## **BURNET COUNTY ATTORNEY'S OFFICE**

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## **Assistant Burnet County Attorneys**

Colleen Davis James Lacy, III Agata Vana



## PLEASE FILL IN ALL INFORMATION

# PROTECTIVE ORDER PACKET

REVISED 06/08/2022

#### **Frequently Asked Questions About Protective Orders**

#### What is a Protective Order?

A Protective Order is a court order that protects you from a person in your family or household who has been violent toward you or threatened to commit violence toward you.

#### How can a Protective Order help me?

A Protective Order can order the other person to:

- Not hurt you or threaten to hurt you.
- Not contact you or go near you, your children, other family members, your home, your place of employment, or your children's school or daycare
- Not possess a gun or a license to carry a gun.

#### What happens if the other person violates a protective order?

A Protective Order is criminally enforceable, so law enforcement is able to arrest the other person for violating the order.

#### Can I get a Protective Order?

You are eligible to get a Protective Order if all three of following conditions are met

- Someone has physically hurt you or threatened to hurt you; and
- You have or had a close relationship with that person (e.g. you were married, dating, living together, have a child together, or are related by blood or marriage; and
- You believe violence is likely to occur again in the near future.

#### Can I get a protection right away?

The Judge may give you a temporary order that protects you until a formal court hearing is conducted. This order is called a *Temporary Ex-Parte Protective Order*. In some cases, the Judge may order the other person to leave the home right away. If you want this to happen, you must make a specific request that you want the other person to be excluded from your home, and you must be ready to testify at a hearing when you file your application.

#### Do I have to go to Court?

Yes, even if you get a *Temporary Ex-Parte Protective Order*, you must attend the court hearing. This hearing usually takes place within 14 days after the temporary order is signed. At this hearing, the Judge will decide whether to grant you a *Final Protective Order* and decide how long it will be effective. If you do not attend this hearing, the temporary order will expire and case may be dismissed.

#### How much does it cost to get a Protective Order?

The Burnet County Attorney's Office will provide you with the necessary legal services free of charge to you.

#### How do I ask the Court for a Protective Order?

First, contact the Burnet County Attorney's Office. You will meet with a Victim Advocate and this person will help you fill out the required paperwork and present your case to the Judge.

# **Application for Protective Order**

# Applicant Information:

Mailing Address:						
City	,,	county	, ronus, zap			
Home Phone No	Work Phone	e No	Other No			
Email Address:						
Driver's License No.	S.S.	No	D.O.B			
Relationship to Respondent: Living Together Spouse Ex-Spouse Other:						
Employer's Address:						
Hours at work:						
Relationship to Respo		•	Other:			
Have you ever had a p	protective order? Yes or No	If Yes, Where?				
	_					
.) First Name:	Middl		Last:			
.) First Name: D.O.B	Middl Male	Female				
.) First Name: D.O.B Does this child res	Middl Male side with you at all times? <b>Y</b> e	Female es No If No: Wl	no has custody?			
.) First Name: D.O.B Does this child res Child's Address <i>if</i>	Middle Male Male Side with you at all times? Yes fidifferent from yours: Street	Female es No If No: WI	no has custody?			
D.O.B Does this child res Child's Address <i>if</i> City:	Middle Male Side with you at all times? Yes different from yours: Street	Female es No If No: WI County	no has custody?, Texas, Zip			
D.O.B Does this child res Child's Address if City: School / Daycare	Middle Male Male Side with you at all times? Yes different from yours: Street Name:	Female es No If No: WI County	no has custody?, Texas, Zip			
.) First Name: D.O.B Does this child res Child's Address if City: School / Daycare Address:	Middle Male Male Side with you at all times? Yes different from yours: Street Name:	Female es No If No: WI County	no has custody?, Texas, Zip			
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.) First Name: D.O.B Does this child res Child's Address if City: School / Daycare Address: City:  2.) First Name: D.O.B Does this child res Child's Address if	Middle Middle Male Middle with you at all times? Yet fidifferent from yours: Street, Middle, Middle, Middle Male Side with you at all times? Yet fidifferent from yours: Street	Female es No If No: WICountyCounty le: Female es No If No: WI	no has custody?, Texas, Zip, Texas, Zip, Texas, Zip, Last:			
D.O.B	Middle Male Male Male Male Male Male Male Ma	Female es No If No: WICountyCounty le: Female es No If No: WI	no has custody?, Texas, Zip, Texas, Zip, Texas, Zip, Last:			
D.O.B	Middle Middle Male Middle with you at all times? Yet fidifferent from yours: Street, Middle, Middle, Middle Male Side with you at all times? Yet fidifferent from yours: Street	Female es No If No: WICounty  County le: Female es No If No: WICounty	, Texas, Zip			
D.O.B	Middle Male Male Male Middle M	Female es No If No: WICounty le: Female es No If No: WICounty	, Texas, Zip			

