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PROTECTIVE ORDER QUESTIONNAIRE

1. Write legibly - printing or typing is preferred.
2. Fill out the form completely.
3. When you have **completed** the questionnaire, return it to the Protective Order Division by fax, by mail, or in person.

By Fax: (936) 538-8079 or (936) 760-6920

By Mail: Montgomery County Attorney's Office
Protective Order Division
501 N. Thompson, Ste. 300
Conroe, Texas 77301

In Person: By appointment only. Please contact us to schedule your appointment. Appointments are generally scheduled for Tuesdays and Thursdays between 8:30 a.m. and 11:30 a.m. unless other arrangements are necessary. **IF YOU WOULD LIKE TO DROP OFF** your completed questionnaire, you may do so anytime during business hours with the receptionist.

If you have any questions, you may call the Protective Order Division at (936) 539-7828 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

VERY IMPORTANT: If you return the questionnaire by mail or by fax, please call the Protective Order Division at **(936) 539-7828** to make sure that it has been received.

WHAT HAPPENS AFTER I COMPLETE THE QUESTIONNAIRE?

Your completed questionnaire will be reviewed by an attorney. This usually takes at least one business day, if not an emergency situation. If, based on your completed questionnaire, you meet the legal requirements; we will contact you to make an appointment to meet with an attorney. Be prepared to appear in Court the day you come in for an interview. The process can take all day if we proceed in seeking a protective order on your behalf. Our office **does not** provide child care, please make child care arrangements before you schedule an appointment.

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

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 Montgomery County Attorney's Office does not issue protective orders. Only a court judge or magistrate 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. The County Attorney's office uses this form to determine if we can represent you in a protective order proceeding. The information that you provide in this questionnaire is for the use of the Montgomery County Attorney's Office only and will be kept confidential unless we are required by law to release or report any information. Initial _____



IF YOU ARE INVOLVED IN A DIVORCE OR A CHILD CUSTODY CASE, YOU MUST OBTAIN A PROTECTIVE ORDER THROUGH YOUR ATTORNEY. The Montgomery County Attorney's Office **DOES NOT** get involved with **CUSTODY, VISITATION, CHILD SUPPORT or PROPERTY** disputes. Initial _____



YOU ARE REQUIRED TO PROVIDE COPIES OF ANY APPLICABLE DIVORCE DECREES, CUSTODY ORDERS, and/or ATTORNEY GENERAL ORDERS to our office at the time of your interview. Initial _____



IF YOU ARE INVOLVED IN A CURRENT PENDING C.P.S. CASE, the Montgomery County Attorney's Office CANNOT seek a Protective Order on your behalf. Initial _____



IF YOU WERE ARRESTED DURING THE INCIDENT YOUR REQUEST FOR A PROTECTIVE ORDER IS BASED UPON, the Montgomery County Attorney's Office CANNOT seek a Protective Order on your behalf. Initial _____

WHAT YOU SHOULD KNOW ABOUT PROTECTIVE ORDERS

Protective Orders offered by this office are pursued under the Texas Family Code. A protective order is a civil court order that can prohibit Respondent from committing any further acts of family violence against you; communicating in a threatening or harassing manner with a family or household member; going near a victim's residence or place of employment; going near child care and school facilities; stalking; removing or harming pets or companion animals; and possessing a firearm.

A protective order is **not** a criminal charge. Criminal acts must be reported to a 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 victim assistance liaison at the appropriate law enforcement agency.

Who can file for a Protective Order?

Only victims of **family violence** (violence committed against you by a member of your family or household or someone with whom you have/had a dating relationship and is defined as an act intended to result in physical harm, bodily injury, assault, or sexual assault) can apply for a protective order. You must establish one of the relationships listed below with Respondent:

- 1) Applicant and Respondent are or were members of the same family or household;
- 2) Applicant and Respondent are parents of the same child(ren);
- 3) Applicant and Respondent are or were married;
- 4) Applicant and Respondent are or were in a dating relationship; or
- 5) An adult member of the family or household asking for protection of themselves, child(ren) or any other member of the applicant's family or household.

You **must** provide a location where Respondent can be found during the day. To get a protective order, Respondent must receive personal notification of your application for a protective order.

What is a Temporary Ex Parte Protective Order?

A temporary ex parte protective order is an immediate court order of protection meant to stop the abuser from engaging in abusive, threatening or harassing behavior. It is intended to protect the victim from further abuse or family violence until a full court hearing for a final order can be held.

What is the requirement for a Final Protective Order?

To obtain a final protective order, you must be able to prove to a Judge:

- 1) That you have been a victim of FAMILY VIOLENCE; and
- 2) That family violence is likely to occur in the future.

How long will it take to obtain a Final Protective Order?

A hearing will be scheduled within two weeks of filing an application for a protective order. You are required to have at least one appointment with our office and at least one court appearance, in which you must be willing to testify against Respondent. You **must** be willing and have the ability to commit to these appearances.

What happens after a Final Protective Order is granted by the Court?

After the court hearing, your local police or sheriff's department will be sent a copy of the Protective Order. If the Respondent commits any of the prohibited acts, you should immediately contact local law enforcement, as criminal charges can be filed against Respondent. The maximum punishment that a violator can, but not necessarily will, receive is one (1) year in jail or a \$4,000.00 fine or a combination of the two. If Respondent violates the Protective Order, you should contact your local law enforcement immediately.

IF YOU WISH TO OBTAIN A PROTECTIVE ORDER AND YOU MEET THE RELATIONSHIP REQUIREMENTS AND FAMILY VIOLENCE HAS OCCURRED, PLEASE COMPLETE THE REST OF THIS PROTECTIVE ORDER QUESTIONNAIRE. OTHERWISE, PLEASE RETURN THIS FORM TO THE FRONT DESK.

It is the policy of the Montgomery County Attorney that all services and activities of the office are accessible to all qualified persons without regard to disability. If you have a disability that will require an accommodation, please call the Protective Order Division at (936) 539-7828 as far in advance as possible. Persons who are hearing impaired and need information may call 711 from any telephone or Relay Texas at TDDD 1-800-RELAYTX (1-800-735-2989). Persons who are blind or visually impaired may call 711 or 1-877-826-9348.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO THE FRONT DESK.

OFFICE USE ONLY

Received: _____ Reviewed by: _____ Date: _____
Apt. Date: _____ Time: _____ .m. Notes: _____

Applicant Information

APPLICANT (The person requesting a protective order)

Full name: _____
Home address: _____
City: _____ State: _____ Zip: _____
County: _____ E-mail: _____
Employer: _____
Work address: _____
Phone: Home: _____ Cell: _____ Work: _____
Birth Date: _____ Driver's License #: _____ SS#: _____
Race: _____ Ethnicity: Hispanic Non-Hispanic May we e-mail you? _____

APPLICANT'S CHILDREN (children with the person against whom a protective order is requested)

Full name: _____ Sex: ___ Male ___ Female
Present address: _____
Birth Date: _____ Birthplace: _____
Social Security Number: _____
Do you have a custody or child support order in place now or pending? ___ Yes ___ No
Do you have a copy of the order available? ___ Yes ___ No
If no, please state the place (county, state) of the child order: _____
Court No. _____ Cause No. _____
School or Day-care and address: _____

Full name: _____ Sex: ___ Male ___ Female
Present address: _____
Birth Date: _____ Birthplace: _____
Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___Yes ___No

Do you have a copy of the order available? ___Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

Full name: _____ Sex: ___ Male ___ Female

Present address: _____

Birth Date: _____ Birthplace: _____

Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___Yes ___No

Do you have a copy of the order available? ___Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

Full name: _____ Sex: ___ Male ___ Female

Present address: _____

Birth Date: _____ Birthplace: _____

Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___Yes ___No

Do you have a copy of the order available? ___Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

APPLICANT'S CHILDREN (children NOT with the person against whom a protective order is requested):

Full name: _____ Sex: ___ Male ___ Female

Present address: _____

Birth Date: _____ Birthplace: _____

Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___ Yes ___ No

Do you have a copy of the order available? ___ Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

Full name: _____ Sex: ___ Male ___ Female

Present address: _____

Birth Date: _____ Birthplace: _____

Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___ Yes ___ No

Do you have a copy of the order available? ___ Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

Full name: _____ Sex: ___ Male ___ Female

Present address: _____

Birth Date: _____ Birthplace: _____

Social Security Number: _____

Do you have a custody or child support order in place now or pending? ___ Yes ___ No

Do you have a copy of the order available? ___ Yes ___ No

If no, please state the place (county, state) of the child order: _____

Court No. _____ Cause No. _____

School or Day-care and address: _____

OTHER ADULTS IN HOUSEHOLD SEEKING PROTECTION

Full name: _____
Home address: _____
City: _____ State: _____ Zip: _____
County: _____ E-mail: _____
Employer: _____
Work address: _____
Phone numbers: Home: _____ Cell: _____
Work: _____
Birth Date: _____ Driver's License #: _____ SS#: _____
Relationship to Applicant: _____

Full name: _____
Home address: _____
City: _____ State: _____ Zip: _____
County: _____ E-mail: _____
Employer: _____
Work address: _____
Phone numbers: Home: _____ Cell: _____
Work: _____
Birth Date: _____ Driver's License #: _____ SS#: _____
Relationship to Applicant: _____

