



Marci A. Gilbert
Cooke County District Clerk

TO: ALL ATTORNEYS OR PROSE PERSONS FILING AN APPLICATION FOR A DOMESTIC PROTECTIVE ORDER IN FAMILY VIOLENCE CASES

RE: PROTECTIVE ORDERS

There are several requirements which need to be completed by the applicant or the applicant's attorney when filing an Application for Domestic Protective Order. An Emergency Protective Order, Temporary Ex Parte Protective Order, and Protective Order are valid as soon as they are signed and are to be entered into TCIC.

1. When you file your Application for Protective Order you **must** provide the clerk with the completed "TCIC form" included in this packet or located on the District Clerk Website. This information is necessary to insure the proper person gets served, the data gets entered into TCIC system and for the safety of the Applicant and the applicant's children.
2. Please notify the clerk of the court if the Respondent is active duty military. (Please see attached document).
3. You must file out the Consent to Publish Form. Even if you do not want publication.
4. You must notify the clerk whether the person who has a Protective Order against them has a license to carry a handgun. You must also state this in your order:

"IT IS UNLAWFUL FOR ANY PERSON, OTHER THAN A PEACE OFFICER AS DEFINED BY SECTION 1.07 OF THE PENAL CODE, ACTIVELY ENGAGED IN EMPLOYMENT AS A SWORN, FULLTIME PAID EMPLOYEE OF A STATE AGENCY OR POLITICAL SUBDIVISION, WHO IS SUBJECT TO A PROTECTIVE ORDER TO POSSESS A FIREARM OR AMMUNITION"

5. The applicant or the applicants attorney **shall** provide the clerk with the name and address of each law enforcement agency, child-care facility, and school to which the clerk is required to mail a copy of the order. See Family Code Sec 85.042 (d) (1)

It is necessary we have your cooperation in the filing of your protective order to insure the prompt delivery to the proper authorities for the protection of you or your client.

Thank your for your assistance.

101 S. Dixon St., Rm 207
Gainesville, Texas 76240
www.co.cooke.tx.us

Phone: 940-668-5450
Fax: 940-668-5476



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NOTICE OF ACTIVE DUTY MILITARY

CAUSE NO. _____

RESPONDENT'S NAME: _____

RESPONDENT'S ADDRESS: _____

RESPONDENT IS ACTIVE DUTY MILITARY OR RESERVE: (circle one) **YES** **NO**

If yes to the above question, please answer the following question.

RESPONDENT SERVES IN WHAT BRANCH OF THE MILITARY? (circle one)

ARMY **NAVY** **AIR FORCE** **MARINE CORPS** **COAST GUARD**

TCIC Protective Order Data Entry Form

To be completed by the Criminal Justice/Law Enforcement Official and released to authorized agencies only.

ORI:	Choose One: Protective Order Emergency Protective Order		
OCA:	Protective Order Number:	Court Identifier:	
Issue Date:	Date of Expiration:	Date Signed:	Date Rescinded:

ALL fields should be completed to ensure timely entry into TCIC. Missing pertinent information will delay entry and will require the entering agency to contact the court to provide the necessary information.

Respondent Name:				Sex: Male Female	
Race: (circle one): Indian Asian Black White Unknown				Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	
Place of Birth:	Citizenship:	Date of Birth:	Height:	Weight:	
Skin: (circle one): Albino Black Dark Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow					
Eye Color: (circle one): Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown					
Hair Color: (circle one) Black Blond Brown Gray Red White Sandy Bald Blue Green Orange Pink Purple Unknown					
Scars, Marks and/or Tattoos: (please describe in detail)					
AKA's:					
Caution and Medical Conditions: (circle all that apply)					
00—Armed and Dangerous	05—Violent Tendencies	10—Martial Arts Expert	15—Explosive Expertise	40-Int'l Flight Risk	
20—Known to Abuse Drugs	25—Escape Risk	30—Sexually Violent Predator	50—Heart Condition	55—	
Alcoholic	60—Allergies	65—Epilepsy	70—Suicidal		
80—Medication Required	85—Hemophiliac	90—Diabetic	01—Other		
Protection Order Conditions (PCO): (circle all that apply)					
01 Respondent is restrained from assaulting, threatening, abusing, harassing, following, interfering with or stalking the protected person and/or child of the protected person					
02 Respondent may not threaten a member of the protected person's family/household					
03 The protected person is granted exclusive possession of the residence/household					
04 Respondent is required to stay away from the residence, property, school or place of employment of the protected person or other family or household member					
05 Respondent is restrained from making any communication with the protected person including, but not limited to, personal, written, or phone contact, or their employers, employees or fellow workers, or others whom the communication would be likely to cause annoyance or alarm					
06 Respondent is awarded temporary custody of the children named					
07 Respondent is prohibited from possessing and/or purchasing a firearm or other weapon					
08 See miscellaneous field for comments regarding terms and conditions of the protection order (add all prohibitions ordered <u>not</u> already assigned a code, e.g. pets, utilities, mutually owned property, distance, bond conditions, visitation details and/or other special prohibitions).					
09 The protected person is awarded temporary exclusive custody of the child(ren) named					
Brady Record Indicator (BRD): N—Respondent is NOT disqualified Y—Respondent is disqualified U—Unknown			SVC:(circle one) served/not served/unknown SVD:		
Relationship to Protected Person: (Not the additional PPNS)					

