by me as being a:

"I have filed an offense report with the \_\_\_\_\_\_\_. law enforcement agency on \_\_\_\_\_\_.

"Violent behavior has been present since \_\_\_\_\_

"At least two recent (within the last 2 months) instances of this violent behavior by Respondent can be described as follows **WITH THE SPECIFIC DATES LISTED**:


"This action is being initiated by me on behalf of family members based on these past actions of violence or threats of violence.

"I believe that there is a clear and present danger that Respondent is likely to commit family violence in the future. I am afraid that Respondent will commit an act of violence causing serious bodily injury to myself or a member of my family."

Applicant

SUBSCRIBED AND SWORN TO before me on the \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, State of Texas

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## **Important Phone Numbers**

### For emergency assistance: 911

County Attorney's Office: Listed above

Hill Country Community Needs Council: 209 South Acorn Fredericksburg, Texas 78624 (830) 997-9756

District Clerk's Office 101 West Main Fredericksburg, Texas 78624 (830) 997-6517

District Judge's Office and Court Coordinator: 700 Main Street Kerrville, Texas 78028 (830) 792-2290