D.O.B Male Female  Does this child reside with you at all times? Yes No If No: Who has cus  Child's Address if different from yours: Street  City:, County  School / Daycare Name:	tody?
Does this child reside with you at all times? Yes No If No: Who has cus Child's Address <i>if different</i> from yours: Street County	tody?
Child's Address <i>if different</i> from yours: Street County	
School / Daycare Name:	
Address:	
City:,County	_, Texas, Zip _
Pet(s) Information:	
Dog Cat Other: Breed:	Λαρ
Name of Pet: Coloring/Markings:	
Dog Cat Other: Breed:	
	_
Name of Pet: Coloring/Markings:	
Dog Cat Other: Breed:	
	ŭ
Name of Pet: Coloring/Markings:	
Full Name:Nick Name:	
Mailing Address:	
****Physical Address:	
City:,County	
Home Phone No Othe	r No
D.O.BPlace of Birth: I.D.No	_ State of
Drivers License NoState ofS.S. No	
Employer: Monthly Income: \$	
Employer's Address:	~
Employer's Address:a.m. / p.m. toa.m. / p.m. S M T V	WTFS
Hours at work:a.m. / p.m. toa.m. / p.m. S M T V	
Hours at work:a.m. / p.m. toa.m. / p.m. S M T V  (circle one) (circle one) (circle all	that apply)
Hours at work:a.m. / p.m. toa.m. / p.m. S M T V	that apply)
Hours at work:a.m. / p.m. toa.m. / p.m. S M T V  (circle one) (circle one) (circle all	that apply)

## Respondent's Vehicle Information:

License Plate #	L.P. State	L. P. Yr. Expires:	
Vehicle I.D.#	Year:	Make:	
Model:	Style:	Color:	
Other Vehicles/Transport	ation:		
Has Respondent ever been	n arrested or convicted of a crim	e? If yes, explain:	
Is Respondent currently o	n Probation or Parole? Yes No	o_ If <b>yes</b> , where?	
Probation or Parole Office	er's Name:		
Is there a history of drug a If yes, explain:			
Do you plan to file for a d	livorce? Yes No If yes, when	n?	
Do you have an attorney?	Yes No If yes, name of atto	orney:	
Have you applied for Leg	al Aid? Yes No If yes, when	?	
Other comments:			

# \* \* \* \* \* \* Please Read and Initial Below \* \* \* \* \* \*

I, _	, Applicant, do certify that on day of,
20_	_, have read and understand the following:
	A Protective Order is a civil, legal action which I am requesting the Burnet County Attorney ing against Respondent.
	The Burnet County Attorney's Office is <i>not</i> going to settle property or other disputes, but <i>nly</i> going to request those things which are necessary to protect me and my household from re harm by Respondent, excluding Respondent from residence and other named addresses.
addı	A Temporary Protective Order will be requested to protect me until the hearing. No orders effective until the Respondent is served with notice of this action. If I cannot provide a good less for service, the Burnet County Attorney's Office will not be able to proceed with obtaining otective Order on my behalf.
	At the hearing we may be able to enter into an Agreed Protective Order, which will make fying at the hearing unnecessary. Both Respondent and I will be bound by terms of the element or any other court order entered as a result of the filing of this lawsuit.
intermad true suit	The statements I make in this application and attached narrative or to the Judge are sworn and the Texas Penal code, §37.03, makes it a Third-Degree Felony offense to knowingly or attionally make false statements about material facts in an official proceeding. The statements in this Application and the attached narrative, which is hereby incorporated by reference; are and correct. I understand the consequences of falsifying any information or for bringing this for any reason other than for my or my family's protection. I will cooperate with the Burnet mty agencies assisting me in this action.
in aı	I will be required to come to court on my hearing date and my failure to appear may result by of the following:
В	<ul><li>The application may be dismissed.</li><li>An order with which I may not agree could be entered in my absence.</li><li>I may be subpoenaed or brought to court by a deputy upon issuance of a writ of attachment.</li></ul>
	_ I understand that the State of Texas is filing this action based on my own sworn affidavit that I am a witness in this case. I agree to testify in this matter if called upon, even if I no er wish to pursue the protective order at any time.
	I understand that a Protective Order will be effective for two (2) years.