Please include the following numeric identifiers, if available:

Driver License:	DL State:	DL Expiration:
Texas ID:	Miscellaneous ID:	Social Security:

Respondent Address:			
City:	County:	State:	Zip:

Protective Order Data Entry Form – Page 2

Respondent Name:

Respondent Vehicle Data:

License Plate:	LP State:	LP Year:	LP Type:
Vehicle ID:	Year:	Color:	
Make:	Model:	Style:	

Protected Person Data

Protected Person Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	Social Security:		
Protected Person Address:			
City:	County:	State:	Zip:

Protected Person Employer Data

Protected Person Employer Name:	Address:		
City:	State:	Zip:	
Protected Person Employer Name:	Address:		
City:	State:	Zip:	

Protected Child Data (Use additional pages if necessary)

Protected Child Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	School/Child Care Name and Address:		
Home Address:	City:	State:	Zip:
Protected Child Name:	Sex: Male Female		
Race: (circle one): Indian Asian Black White Unknown	Ethnicity: (circle one) Hispanic Non-Hispanic Unknown		
Date of Birth:	School/Child Care Name and Address:		
Home Address:	City:	State:	Zip:

To be completed by Criminal Justice/Law Enforcement Official:

SID:	FBI #:	FPC:	MNU:
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Notes:

Use of Pseudonyms; Code of Criminal Procedures: Ch.58 Art. 58.051. (Confidentiality of Identifying Information for Certain Crime Victims) (Eff. 1/1/2021)
 Extension of PO if Respondent is confined or Imprisoned; Family Code: Sec. 85.025 (Duration of Protective Order)
 PCO-07-Possession of a firearm; Family Code: Sec. 85.022 (C)(6) (Requirements of order applying to person who committed family violence).
 Family Code Ch. 85, Sec. 85.007 (3)- the court shall order the clerk to maintain a confidential record of the information for use only by: (A) the court; or (B) a law enforcement agency for purposes of entering the information required by Section 411.042 (b) (6), Govt. Code into the statewide law enforcement information system maintained by the Department of Public Safety. (Eff. 9/1/17)

Cause Number: _____

Applicant/Petitioner: _____ In the _____ Court
v. _____ of

Respondent: _____ County, Texas

(Fill in the above blanks. Look at the Protective Order or contact the court for the above information.)

**CONSENT TO PUBLISH OR REMOVE INFORMATION FROM
PROTECTIVE ORDER REGISTRY PUBLIC VIEW**

A "Protected Person" is a person who is protected by a final protective order issued by the court under Chapter 85 of the Texas Family Code or Subchapter A, Chapter 7B of the Code of Criminal Procedure.

As a Protected Person, you have the right under Chapter 72 of the Texas Government Code to request public access to certain information about your order on the Office of Court Administration's Protective Order Registry website, so long as the order has not been vacated.

If you request it, only the following information will be viewable by the public on the Registry website:

- the name of the court that issued the protective order;
- the case number (sometimes called the "cause number");
- the full name, county of residence, birth year, and race or ethnicity of the person you are protected from by the protective order (sometimes called the "Respondent"); and
- the dates the protective order was issued, was served, and expired (or will expire).

If you have previously requested that the public see the above information on the Registry website, you may later request removal of that information from the Registry website's public view. (NOTE: If more than one Protected Person has requested that the information be publicly viewable, then all those Protected Persons need to request removal for the information to be removed).

If you would like to request that the public see the above information on the Registry website, or if you have previously requested that the public see the above information and would now like to remove it from the Registry website, you need to: (1) fill in the blanks on this form; (2) sign and date this form; AND (3) file (turn in) this form with the court.

NOTE: You may file this form in person, by mail, or by using the eFile system. If using eFile, and you do NOT want other parties to be notified of this request, you MUST uncheck the other party on the Service Contacts screen.

_____ (Write the Protected Person's full name) is a Protected Person who is protected by a final protective order issued on _____ (Write the date of the Protective Order) in the cause number listed above. Respondent's full name is _____.

As a Protected Person or the parent/guardian of a Protected Person*, I _____ (Write your full name) request the information listed above be: (Check one of the following boxes)

Made available for viewing by the public on the Protective Order Registry website.

OR

Removed from public view on the Protective Order Registry website.

I declare, **under penalty of perjury**, that I am a Protected Person or the parent/guardian* of a Protected Person in the cause number listed above. (Before signing this form, make sure all the statements are true. Declaring under penalty of perjury means you can be prosecuted, go to jail, or pay a fine if any of the statements are not true.)

Protected Party/Guardian* Signature
*Must not be Respondent listed in the case

Date