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 NUMBER: _____ COURT IDENTIFIER: _____

ISSUE DATE: _____ DATE EXPERATIOIN: _____ DATE OF DISMISSAL: _____

RESPONDANT INFORMATION

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

NAME OF RESPONDANT: _____ SEX: *(circle one)* M F

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

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ CTZ:

_____

HEIGHT: _____ WEIGHT: _____

SKIN: (circle one) Albino Black Dk Brown Fair Light Lt Brown Medium Med Brown Olive Ruddy Sallow Yellow Unknown

EYE COLOR: (circle one) Black Blue Gray Green Hazel Maroon Pink Multi-Colored Unknown

HAIR COLOR: (circle one) Black Blonde Brown Gray Red White Sandy Bald Unknown

SCARS, MARKS AND OR TATTOOS: _____

_____

_____

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-Sexual violent predator 50-Heart Condition 55-Alcoholic 60-Allergies 65-Epilepsy 70-Suicidal 80-Medication Required 85-Hemophiliac 90-Diabetic 01-Other

PROTECTIVE ORDER CONDITIONS (PCO) (circle all that apply)

01-Respondent is restrained from assaulting, threatening, abusing, harassing, following, interfering with or stalking the protected pers on and or child.

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 retrained from 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 if 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 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. Number: _____ MISC. I.D. Number: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License State: _____ Date of Expiration: _____

Respondent's Address: _____ Street: _____ State: _____ Zip: _____ County: _____

 RESPONDENT'S NAME: _____

Respondent's Vehicle Information:

License Plate Number: _____ L.P. State: _____ L.P. Year of Expiration: _____ L.P. Type: _____

VIN #: _____ Year: _____ Make: _____ Model: _____ 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 Number: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

PROTECTED PERSONS EMPLOYMENT INFORMATION

Place of Employment Information: _____
Address: _____ City: _____ State: _____ Zip: _____

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

Place of Employment Information: _____
Address: _____ City: _____ State: _____ Zip: _____

Place of Employment Information: _____
Address: _____ City: _____ State: _____ Zip: _____

PROTECTED CHILD INFORMATION

Name of Protected Child: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: 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: _____ Age: _____ Sex: M F

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

Name of Protected Child: _____ Age: _____ Sex: M F

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

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