



**JOHN W. MOORE  
CRIMINAL DISTRICT ATTORNEY  
GREGG COUNTY, TEXAS**

**SEXUAL ASSAULT  
PROTECTIVE ORDER INFORMATION**

Protective Orders exist to provide a civil legal remedy for victims of family violence, sexual assault, or stalking. The Gregg County Criminal District Attorney's Office assists those seeking protection through the issuance of a protective order.

**Not everyone qualifies for a protective order.** There are particular requirements that must be met and steps that must be taken for the District Attorney's Office to seek a protective order on your behalf.

- You or the abuser must **BE A RESIDENT OF GREGG COUNTY**.
- You must **NOT** have an open criminal file with the Gregg County Criminal District Attorney's Office. Having an open criminal file creates a potential conflict of interest for this office in seeking your protective order.



**YOU MUST NOT BE INVOLVED IN A DIVORCE OR ANY KIND OF SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP WITH THE ABUSER.** If you are married and in need of a divorce, a protective order should be sought through your attorney. Additionally, if there are no existing custody order in place, you will need to seek a protective order through a family law attorney who can represent you in a custody dispute. **THE DA OFFICE CANNOT REPRESENT YOU IN A DIVORCE OR CUSTODY ISSUE.**

- For Sexual Assault, you must be able to prove these offenses actually occurred, similar to how you would in criminal proceedings.
  - *If a criminal case is pending for a sexual assault offense, you will automatically get a protective order once the defendant is sentenced in the case.*
- You must be willing to complete the questionnaire and submit an affidavit regarding the circumstances surrounding your need for a protective order.
- **You must be able to attend a hearing** before the court where the basis for your application will be presented to the judge. The Respondent has the right to be present at the hearing and oppose the issuance of a Protective Order.

- You must be able to provide the District Attorney's Office with an address where the abuser can be reached. For a protective order to be pursued, the abuser must be served with notice of the hearing date.

## HOW TO USE THIS QUESTIONNAIRE

1. **USE BLUE OR BLACK INK ONLY. DO NOT USE PENCIL.**
2. Write legibly – printing or typing is preferred. Illegible applications will be asked to return to fill out a new form.
3. **Fill out the form completely.** You will not qualify for a protective order if you do not fully fill out the form.
4. Pay special attention to the information on Pages 3 and 4.

### **Return the completed questionnaire to the District Attorney's Office:**

**By fax: 903-236-8490**  
**By mail: Protective Orders Unit**  
**Gregg County Criminal District Attorney**  
**101 E. Methvin, Ste. 333**  
**Longview, Texas 75601**

\*\*\* This usually requires at least two stamps.

**In person: Between the hours of 8:30 a.m. to 5:00 p.m. (closed noon-1:00pm), Monday through Friday, at the office located in Suite 206 on the 2<sup>nd</sup> floor of the Gregg County Courthouse at the above address.**

VERY IMPORTANT: If you return the questionnaire by mail or by fax, please call the Protective Order Unit at 903-236-8440 to make sure that it has been received. Your questionnaire will be reviewed by an attorney after it is received; this usually takes at least one working day. We are unable to call everyone who turns in a completed questionnaire.

# PROTECTIVE ORDER QUESTIONNAIRE

## GREGG COUNTY CRIMINAL DISTRICT ATTORNEY'S OFFICE

COMPLETING THIS QUESTIONNAIRE **DOES NOT** MEAN YOU WILL RECEIVE A PROTECTIVE ORDER OR THAT A JUDGE WILL GRANT YOU A PROTECTIVE ORDER. THIS QUESTIONNAIRE IS USED TO DETERMINE: 1) IF YOU QUALIFY FOR A PROTECTIVE ORDER AND 2) WHETHER THIS OFFICE CAN FILE AN APPLICATION FOR A PROTECTIVE ORDER ON YOUR BEHALF.

**You must go to court to get a protective order.** The District Attorney's Office uses this form to determine if we can represent you in a protective order proceeding. If the District Attorney's Office can represent you in a protective order proceeding, you will have to meet with an assistant district attorney. The information that you provide in this questionnaire is for the use of the Gregg County Criminal District Attorney's Office only and will be kept confidential unless we are required by law to release or report any information.

### PROTECTIVE ORDERS

A protective order is a civil court order that tells the person you are complaining against not to commit any further acts of violence against you. The District Attorney's Office does not issue protective orders. Only a district court judge can grant a protective order. What this office can do is prepare and file your application for a protective order and represent you in court.

**You must be willing to make a time commitment.** A protective order takes at least two weeks to obtain and requires at least one appointment in our office and at least one court appearance.

Before a judge will grant a protective order, it must be shown to the judge that

You **must** provide an address where the person can be found during the day. To get a protective order the abuser **must** receive personal notification of your application for a protective order.

After the application for a protective order is prepared and filed by this office on your behalf, **you will have to appear in court.** If the judge grants the protective order on the day you appear in court, the person you are complaining against may be ordered **NOT** to:

1. Commit any acts of violence against you;
2. Communicate directly with you in a threatening or harassing manner;
3. Go within a specified distance of your home or place of employment;
4. Possess a firearm;
5. Communicate with you in any manner.

**This office DOES NOT become involved with CUSTODY, VISITATION, CHILD SUPPORT matters or PROPERTY disputes. If you are married to the person, and you are currently going through a divorce, you should talk to your divorce attorney about getting a protective order as part of your divorce or 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.**

After the court hearing, if the judge grants the protective order, your local police or sheriff's department will be sent a copy of the order. If the person complained against violates the protective order **and the violation is reported to law enforcement**, criminal charges can be filed if there is sufficient proof of a violation. The maximum punishment that a violator can, but not necessarily will, receive is one (1) year in jail or a \$4000.00 fine or a combination of the two.

**IF YOU WISH TO OBTAIN A PROTECTIVE ORDER AND YOU MEET THE REQUIREMENTS AND SEXUAL ASSAULT HAS OCCURRED, PLEASE COMPLETE THE REST OF THIS PROTECTIVE ORDER QUESTIONNAIRE. OTHERWISE, PLEASE RETURN THIS FORM TO THE FRONT DESK.**

A protective order is **not** a criminal charge. Criminal acts and violations of a protective order must be reported to a law enforcement agency in order to be prosecuted. If you have suffered personal injury as a result of a criminal act, you may qualify for crime victims' compensation benefits. To be eligible for consideration, you must report the crime to law enforcement within a reasonable period of time, but not so late as to interfere with or hamper the investigation and prosecution of the crime. For more information you may contact the victim assistance liaison at the appropriate law enforcement agency. It is the policy of the District Attorney that all services and activities of the office are accessible to all qualified persons without regard to disability. If you have a disability that will require an accommodation, please call the Family Violence Unit at 903/237-2584 as far in advance as possible.

**IF THE PROTECTIVE ORDER IS GRANTED AND THE RESPONDENT VIOLATES THE ORDER, YOU MUST REPORT THE VIOLATION TO LOCAL LAW ENFORCEMENT.**

**SECTION I**

Today's date: \_\_\_\_\_

Your full name: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Sex: Male Female Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Your age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yes No Do you have any handicaps or disabilities?

If yes, what is the nature of your handicap or disability?

- Visual impairment                      Hearing impairment                      Mobility/functional impairment
- Emotional/mental disorders   Cardiac/circulatory diseases   Respiratory diseases
- Other physical handicap/disabling condition

Name of person you want a protective order against: \_\_\_\_\_

How did you find out about this office?

- Law enforcement agency – which one \_\_\_\_\_
- Judge or justice of the peace      Mental health services      Medical services
- Social service agency - please specify: \_\_\_\_\_
- Other - please specify: \_\_\_\_\_

Are you applying for a Protective Order for:

- Yourself – you are the subject of the sexual assault
- On behalf of another who was the subject of a sexual assault:
  - Minor Child(ren)                       Adult with intellectual disabilities

**SECTION II**

Your Home Address: \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Safe E-mail Address \_\_\_\_\_

Yes No If you are applying on behalf of another, is this address where they are living? If no, write their current address below.

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

Who all lives at this address \_\_\_\_\_

Yes No Does the abuser know where you are staying now?

Yes No Does the abuser know where you live?

Yes  No Do you live with any other adult(s) at this address?

If yes, provide their name and relationship to you \_\_\_\_\_

**If you are currently employed or attending school, please complete the following:**

Employer/School \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Work days/hours class \_\_\_\_\_

Yes  No Does the abuser know where you work / attend school?

### SECTION III

Please provide information about the child(ren) or adult you are applying on behalf of:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex:  M  F Age when abused occurred : \_\_\_\_\_

Work/School/Daycare attending & address \_\_\_\_\_

Disability \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex:  M  F Age when abused occurred : \_\_\_\_\_

Work/School/Daycare attending & address \_\_\_\_\_

Disability \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex:  M  F Age when abused occurred : \_\_\_\_\_

Work/School/Daycare attending & address \_\_\_\_\_

Disability \_\_\_\_\_

When did the subject of the sexual assault meet the abuser? \_\_\_\_\_

What is your/their relationship to this person? (Check ONLY one.)

