

# PROTECTIVE ORDER SCREENING FORM

APPLICANT'S NAME: \_\_\_\_\_ RESPONDENT'S NAME: \_\_\_\_\_

Please answer the following questions by checking the appropriate column:

	YES	NO	Don't know
1. Do you have an attorney?	1. _____	_____	_____
2. Have you ever been involved in a Protective Order before? When? _____ Were you the Applicant or Respondent? _____	2. _____	_____	_____
3. Do you have an emergency protective order against the Respondent at this time? If so, date issued _____	3. _____	_____	_____
4. Do you want the Respondent ordered to stay away from you?	4. _____	_____	_____
5. Will you take necessary steps to comply with any Court Order entered in this case, including reporting all violations to proper authorities?	5. _____	_____	_____
6. Do you have some form of identification with you?	6. _____	_____	_____
7. Do you and the Respondent have children together?	7. _____	_____	_____
8. Has child protective services ever removed a child from your custody?	8. _____	_____	_____
9. Are you currently working with a Child Protective Services Case worker?	9. _____	_____	_____
10. Do you currently have a Divorce or a Suit-Affecting Parent Child Relationship pending against the Respondent?	10. _____	_____	_____
11. Do you have any pending felony or misdemeanor criminal charges against you?	11. _____	_____	_____
12. Are you currently on Probation in Midland County?	12. _____	_____	_____
13. Have you reported this incident to law enforcement? Date of incident: ___/___/___	13. _____	_____	_____

Agency: \_\_\_\_\_

Case # \_\_\_\_\_

**Applicant's name :** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #'s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
( Home ) ( Work ) ( Cell )

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age : \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact person : \_\_\_\_\_ Phone: \_\_\_\_\_

**Respondent's name :** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #'s \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
( Home ) ( Work ) ( Cell )

**Relationship to you?** \_\_\_\_\_

By signing this I understand that:

- it takes at least 14 days to obtain a final protective Order and requires at least one court appearance?
- Once the Court signs an order I cannot let Respondent Violate the order.
- Once the Court signs an order I must personally appear and testify before the Judge if I want the order modified or vacated.

I authorize the release of the above information to other agencies for the sole purpose of determining eligibility for assistance in obtaining a protective order against the Respondent listed above. I hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Midland County District Attorney's Office, whether said records are of public, private or confidential nature.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date