

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:	<i>(check one)</i> 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 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 other whom the communication would be likely to cause annoyance or alarm.
- 06—Respondent is awarded temporary custody of the child(ren) named.
- 07—Respondent is prohibited from possessing and/or purchasing a firearm or other weapon.
- 08—See miscellaneous field for comments regarding the terms and conditions of the protection order.
- 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

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 Vehicle Information:

License Plate No: _____ L.P. State: _____ L.P. Year Of Expiration: _____ L.P. Type: _____
 Vehicle I.D. #: _____ Year: _____ Make: _____ Model: _____ Style: _____ Color: _____

Is the Respondent, at time of issuance of an original or modified protection order, a member of the state military forces or serving in the U.S. armed forces in active duty status: (circle one) Yes No

Section 85.042 requires the court of the court to provide a copy of the protective order to the staff judge advocate at Joint Force Headquarters or to the provost marshal of the military installation to which the respondent is assigned to notify the commanding officer, as applicable.

Installation Respondent assigned to: _____

Installation's address: _____

***** 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: _____

<i>To be filled out by Criminal Justice/Law Enforcement Official:</i>			
SID #:	FBI #:	FPC:	MNU:

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:** _____

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:** _____