- Married-not living together     Living/Used to live together     Divorced
- Dating/Used to date                       Friend                                       Acquaintance
- Family – Related through blood – please specify \_\_\_\_\_
- Family – Related by marriage-please specify \_\_\_\_\_
- No Relationship/Stranger
- Other - please specify: \_\_\_\_\_

If you are applying on behalf of a minor, please provide the following information:

Does the Respondent have any legal rights to the child? \_\_\_\_\_

Do you share any biological children with the Respondent?  Yes  No

Are there custody orders in place?  Yes  No    If yes, from where? \_\_\_\_\_

#### SECTION IV

Abuser's full name: \_\_\_\_\_

What other names does abuser use? \_\_\_\_\_

Sex:  Male  Female    Age: \_\_\_\_\_    Date of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_    Place of birth: \_\_\_\_\_

Abuser's Race: \_\_\_\_\_    Driver's License No. and State: \_\_\_\_\_

Abuser's occupation: \_\_\_\_\_

Yes  No    Is the abuser currently employed? If yes, please complete the following:

Employer \_\_\_\_\_

Address City State Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

When does the abuser work? Days: \_\_\_\_\_    Hours: \_\_\_\_\_

Where does the abuser live? \_\_\_\_\_

Address \_\_\_\_\_    City/State \_\_\_\_\_

Home Phone No. \_\_\_\_\_    Cell Phone No. \_\_\_\_\_

When is the best time to find abuser at home? \_\_\_\_\_

Yes  No    Is there any other address where this person can be found?

If yes, please complete the following:

Whose lives there? \_\_\_\_\_    Phone No.: \_\_\_\_\_

Address \_\_\_\_\_    CSZ \_\_\_\_\_

**Physical Description of Abuser:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Complexion: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Glasses? Yes No      Contacts? Yes No      Color of contacts? \_\_\_\_\_

Beard? Yes No      Mustache? Yes No      Other facial hair? \_\_\_\_\_

Tattoos? If any, describe: \_\_\_\_\_

Scars? If any, describe: \_\_\_\_\_

Body piercing? If any, describe: \_\_\_\_\_

Other identifying characteristics: \_\_\_\_\_

What kind of vehicle does this person drive? Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ License plate no.: \_\_\_\_\_

Yes No Does the abuser have any weapons? If yes, please list: \_\_\_\_\_

Yes No Is the abuser a current or former member of the military?      Yes No Law enforcement?

Yes No Is this person currently on parole or probation?

Parole/Probation Office \_\_\_\_\_ Officer's name \_\_\_\_\_

On parole/probation for what crime? \_\_\_\_\_

**SECTION V**

Yes No Have you filed for a Protective Order in the Past?

Yes No Have you been the Respondent in a Protective Order in the Past?

Yes No Have you been arrested in the past?

Yes No Have you been prosecuted or currently are being prosecuted for a crime in Gregg County?

Yes No Do you understand that if a Protective Order is granted, you cannot allow the abuser to violate the Order?

Yes No Do you understand that you or the child may be required to testify in court against the abuser?

Yes No Are you in fear of the abuser and believe that he/she is likely to commit further acts of violence against you or the child victim in the future?

Yes No Do you understand anything you testify to in the hearing for a Protective Order can be used by either side in criminal proceedings involving the assault?

**SECTION VI**

If you need additional space to answer any questions in this section, please use a separate sheet of paper.

Date of incident \_\_\_\_\_

Place of incident \_\_\_\_\_

Yes No Did the abuser use any weapons or objects? If yes, what kind? \_\_\_\_\_

Yes No Did anyone call the police? If yes, what department? \_\_\_\_\_

Yes No Was a report made? What did the police do? \_\_\_\_\_

Yes No Did you cooperate with the police? Yes No Did you give a video statement?

Yes No Has this person abused you on any other occasions? If yes, how many? \_\_\_\_\_

Yes No Were those incidents reported to the police?

What police/sheriff's departments \_\_\_\_\_

Dates and Case numbers? \_\_\_\_\_

Are you or the person you are applying on behalf of receiving counseling services?

If yes, through who? \_\_\_\_\_

Describe any medical treatment received(including SANE):

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

To the best of your recollection and ability, **describe in thorough detail** the assault. (Include ages of parties involved, dates, places, events leading up to the assault. If you are applying on behalf of another, include how you know this information, who the child or adult disclosed the assault to and when.)

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