# THE STATE OF TEXAS COUNTY OF BURNET

BEF	FORE ME,	, the undersigned Notary Public in and
		ally appeared
		duly and properly sworn to tell the truth, under
_		atement of facts and circumstances, saying:
		I currently reside at
		, in Burnet County, Texas. I do hereby request
		eek, in my behalf, a Family Violence Protective dual:
Oru	ici agamst the following named murvi	uuai.
		•
My r	relationship to the Respondent is	
	I	, am years old and my date of
	birth is	
	I live at Texas.	in Burnet County,
		I haing datained for any ariminal offenses
		I being detained for any criminal offenses make known to the Burnet County Attorney's
	<u>e</u>	f or questioned about any criminal offenses
		e, I volunteer the following information of my
		ay serve. Nobody has mistreated, threatened,
	• •	is statement, and nobody gave me anything or statement. I have completed years of
	formal education and can read and w	<u> </u>
TO	BE ENTITLED TO A PROTECT	IVE ORDER, YOU MUST HAVE BEEN THE
<b>SUB</b>	BJECT OF FAMILY VIOLENCE	OR DATING VIOLENCE, AND YOU MUST
		E IS LIKELY TO OCCUR IN THE FUTURE.
	ECK THE APPLICABLE PARAG PPORT YOUR ALLEGATIONS.	RAPH AND THEN STATE ALL FACTS TO
		has committed the act(s) listed in Exhibit A and such
()	• •	sical harm, bodily injury, assault or sexual assault.
( )		has committed the act(s) listed in Exhibit A and such
()		s me in fear of imminent physical harm, bodily
	injury, assault or sexual assault.	
()	I believe that family violence is likely	to occur in the future, my belief is based on facts
	listed in Exhibit A.	
()	Reasonable grounds to believe that see	xual assault has occurred.
()	Reasonable grounds to believe that Hu	ıman Trafficking has occurred.
()	Reasonable grounds to believe that sta	alking has occurred.

## Exhibit "A"

I am providing the following narrative of certain, but not all, facts and circumstant detailing how family violence occurred and why I believe that family violence will occur the future, without intervention of the Court: example: July, 2019, John Doe slapped punched me, causing me pain; additionally, he has done this many times in the past. (Be v specific and detailed.) <u>LIST THE EVENTS STARTING WITH THE MOST RECENT DATE</u> .				
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() I request my Residential Employment	☐ Both address(s) be <b>CONFIDENTIAL</b>
() I request that the Court issue an order excludi	ng Respondent from our residence located at
	, Burnet County, Texas.
I presently reside at that address or have resided the	ere within 30 days before the date the
application was filed; Respondent has committed fa	mily violence against a member of the
household; and there is a clear and present danger the	hat Respondent is likely to commit family
violence against a member of the household. The fa	cts and circumstances requiring the exclusion
of the Respondent from the residence are as follows	•
exclusive possession of the household).	<b>V</b> 11
() I understand that the funds of the County o	f Burnet, Texas, will be expended to secure
this Protective Order.	
() I request that Respondent be charged a reason	onable attorney fee to reimburse these costs.
() I understand that once a Protective Ord Attorney's policy is that the Burnet County Attorney in filing a Motion to Dismiss the Protective County or eliminate the protections granted.	orney's Office will not be able to represent
"I AM AWARE THAT IT IS THE POLICY OF THE AMICABLE AND NONJUDICIAL SET CHILDREN AND FAMILIES. I AM AV RESOLUTION METHODS INCLUDING MED ALTERNATIVE DISPUTE RESOLUTION IS SUBSTITUTE FOR A TRIAL, AND THAT T RESOLVED WITH CONTESTED ISSUES BY A WITHOUT THE NECESSITY OF COURT INT	TLEMENT OF DISPUTES INVOLVING WARE OF ALTERNATIVE DISPUTE DIATION. WHILE I RECOGNIZE THAT AN ALTERNATIVE TO, AND NOT A THIS CASE MAY BE IN GOOD FAITH ALTERNATIVE DISPUTE RESOLUTION
These statements and the facts set out in Applic correct and I have personal knowledge of them.	cation for a Protective Order are true and
	AFFIANT
SUBSCRIBED AND SWORN before me on this the	, 20
	Notary Public, State of Texas

## **PROTECTIVE ORDERS**

# Data Entry Form for TEXAS CRIME INFORMATION CENTER (TCIC)

The intent of this form is to aid court clerks with the collecting and providing to local law enforcement agencies pertinent information regarding protective orders for the purpose of entry into TCIC.

