

Kendall County Crime Victim Assistance/Advocacy Program  
Kendall County Attorney's Office  
201 E. San Antonio, Suite 307  
Boerne, Texas 78006  
(830) 249-9343 ext. 298/299  
Fax (830)-249-4176

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Steps to follow for application of Protective Order:

Complete the application, filling all blanks and answering all questions in detail. All information requested is necessary for the application process to continue. When writing the events of violence, do not minimize (make things sound less serious) or embellish (make things sound worse.) Use direct quotes in relating the threats that have been made. Write the exact words you remember your abuser using and especially when you were called names. The Judge needs to hear the same things you heard in order for him to understand how bad it was. Keep in mind that all this information is important for the Judge to make his decision to grant or deny the protective order.

After you have completed the application (and other documents, if necessary), bring it in to the County Victim Services Office. If you are unable to bring in the in take paperwork to the County Victim Services Office you may:

Fax it to: 830-249-4176 or

Mail it to: Kendall County Victim Services  
201 E. San Antonio, Ste. 307  
Boerne, TX 78006

Please contact Victim Services to verify information was received. Once the information is reviewed, Victim Services will contact you to set up an appointment.

Bring copies of any police reports that pertain to the current incident or any incidents that have occurred in this relationship. They may be obtained at the department you filed the report with (Boerne PD, Kendall County Sheriff's Dept., and any other law enforcement agency)

Bring copies of Divorce Decree or any Court orders regarding the involved parties and/or the children of the involved parties.

If the county attorney determines that you meet all the qualifications by law to apply for a Protective Order with the court, you will be asked to swear to the truthfulness of your affidavit, which gives examples of the violence you have experienced in your own words. The staff will notarize your application and submit to the County Attorney's office for their signature. When the Judge is available, we will submit the application for his approval.

If the Judge signs the Temporary Protective Order, a Kendall County law enforcement officer, with your application, the affidavit and the Temporary Protective Order, will serve your abuser. Upon his/her being served with these papers, he/she will be prohibited from seeing and/or calling you and the children. You are to abide by these

orders also which means you are prohibited from contacting your abuser or talking to that person even if you run into him/her.

At the time the Judge signs the Temporary Protective Order, he will set a date (no more than 14 days from that date) for a final hearing. Your abuser (Respondent) will come to court to testify as to why you should not receive a protective order for two years.

**YOU MUST GO TO COURT TO GET A PROTECTIVE ORDER.** This questionnaire packet is NOT an application for a Protective Order. Completing this information does not mean you have a protective order nor does it mean a Judge will grant a protective order. The information you provide is for the use of the Kendall County Victim Assistance and the Kendall County Attorney's Offices.

If you need a safe place to stay until the final hearing, tell the staff and we will get you to a safe place. You can stay there until the final hearing.

When you appear before the Judge, dress as though you were dressing for a job interview (dress/pant suit for women and dress shirt for men.)

Do not bring children to the courthouse on that day unless the County Attorney requests that you do so in order for the Judge to speak to them.

This office DOES NOT get involved with CUSTODY or VISITATION or CHILD SUPPORT matters or PROPERTY disputes. If custody or property issues are important to you, you may want to consult a private attorney who can help you get custody of your children and possession of property in addition to obtaining a protective order.

This process is not a quick one. We are required to follow the letter of the law. We are here to help you because our concern is the safety of all the citizens of the county.

Follow the directions of the staff, use your instincts to protect you and your family, and contact us if other needs arise before this situation is resolved.

Sincerely,  
Kendall County Victim Services Department

## Information for Protective Order

**Applicant:** \_\_\_\_\_ DL/ID# \_\_\_\_\_ State \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Hispanic Origin? Yes / No U.S. Citizen? Yes / No  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Alt. Phone: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Other person who can contact you:  
Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you currently live with Respondent? Yes / No  
If yes, do you want Respondent removed from the home? Yes / No  
Do you want your information to be kept confidential from Respondent? Yes / No  
Have you applied for a protective order before? Yes / No  
If so, when? \_\_\_\_\_ What County or State? \_\_\_\_\_  
Do you have a safe place to go until a protective order is issued? Yes / No  
If not, do you need to be placed in an "emergency shelter"? Yes / No  
Have you received any injuries in the past due to your abuse? Yes / No  
If so, what were they? \_\_\_\_\_  
Have you called law enforcement before, because of your abuse? Yes / No  
Has he been arrested for abusing you in the past? Yes / No If so, when? \_\_\_\_\_  
How long has this violent behavior been present? \_\_\_\_\_  
Do you currently have an emergency magistrate order of protection (EMOP) that is good for 60 days? Yes / No From Where? \_\_\_\_\_  
Applicant's Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ VIN: \_\_\_\_\_ Plate #/State: \_\_\_\_\_

Respondent: \_\_\_\_\_ DL/ID# \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hispanic Origin? Yes / No U.S. Citizen? Yes / No

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Scars and/or tattoos? Yes / No What/Where? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alt. Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Where else can Respondent be found? \_\_\_\_\_

Is Respondent on Probation/Parole? Yes / No

If yes, name of Probation/Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Who can contact Respondent?

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Respondent's Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_ Plate #/State: \_\_\_\_\_

Are you married to the abuser? Yes / No If yes, how long? \_\_\_\_\_

Have either you or your spouse filed for divorce? Yes / No If yes, when? \_\_\_\_\_

What state and county was it filed? \_\_\_\_\_

If you are divorced from the respondent, when was the divorce finalized? \_\_\_\_\_

**Please attach copies of all paperwork relating to the divorce and/or divorce decree.**

If you were not married to this person, when did you meet this person? \_\_\_\_\_

Have you lived with or had a child with the Respondent? Yes / No When? \_\_\_\_\_

If you have never married, lived with or had a child with the Respondent did you ever date this person? Yes / No When did you start dating? \_\_\_\_\_

When did you stop dating? \_\_\_\_\_ Were you ever formally engaged? Yes / No

Have you been granted a protective order against this person before? Yes / No

**If yes, please attach a certified copy of the protective order.**

**Children:**

Please list the biological children of Applicant and Respondent.

Name	Date of Birth	Sex	Social	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any other children in the household.

Name	Date of Birth	Sex	Social	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the children have any handicaps or disabilities? Yes / No

If yes, please indicate type of handicap/disability and child's name.

Is there a divorce decree, child support order, or any other court order that affects any of the children? Yes / No

If yes, please attach a certified copy of the order.

Has the Respondent ever been abusive to the children? Yes / No

If yes, to who, when and in what way? \_\_\_\_\_

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**Other Household Members:**

Please list any other people who reside in your household.

Name	Date of Birth	Sex	Social	School/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is their relationship to Respondent? \_\_\_\_\_

Do they need to be included in the Protective Order? Yes / No

Affidavit:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m.

Describe specifically, and in great detail, what led up to the most recent violent incident or threat, to include injuries, what part of body was struck and with what:

**Family Violence History:**

What kinds of verbal and/or emotional abuse have occurred in the past? Please circle all that apply.

Threatened to harm/kill you, family or friends | Intimidated you through actions, facial expression, or tone of voice | Insulted, humiliated or degraded you | Controlled where you go, who you see or talk to, etc | Treated you like a slave/servant | Threatened to harm/kill self | Threatened to take children away | Destroyed personal property | Accusations of "screwing around" or "being with other people." | Yelling | Called you a whore, bitch, slut, cunt, stupid, ugly, fat or other derogatory term | Critiqued you | Not allowed you to have money/job | Other \_\_\_\_\_

What kinds of physical abuse have occurred in the past? Please circle all that apply.

Slapped | Kicked | Burned | Punched | Choked | Bit you | Confined or held you against your will | Used a weapon or object | Shoved/threw you around | Threw things at you | Pulled your hair | Spanked | Grabbed you | Kneed you | Other \_\_\_\_\_

Has your abuser sexually abused you in the past? Yes / No

If yes, please describe the incident. (You may use the back of this form if you need more space to write down the information.)

Please describe three additional incidents when your abuser has abused you. Please be specific with the details.

First Incident: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were police called? Yes / No Was a weapon used? Yes / No

Did you sustain injuries from this incident? Yes / No Were Photos taken? Yes / No

Second Incident: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were police called? Yes / No Was a weapon used? Yes / No

Did you sustain injuries from this incident? Yes / No Were Photos taken? Yes / No

Third Incident: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Were police called? Yes / No Was a weapon used? Yes / No

Did you sustain injuries from this incident? Yes / No Were Photos taken? Yes / No