

**TO: Williamson County District Clerk**  
**RE: Protective Order**

**CAUSE NUMBER:**

**STYLE:**

**Pursuant to Section 85.042 of the Texas Family Code and order of the Court, please send certified copies of the protective order issued in the above cause to the following:**

*If the protected party lives in a municipality, please select the police department with jurisdiction over the protected address. For addresses in Williamson County, please verify the correct law enforcement agency here: <https://gis.wilco.org/search>.*

**POLICE DEPARTMENTS:**

*If the protected party does not live in a municipality, please select the appropriate constable AND sheriff's office for the protected address. For addresses in Williamson County, please verify the correct law enforcement agencies here: <https://gis.wilco.org/search>.*

**SHERIFFS' OFFICES:**

**CONSTABLES:**

**DEPARTMENT OF PUBLIC SAFETY – Concealed Weapons**

**DAYCARE FACILITIES AND SCHOOLS:**

<i>Child Care or School</i>	<i>Address</i>

## 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 Justice/Law Enforcement Official:

ORI: \_\_\_\_\_ (check one) PROTECTIVE ORDER: \_\_\_\_\_ EMERGENCY PROTECTIVE ORDER: \_\_\_\_\_

OCA: \_\_\_\_\_ PROTECTIVE ORDER NO: \_\_\_\_\_ COURT IDENTIFIER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DATE OF DISMISSAL: \_\_\_\_\_

#### \*\*\* RESPONDENT INFORMATION \*\*\*

Items in ALL UPPERCASE LETTERS must be answered to allow entry into TCIC.

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 Black Dark Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow Unknown

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 Unknown

Scars, Marks and/or Tattoos: (please describe in detail): \_\_\_\_\_

Caution and Medical Conditions: (circle all that apply) 00—Armed and Dangerous 05—Violent Tendencies 10—Martial Arts Expert  
15—Explosive Expertise 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 CONTIONS (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 other 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 regards terms and conditions of the protection order.  
09—The protected person is awarded temporary exclusive custody o the child(ren) named.

BRADY RECORD INDICATOR (BRD): N—Respondent is NOT disqualified Y—Respondent is disqualified U--Unknown

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

( PLEASE INCLUDE THE FOLLOWING NUMERIC IDENTIFIERS, IF AVAILABLE):

Texas I.D. No: \_\_\_\_\_ Misc I.D. No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Respondent's Address:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

**Respondent's Vehicle Information:**

License Plate No: \_\_\_\_\_ L.P. State: \_\_\_\_\_ L.P. Year Of Expiration: \_\_\_\_\_ L.P. Type: \_\_\_\_\_

Vehicle I.D. #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_ Color: \_\_\_\_\_

**\*\*\* PROTECTED PERSON INFORMATION \*\*\***

NAME OF PROTECTED PERSON: \_\_\_\_\_ SEX: (circle one) M F

RACE: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. (PSN): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Protected Person Employment Information: (use additional pages if necessary)

Place of Employment Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\* PROTECTED CHILD INFORMATION \*\*\***

(Use additional pages if necessary)

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity: (circle one) Hispanic Non-Hispanic Unknown

Date of Birth: \_\_\_\_\_ Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To be filled out by Criminal Justice/Law Enforcement Official:

SID #: \_\_\_\_\_ FBI #: \_\_\_\_\_ FPC: \_\_\_\_\_ MNU: \_\_\_\_\_