To be filled out by Criminal . ORI:	Justice/Law Enforcement Official: (check one) PROTECTIVE ORD	DER: EMERGENCY PRO	OTECTIVE ORDER:
OCA:	PROTECTIVE ORDER NO:	COURT I	DENTIFIER:
ISSUE DATE:	DATE OF EXPIRATION:	DATE OF DIS	MISSAL:
	*** RESPONDENT IN  Items in ALL UPPERCASE LETTERS mi		С.
NAME OF RESPONDENT:	·		SEX: (circle one) M F
RACE: (circle one) Indian	Asian Black White Unknown	Ethnicity: (circle one) Hispanic	Non-Hispanic Unknown
Place of Birth:	CTZ: DATE OF BIRTH:	HEIGHT:	WEIGHT:
Skin: (circle one) Albino Bl	lack Dark Dk Brown Fair Light Lt Brov	wn Medium Med Brown Olive Ruc	ddy Sallow Yellow Unknown
EYE COLOR: (circle one)	Black Blue Brown Gray Green Hazel	Maroon Pink Multi-Colored Unkn	own
HAIR COLOR: (circle one)	Black Blond Brown Gray Red White	Sandy Bald Unknown	
Scars, Marks and/or Tattoos	s: (please describe in detail):		
PROTECTION ORDER CO 01—Respondent is restrained child of the protected pe 02—Respondent may not thre 03—The protected person is g 04—Respondent is required to household member. 05—Respondent is restrained contact, or their employe 06—Respondent is awarded to 07—Respondent is prohibited 08—See miscellaneous field f	-Known to abuse drugs 25—Escape risk 30— s 65—Epilepsy 70—Suicidal 80—Medication  ONTIONS (PCO): (circle all that apply) from assaulting, threatening, abusing, harassing and a member of the protected person's family granted exclusive possession of the residence/has stay away from the residence, property, school from making any communication with the protect, employees or fellow workers, or other who emporary custody of the children named.  I from possessing and/or purchasing a firearm of the force of the comments regards terms and conditions of the children of the children comments regards terms and conditions of the children conditi	on Required 85—Hemophiliac 90—Dong, following, interfering with or stalkingly/household. The protection of the protection of the protection of the communication would be likely to or other weapon. The protection order.	iabetic 01Other  g the protected person and/or  sted person or other family or  to, personal, written, or phone
BRADY RECORD INDICA	TOR (BRD): N—Respondent is NOT disqua	alified Y—Respondent is disqualified	UUnknown
RELATIONSHIP TO PROT	TECTED PERSON:		
( PLEASE INCLUDE THE FO	OLLOWING NUMERIC IDENTIFIERS, IF AV	'AILABLE):	
Texas I.D. No:	Misc I.D. No:	Social Security N	0:
Driver's License No:	Driver's License	e State: Date of	Expiration:
Respondent's Address:			
STREET:	CITY:	STATE: ZIP:	COUNTY:

RESPONDENT'S NAME:	
RESPONDENT S NAME:	

:						
L.P. State:		L.P. Year O	f Expiration:		L.P. Type:	
Year:	Make:	Mo	odel:	Style:	Colo	r:
*** PROTE	CTED PERSO	N INFOR	MATION ;	***		
N:					SEX: (circle or	ie) M F
Black White Unl	cnown	Ethnicity:	(circle one)	Hispanic	Non-Hispanic	Unknown
	SOCIAL SE	CURITY NO	). (PSN):			
City:		State:	Zip:	COUN	TY:	
ormation: (use additi	ional pages if nece	ssary)				
		_ Address:				
City:		_ State: _			Zip:	
		_ Address:				
City:		State:			Zip:	
_ Child Care or Sch	ool Facility Name	e:				
	Ci	ty:		State:	Zip:	
					Sex: (circle one)	M F
					Non-Hispanic	Unknown
Child Care or Sch	ool Facility Name	e:				
				•	Sov: (circle one)	M F
				•	•	
	Ci	ıy:		State:	Z1p: _	
/Law Enforcement O	fficial:					
	L.P. State:  Year:  *** PROTE  SN:  Black White Unk  City:  City:  *** PROTE  (  Black White Unk  Child Care or Sch  Black White Unk  Child Care or Sch		L.P. State: Make: Mo  *** PROTECTED PERSON INFOR  N: SOCIAL SECURITY NO  City: State:  Ormation: (use additional pages if necessary)  Address: Address:  City: State:  City: State:  Address: Address:  City: State:  *** PROTECTED CHILD INFORM  (Use additional pages if necessar  Black White Unknown Ethnicity:  City: City:  Black White Unknown Ethnicity:  City: City:  Black White Unknown Ethnicity:  City:  Black White Unknown Ethnicity:  City:  City:  Black White Unknown Ethnicity:  City:	L.P. State: Make: Model:	L.P. State: L.P. Year Of Expiration:	L.P. State: L.P. Year Of Expiration: L.P. Type: