

PROTECTIVE ORDER QUESTIONNAIRE

WASHINGTON COUNTY ATTORNEY'S OFFICE

Normal Office Hours are Monday – Friday
8:00 am to 12:00pm and 1:00pm to 5:00pm
Washington County Courthouse, Suite 200

- **MUST** be Assault Family Violence – you are scared for your life or that of your child/children. You feel there is imminent danger!! This is what must be proved to the Judge.
- You **MUST** live in Washington County or the abuse **MUST** have occurred in Washington County.
- You **MUST** file a report with a Law Enforcement Agency. If you do not pursue criminal charges, your chances of obtaining a Protective Order are greatly reduced.
- You **MUST** show that you and the Abuser have one of the following relationships:
 - Related by blood
 - Related by marriage
 - Have been married
 - Have lived together
 - Have a child/children together
 - Have had a dating relationship
 - Foster parent or foster child
 - Member of the same household
- If you are untruthful, **PERJURY CHARGES** will be filed against you.
- This office **DOES NOT** get involved with **CUSTODY, VISITATION, 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.
- Once a Protective Order is put in place, usually for 2 years, the County Attorney's Office **WILL NOT** assist you to have it dismissed.
- When filling out the application, please follow the below instructions:
 - Please use blue or black ink. Do not use pencil.
 - Write legibly – printing preferred
 - Fill out form completely.
 - Pay special attention to the information on page 3 and 4.
 - When you have completed the questionnaire, return it to the County Attorney's Office.

If you have any questions, you may call the County Attorney's Office Victim's Assistant Coordinator, Clara Carroll or Nicole Naumann, (979)277-6200

Your questionnaire will be reviewed by the Assistant County Attorney or the County Attorney after it is received. You will be contacted after it is reviewed to see if it would meet the elements to go to before the court.

PROTECTIVE ORDER QUESTIONNAIRE

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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 County Attorney's office uses this form to determine if we can represent you in a protective order proceeding. If the County Attorney's Office can represent you in a protective order proceeding, you will be contacted and must meet with the County Attorney, Assistant County Attorney and/or the Victim's Assistant Coordinator. You must go to court to get a protective order. The information that you provide in this questionnaire is for the use of the Washington County Attorney's Office only and will be kept confidential unless we are required by law to release or report any information.

PROCEDURES

- Questionnaire and Affidavit completed by Victim
- County Attorney decides if we can represent you with the information obtained
- Call letting Victim know if we can or cannot move forward with a Protective Order
- Victim reads Application and Temp Ex Parte to make sure correct – have it notarized
- County Attorney's Office takes Application and Temp Ex Parte to a Judge to request approval, signature and hearing date
- File with District Clerk's Office
- Information given to law enforcement to have Respondent served
- Once Respondent is served – Temporary Order is in place
- Copy for you to keep with date of Hearing
- Protective Order Hearing as set by the Judge – Arrive 20 minutes early & check in with County Attorney's Office

INFORMATION

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 County Attorney's Office does not issue protective orders. Only a 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 can take two weeks to obtain and requires at least one appointment 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. 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 relationship: 1) related by blood; 2) related by marriage; 3) have been married; 4) have lived together; 5) have a child together; 6) have 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 be personally served in accordance with the law a copy of your application for a protective order and notice of hearing.

If you are married to the person, and you are currently going through a divorce, you must talk to your divorce attorney about getting the protective order as part of your divorce. The County Attorney's Office will NOT represent you for a Protective Order if you are going through a divorce and are represented by an attorney.

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;
3. Go within a specified distance of your home or place of employment;
4. Possess a firearm;

This office **DOES NOT** get involved with **CUSTODY, VISITATION, 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, 911 Communications will be sent a copy of the order. If the person complained against commits any of the prohibited acts, you **MUST** contact law enforcement and 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 THE PROTECTIVE ORDER QUESTIONNAIRE, OTHERWISE, PLEASE RETURN THIS FORM TO THE COUNTY ATTORNEY'S OFFICE.

A protective order is not a criminal charge. Criminal acts must be reported to 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 law enforcement agency.

SECTION I

Today's date: _____

Your name: _____ (_____)
 First Middle Last Other last names you have used

Your race or ethnicity: White African American Asian American Pacific Islander
 Hispanic Native American Other – Specify: _____

Sex: Male Female Place of Birth: _____

Your age: _____ Date 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 or functional impairment
Emotional or mental disorder Cardiac and circulatory diseases Respiratory diseases

Other physical handicap or disabling condition – please specify: _____

Name of person you want a protective order against:

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

Married-living together Married – not living together Divorced
Living together-not married Used to live together – never married Related by blood
Related by marriage Biological parents of the same child – never married
Dated or used to date Other – please specify: _____

How did you find out about this office?
Law enforcement agency – please specify: _____

Judge or Justice of the Peace Mental Health Services Medical Services
Social Service Agency – please specify: _____

Other – please specify: _____

SECTION II

Home Address: _____
Street Address Apartment Number

Home Phone No. _____ Cell Phone No. _____

Does the abuser know where you live? Yes No

Do you live with any other adult(s) at this address? Yes No

If yes, name(s) of person(s) and relationships 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: _____

Street Address: _____

City State Zip Code

Home Phone Cell Phone Business Phone

If you want mail sent somewhere other than your home address, please give that address:

Mailing Address: _____

City State Zip Code

Who's Address? Phone Number

What is your current occupation? _____

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

Employer/School Phone Number

Street Address City State Zip Code

Days and hours that you work and/or attend class: _____

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

Where are you staying now?

Street Address		Apartment Number
City	State	Zip Code
Whose address?		Phone Number

Does the abuser know where you are staying? Yes No

SECTION III

Please provide information about your minor children:

Child's Name	Age and Date of Birth	Male/Female	
		M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F
_____	_____	M	F

Where is each child staying, and whom are they currently staying with?

Do any of your children have any handicaps or disabilities? YES NO

If yes, please indicate type of handicap or disability after the child's name.

Is the abuser the parent of any of these children? YES NO If yes, which children?

Are there any court orders, like 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 the abuser? _____

When did you start dating the abuser? _____

When did you stop dating this person? _____

How many times did you go out with this person? _____

Were you ever formally engaged to this person? YES NO

Did you ever live with this person? YES NO

If yes, when did you start living together? _____

When did you stop living together? _____

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 ever married to this person, where and when were you married?

Place	Date	
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Have either one of you filed for a divorce from each other?	YES	NO
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If yes, when? What state and County _____

If you were divorced from the abuser:

When was your divorce final? _____ What state and county? _____

Have you ever applied for a protective order against this person before?	YES	NO
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If yes, when and where (county & state)? _____

Have you ever been granted a protective order against this person before?	YES	NO
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If yes, when and where (county and state)? _____

Do you have an emergency protective order?	YES	NO
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If yes, which law enforcement agency? _____

Has anyone ever applied or gotten a protective order against you?	YES	NO
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If yes, please explain: _____

SECTION V

If you need additional space to answer any questions, please use a separate sheet of paper.

When was the LAST time this person abused you? DATE: _____

Describe what happened: _____

Did this person use any weapons or objects? YES NO If yes, what kind? _____

Injuries? _____

Adult Witnesses? _____

Did anyone call law enforcement? YES NO

If yes, what department? _____

What did the police do? _____

Has this person abused you on any other occasions? YES NO

If yes, please give the requested information about the other incidents.

DATE: _____ Describe what happened: _____

Did this person use any weapons or objects? YES NO If yes, what kind? _____

Injuries? _____

Adult Witnesses? _____

Did anyone call law enforcement? YES NO

If yes, which department? _____

What did the police do? _____

DATE: _____ Describe what happened: _____

Did this person use any weapons or objects? YES NO If yes, what kind? _____

Injuries? _____

Adult Witnesses? _____

Did anyone call law enforcement? YES NO

If yes, which department? _____

What did the police do? _____

DATE: _____ Describe what happened: _____

Did this person use any weapons or objects? YES NO If yes, what kind? _____

Injuries? _____

Adult Witnesses? _____

Did anyone call law enforcement? YES NO

If yes, which department? _____

What did the police do? _____

SECTION VI

Have you ever hit, slapped, pushed, bitten, kicked or 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 explain: _____

If you are a female, are you now pregnant? YES NO

Do you have any mental health or anger management issues that could be used against you in court?

YES NO

If yes, explain _____

SECTION VII

Has this person ever harmed any of your children YES NO If yes, complete the following:

Date of abuse: _____

Name and age child/children: _____

Describe specifically what happened: _____

Has Child Protective Services ever been notified? YES NO

If yes, provide the following information:

Date and Place (city and state)

Name of case worker

Phone number and extension

Have the police ever been notified of child abuse? YES NO

If yes, provide the following information:

Date

Agency name

Officer's name

Have criminal charges ever been filed against this person for child abuse? YES NO

If yes, where, and when:

SECTION VIII

Abuser's name: _____ (_____)
First Middle Last Maiden, if applicable

What other names does the abuser use? _____

Sex: Male Female Age: _____ Date of birth: _____

Social Security No.: _____ Place of birth: _____

Driver's License No.: _____ State: _____

Abuser's occupation: _____

Is the abuser currently employed? YES NO If yes, please complete the following:

Employer Phone No.

Street Address City State Zip Code

When does the abuser work? Days: _____ Hours: _____

Home Address: _____
Street Address Apartment No.

City State Zip Code

Home Phone Number: _____

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

Is there any other address where the abuser could be found? YES NO

If yes, please complete the following:

Whose address? _____ Phone Number: _____

Street Address Apartment Number

City State Zip Code

Physical Description of Abuser:

Height: _____ Weight: _____ Race/ethnicity: _____

Complexion: _____ Hair Color: _____ Eye color: _____

Glasses? YES NO Contacts? YES NO Color Contacts? _____

Beard? YES NO Mustache? YES NO Other facial hair? _____

Tattoos? If any, describe: _____

Scars? If any, describe: _____

Body piercing? If any, describe: _____

Other identifying characteristics: _____

What kind of vehicle does this person drive? Year: _____ Make: _____

Model: _____ Color: _____ License plate No: _____

Does the abuser have any weapons? YES NO If yes, please list: _____

Is the abuser currently on parole or probation? YES NO If yes, provide the following information:

Parole/Probation Officer's name

Location of Office Phone Number

Reason this person is currently on parole or probation: _____

WARNING!

The affidavit for which you are supplying information on the following form **MUST** be true and correct or you could possibly face felony aggravated perjury charges or other criminal charges.

COMPLAINT:

IF MORE SPACE IS NEEDED, PLEASE USE ANOTHER PIECE OF PAPER

SIGNATURE OF APPLICANT