Respondent Information

(The person against whom a protective order is requested)

Respondent's Name: _____

Alias (nickname): _____ Phone number: _____

Respondent's Relationship to Applicant: _____ Email address: _____

Respondent lives in: _____ County Place of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Date of Birth: _____ SS# _____ DL#: _____

ST: _____ Expire: _____

Height: _____ ft. _____ in Weight: _____ I.D. # _____ Misc. I.D. # _____

Is Respondent on active military duty? YES NO

Race:

- American Indian or Alaskan Native (I)
- Asian Pacific Islander (A)
- Black (B)
- White (W)
- Unknown (All other non-whites) (U)
- Other: _____

Eye Color:

- Black (BLK)
- Blue (BLU)
- Brown (BRO)
- Gray (GRY)
- Green (GRN)
- Hazel (HZL)
- Maroon (MAR)
- Pink (PNK)
- Multicolored (MUL)
- Unknown (XXX)
- Other: _____

Hair Color:

- Black (BLK)
- Blond or Strawberry (BLN)
- Brown (BRO)
- Gray or partially gray (GRY)
- Red or Auburn (RED)
- White (WHI)
- Sandy (SDY)
- Completely Bald or Unknown (XXX)
- Other (style/length): _____

Skin:

- Albino (ALB)
- Black (BLK)
- Dark (DRK)
- Dark Brown (DBR)
- Fair (FAR)
- Light (LGT)
- Light Brown (LBR)
- Medium (MED)
- Olive (OLV)
- Ruddy (RUD)
- Sallow (SAL)
- Yellow (YEL)
- Unknown (XXX)

Ethnicity:

- Hispanic
- Non-Hispanic
- Unknown (U)
- Other: _____

Other identifying information check all that apply

- Glasses _____ Tattoos _____
- Mental Problems _____ Beard _____ Moustache _____
- Scars _____ Drug/Alcohol Use _____
- Missing Front Teeth Markings _____ Bald _____
- Weapons/Licensed to carry handgun? _____ Piercings _____
- Unusual Markings _____ Other: _____

Respondent's Employment Information:

(Employer name): _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Hours/Department: _____

Supervisor name: _____

Respondent's vehicle:

VIN: _____ Color: _____ Year: _____ Make/Model: _____

LicensePlate# _____ State: _____ Expires: _____

Respondent's Attorney

(Name): _____ Phone: _____

Address: _____

Other contacts who may have information to help find Respondent:

Name: _____ Phone: _____

Address: _____

Relationship to Respondent: _____ Other Information: _____

Name: _____ Phone: _____

Address: _____

Relationship to Respondent: _____ Other Information: _____

Other Information:

Date of Marriage to Applicant: _____ Place of Marriage: _____

Date of Divorce: _____

Do you have a copy of the Decree of Divorce available? _____ YES _____ NO

If no, state Place (city, state) of Divorce: _____ Court _____

Dates Living Together with Applicant: _____

Date of Separation: _____

Please answer the following questions by checking the appropriate column:

Yes No

1. Do you currently have a Magistrate's Emergency Protective Order?
If yes, when does it expire? _____
Do you have a copy of the order? ____ YES ____ NO
If no, what court issued the order? _____
2. Do you currently have a divorce pending against the Respondent?
3. Have you ever been involved in a previous Protective Order?
If yes, against who, when and in which county? _____

4. Do you want the Respondent ordered to stay away from you?
5. Will you take all necessary steps to comply with any court order entered in this case, including reporting all violations to the proper authorities?
6. Do you understand that it can take up to 20 days to obtain a Final Protective Order and requires at least two appointments in our office and a Court appearance?
7. Do you understand that the Protective Order will be in effect for 1-2 years?
8. Is there a past history of violence to you with the Respondent?
9. Do you have criminal charges currently pending against you?
If yes, what is the offense, what is the county the case is pending? _____

10. Have you ever been convicted of a crime?
If yes, what was the offense, when were you convicted, what was your sentence, and in which county were you convicted? _____
11. Has CPS ever been involved with your family?
If yes, when, in which county, and what was the result? _____

Has Respondent ever done any of the following? (check all that apply and provide date (mm/dd/yy) in column):

