

# COUNTY OF GILLESPIE

Christopher G. Nevins  
County Attorney



125 West Main, L41  
Phone: 830/990-0675  
Fax: 830/992-2615

Fredericksburg, Texas 78624

## PROTECTIVE ORDERS

### MUST MEET THE FOLLOWING CRITERIA:

- Physical violence has occurred in the past; and
- Physical violence will more than likely occur in the future; and
- Applicant is a victim of physical violence or stalking and the abuser is a member of applicant's household or family (including dating relationships) or victim has been sexually assaulted by abuser; and
- Criminal charges have been filed by a prosecutor; and
- Applicant and abuser have not filed for divorce.

If the above criteria are not fully met, then the victim may seek a RESTRAINING ORDER through his or her own attorney.

The victim may also file a Protective Order Pro Se by downloading a protective order kit off of the Attorney General's Website and following the directions.

**Protective Order Specifications**

This worksheet will assist the attorney drafting your application for a protective order.

Name: _____ Date of Birth: _____
Your Address: _____ _____
Home #: _____ Cell #: _____ Work #: _____
Name and numbers of relatives/friends who will know how to reach you: _____ _____ _____

Person(s) to be included in the order of protection:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to Respondent: \_\_\_\_\_

Specific locations from which the Respondent is to be prohibited. Exact ADDRESSES MUST be listed or the entity will **NOT** be included in protective order. The County Attorney's office will not look up any address.

Residence: \_\_\_\_\_  
\_\_\_\_\_

Work #1: \_\_\_\_\_  
\_\_\_\_\_

Work #2: \_\_\_\_\_  
\_\_\_\_\_

School #1: \_\_\_\_\_  
\_\_\_\_\_

School #2: \_\_\_\_\_  
\_\_\_\_\_

Day Care: \_\_\_\_\_  
\_\_\_\_\_

Other, please specify and give address: \_\_\_\_\_  
\_\_\_\_\_

**Respondent Information:**

Please note the name and address **MUST** be filled in or the protective order will **NOT** be pursued by the County Attorney's Office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Times Respondent likely to be home: \_\_\_\_\_

Respondent's Phone: \_\_\_\_\_

Respondent's Work address: \_\_\_\_\_

Times likely to be at work: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Other identifying information (scars, tattoos, facial hair, glasses, etc.) \_\_\_\_\_

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Respondent's mother/grandmother: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Respondent's best friend: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional information to help locate respondent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF TEXAS           §  
COUNTY OF GILLESPIE   §

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR  
FAMILY VIOLENCE PROTECTIVE ORDER**

BEFORE ME, the undersigned authority, on this day personally appeared the Applicant, whom did state upon her/his oath as follows:

“I am \_\_\_\_\_, and I am over 18 and of sound mind. I am the Applicant in the above and foregoing application for a protective order and state that the facts and circumstances contained therein are true to the best of my knowledge and belief. There is a clear and present danger of continuing family violence and of other immediate and irreparable harm if a temporary ex parte order is not granted as shown by the following:

“Respondent is \_\_\_\_\_.

“The relationship between me and the Respondent is (check **ONE** below):  
spouse /    member of family /    member of household /    intimate partners

“Respondent and I are the parents to: \_\_\_\_\_

---

“I reside in Gillespie County, Texas.

“In the past, Respondent has committed the following forms of family violence:  
(Please check **ALL** that apply)

hitting	pushing	sexual abuse	kicking
insulting	verbal abuse	spitting	slapping
threats to kill	spanking	choking	threats to injure

Other: \_\_\_\_\_

“The Respondent has injured me or threatened me with a weapon, described by me as being a: \_\_\_\_\_

“I have filed an offense report with the \_\_\_\_\_  
law enforcement agency on \_\_\_\_\_.

“Violent behavior has been present since \_\_\_\_\_



Tamara Y.S. Keener  
County Attorney



125 West Main, L41  
Phone: 830/990-0675  
Fax: 830/992-2615

Fredericksburg, Texas 78624

## Important Phone Numbers

**For emergency assistance: 911**

County Attorney's Office: Listed above

Hill Country Community Needs Council:  
209 South Acorn  
Fredericksburg, Texas 78624  
(830) 997-9756

District Clerk's Office  
101 West Main  
Fredericksburg, Texas 78624  
(830) 997-6517

District Judge's Office and Court Coordinator:  
700 Main Street  
Kerrville, Texas 78028  
(830) 792-2290