TCIC Protective Order Data Entry Form

To be completed by the Criminal Justice/Law Enforcement Official and released to authorized agencies only.										
ORI: Choose One:										
		Protective Order				Emergency Protective Order				
OCA:	Protec	Protective Order Number:				Court Identifier:				
Issue Date:	Date o	Date of Expiration:			Date Signed: Date Rescinded:					
All fields should be complete	to encu	re timely entry	into TCI	C Mie	ccina	nortinon	t info	rmation w	vill delay entry	
ALL fields should be completed to ensure timely entry into TCIC. Missing pertinent information will delay entry and will require the entering agency to contact the court to provide the necessary information.										
Respondent Name:						Sex: Male Fo	emale			
Race: (circle one):						Ethnicity: (circle one)				
Indian Asian Black White Unknown						Hispanic Non-Hispanic Unknown				
Place of Birth: Citizensl	izenship: Date of Birth:			Height:			Weight:			
Skin: (circle one):			l.						-	
Albino Black Dark Dk Brown	Fair Light	Lt Brown Med	dium Me	ed Brow	n O	live Rudd	ly Sa	allow Yellov	v	
Eye Color: (circle one):	_									
Black Blue Brown Gray	Green Ha	azel Maroon	Pink N	/lulti-Co	lored	Unknow	n			
Hair Color: (circle one)										
Black Blond Brown Gray Red White Sandy Bald Blue Green Orange Pink Purple Unknown										
Scars, Marks and/or Tattoos: (please describe in detail)										
AKA's:										
Caution and Medical Conditions: (circ	le all that a	(vlaa								
20—Known to Abuse Drugs 25—Escape Risk 30—Sexually Violent Predator 50—Heart Condition Risk								Risk		
	Allergies					70—Suicidal				
•	Hemophiliac)—Diabetio			01-	-Other			
Protection Order Conditions (PCO): (circle all that apply)										
Respondent is restrained from assaulting, threatening, abusing, harassing, following, interfering with or stalking the protected person and/or child										
of the protected person Respondent may not threaten a member of the protected person's family/household										
03 The protected person is granted ex										
O4 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 others whom the communication would be likely to cause annoyance or alarm										
Respondent is awarded temporary custody of the children named										
Respondent is prohibited from possessing and/or purchasing a firearm or other weapon See miscellaneous field for comments regarding terms and conditions of the protection order (add all prohibitions ordered <u>not</u> already assigned a										
code, e.g. pets, utilities, mutually owned property, distance, bond conditions, visitation details and/or other special prohibitions).										
09 The protected person is awarded temporary exclusive custody of the child(ren) named										
Brady Record Indicator (BRD): SVC:(circle one) served/not served/unknown										
N—Respondent is NOT disqualified	Y—Respon	dent is disqualified	U—Unk	nown	SV	D:				
Relationship To Protected Person: (N	ot the addit	ional PPNS)								
Please include the following numeric i	dentifiers. if	available:								
Driver License:				DL Ex	DL Expiration:					
Texas ID:		Misc ID:			Social Security:					
Respondent Address:										
City: Coun	ty: County:			State:				Zip:		

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		J								
Respondent Name:										
Respondent Vehicle Data:										
License Plate:	State:		LP Year:			LP Type:				
		1			1					
Vehicle ID:		Year:				Color:				
Make: Model:						Style:				
Protected Person Data										
Protected Person Name:						Sex:				
							Male Female			
Race: (circle one):							nicity: (circle one)			
	Indian Asian Black White Unknown					Hispanic I	Non-Hispanic U	nknown		
Date of Birth:	Date of Birth:				Social Security:					
Protected Person Address:										
City:	City: County:			<u> </u>		Zip:				
	-					,				
Protected Person Employer Dat										
Protected Person Employer Name:			Address:							
City:		State:	Zip:							
Protected Person Employer N	ame:		Addre	ess:						
City: State:			Zip:							
Protected Child Data (Use addit	ional nacco	if no coccamul								
Protected Child Name:	ionai pages	ij necessury)				Sex:				
Trotected clind Name.						Male Female				
Race: (circle one):						Ethnicity: (circle one)				
Indian Asian Black White Unknown						Hispanic Non-Hispanic Unknown				
Date of Birth:	Scho	ool/Child Care Name a	nd Add	dress:						
Home Address:			City:			State: Zip:				
Protected Child Name:						Sex:				
Race: (circle one):						Male Female Ethnicity: (circle one)				
Indian Asian Black White Unknown						Hispanic Non-Hispanic Unknown				
Date of Birth:		ool/Child Care Name a	nd Add	dress:						
Home Address:			City:			State:	Zip:			
			C.ty.			Juic.				
To be completed by Criminal Ju		nforcement Official:								
SID:	FBI #:		FPC: MNU:							

Notes:

Use of Pseudonyms; Code of Criminal Procedures: Art. 57B.02. (Confidentiality of files and records)

Extension of PO if Respondent is confined or Imprisoned; Family Code: Sec. 85.025 (Duration of Protective Order)

PCO-07-Posession of a firearm; Family Code: Sec. 85.0222 (Requirements of order applying to person who committed family violence).

SB 1242-Chapter 85-F.C. Sect 85.007- the court shall order the clerk to maintain a confidential record of the information for use only by: (A) the court; or (B) a law enforcement agency for purposes of entering the information required by Section 411.042 (b) (6), Govt. Code into the statewide law enforcement information system maintained by the Department of Public Safety. (Eff. 9/1/17)