	DATE		DATE
<input type="checkbox"/> Pushed, pulled, or shoved you	_____	<input type="checkbox"/> Pulled your hair	_____
<input type="checkbox"/> Scratched you	_____	<input type="checkbox"/> Twisted your arm	_____
<input type="checkbox"/> Hit you with his/her hand	_____	<input type="checkbox"/> Hit you with any object	_____
<input type="checkbox"/> Slapped you	_____	<input type="checkbox"/> Spit on you	_____
<input type="checkbox"/> Kick or stomped on you	_____	<input type="checkbox"/> Bit you	_____
<input type="checkbox"/> Pinched you	_____	<input type="checkbox"/> Cut you	_____
<input type="checkbox"/> Shot at you or shot you	_____	<input type="checkbox"/> Hit or hurt you while you were pregnant	_____
<input type="checkbox"/> Threatened you with a gun	_____	<input type="checkbox"/> Threatened you with a knife	_____
<input type="checkbox"/> Burned you	_____	<input type="checkbox"/> Choked you	_____
<input type="checkbox"/> Confined you against your will	_____	<input type="checkbox"/> Thrown object at you	_____
<input type="checkbox"/> Threatened to hurt you	_____	<input type="checkbox"/> Threatened to kill you	_____
<input type="checkbox"/> Violent with you in front of your children	_____	<input type="checkbox"/> Hit your children	_____
<input type="checkbox"/> Threatened to hurt/kill your children	_____	<input type="checkbox"/> Threatened to take your children	_____
<input type="checkbox"/> Committed acts of child abuse	_____	<input type="checkbox"/> Hurt/killed a family pet	_____
<input type="checkbox"/> Threatened to hurt/kill a family pet	_____	<input type="checkbox"/> Tried to force you to have sex	_____
<input type="checkbox"/> Forced you to have sex	_____	<input type="checkbox"/> Prevented you from seeking medical treatment	_____
<input type="checkbox"/> Made you afraid for your safety or well-being in any other way: _____			

Please describe the most recent incident of family violence. Include dates, details, the names of any witnesses, and any contacts with law enforcement because of this incident, including if you pressed charges. If the most recent act you described is a threat, explain why you believe it is credible.

Has the Respondent been violent towards you before? Yes No

If yes, please describe the previous incidents, including dates, details, the names of any witnesses, and any contacts with law enforcement because of this incident, including if you pressed charges, and the result of those charges.

Describe why you believe violence will occur in the future:

Please read and complete the following:

I, _____, Applicant for a Family Violence Protective Order against _____, Respondent, do certify that I have read and do understand the following (*initial each indicating you understand*):

_____ A Protective Order is a civil, legal action which I am requesting the Montgomery County Attorney to bring against the Respondent on my behalf. A Protective Order is *not a substitute for divorce or a child custody order*. It is a temporary measure designed to stop further violence from happening. This may include removing the Respondent from my house. If Respondent is removed, that will be a condition of the order which neither the Respondent nor I may violate.

_____ There may also be orders entered allowing visitation of the children. I may be subject to contempt of court if I disobey. Protection and safety are the primary issues, *not child custody and/or property division*. The County Attorney's Office will not settle property or other disputes, but is only going to request those things which are necessary to protect me and/or my household from family violence.

_____ I understand that I will not be charged any fees for initiating this action, but that the Court will charge filing and service fees against the Respondent if an Order is obtained.

_____ I understand that if a petition for divorce is filed by me prior to the Protective Order hearing, the County Attorney's Office may withdraw, and it will be up to me to obtain other counsel or handle the Protective Order myself.

_____ I understand that I will be required to go to court for my Protective Order on my hearing date and my failure to appear for a hearing may result in this application being dismissed and I may not be able to seek any future help from the Montgomery County Attorney's Office.

_____ I understand that when I go to court for my Protective Order hearing, I will have to bring to the hearing any witnesses or evidence pertaining to my case (such as tape recordings, text messages, court orders, photos, police reports and/or medical records).

_____ I understand that no orders are effective until the Respondent is served with notice of this action (in person by a constable). If I cannot provide a good address for service, this suit may be refused, dismissed or delayed.

_____ I understand that the County Attorney's Office is filing this action based on my sworn affidavit and that I am a witness in this case. I agree to testify in this matter if called upon, even if I no longer wish to pursue the Protective Order at that time.

_____ I understand that a Protective Order will be effective for 1-2 years.

_____ I understand that if the Protective Order is granted, but I wish to have the Protective Order removed at a later date, the County Attorney's Office will not represent me in a proceeding to remove a Protective Order.

_____ The statements I make in this questionnaire or to the Judge are sworn to and the Texas Penal Code § 37.03 makes it a Third Degree Felony offense to knowingly or intentionally make false statements about material facts in an official proceeding. The statements made in this questionnaire are true and correct. I understand the consequences of falsifying any information or for bringing this suit for any reason other than for my or my family's protection.

_____ I understand that once the court grants or denies my Application, my attorney-client relationship is concluded.

Applicant

Date