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:			
			Emergency Protective Order		
OCA:	Protective Order Number:		Court Identifier:		
Issue Date: Date of Expiration:			Date Signed:	Date Rescinded:	

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.

	ing agency to contact		what the he			
Respondent Name:				<mark>Sex: (circle one)</mark> Male Female		
Race: (circle one):	Ethnicity:	(circle one)				
Indian Asian Black White	Unknown		Hispanic	Non-Hispanic Un	known	
Place of Birth: Citizenship:	Date of Birth:	Height:		Weight:		
Skin: (circle one):	·	•				
<mark>Albino Black Dark Dk Brown Fai</mark> i	r Light Lt Brown Medi	um Med Brown	Olive Rudd	ly Sallow Yellow		
Eye Color: (circle one):						
<mark>Black Blue Brown Gray Gree</mark>	en Hazel Maroon P	ink Multi-Colore	ed Unknowi	<mark>n</mark>		
Hair Color: (circle one)						
Black Blond Brown Gray Red White S	andy Bald Blue Green C	range Pink Purple	<mark>e Unknown</mark>			
Scars, Marks and/or Tattoos: (please des	cribe in detail)					
,	<u> </u>					
AKA's:						
Caution and Medical Conditions: (circle a	ll that apply)					
		-Martial Arts Expert		-Explosive Expertise	40-Int'l Flight	
5	5				Risk 55—	
	60—Allergies 65—Epilepsy			70—Suicidal		
•	0—Medication Required 85—Hemophiliac 90—Diabetic			-Other		
Protection Order Conditions (PCO): (circ						
01 Respondent is restrained from assaulting, threatening, abusing, harassing, following, interfering with or stalking the protected person and/or child						
of the protected person						
02 Respondent may not threaten a memb	· · ·					
03 The protected person is granted exclus					c	
04 Respondent is required to stay away fro	om the residence, property, sch	ool or place of employ	yment of the pro	otected person or oth	ier 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						
06 Respondent is awarded temporary custody of the children named						
07 Respondent is prohibited from possessing and/or purchasing a firearm or other weapon						
08 See miscellaneous field for comments regarding terms and conditions of the protection order (add all prohibitions ordered not 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 temp				,		
Brady Record Indicator (BRD):			SVC:(circle on	e) served/not serve	ed/unknown	
N-Respondent is NOT disqualified Y-	Respondent is disqualified		SVD:	, ,		
Relationship to Protected Person: (Not the additional PPNS)						
Please include the following numeric identifiers, if available:						
Driver License:	DL State:	DI	L Expiration:			
Texas ID:	Miscellaneous ID:	Sc	ocial Security:			

Respondent Address:						
<mark>City:</mark>	<mark>County:</mark>	<mark>State:</mark>	Zip:			

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Respondent Name:									
Respondent Vehicle Data:									
License Plate:	LP S	State: LP Year:					LP Type:		
<mark>Vehicle ID:</mark>		Year:				Color:			
Make:		Model:				Style:			
Protected Person Data									
Protected Person Name: Sex: Male Female									
Race: (circle one): Indian Asian Black White Unknown				Ethnicity: (circle one) Hispanic Non-Hispanic Unknown					
Date of Birth:		Social Security:							
Protected Person Address:			•						
City:	<mark>County:</mark>		State:			Zip:			
Protected Person Employer Data	1								
Protected Person Employer Name: Address:									
<mark>City:</mark>		State: Zip:			<mark>Zip:</mark>				
Protected Person Employer Na	me:		Addre:	ss:					
City:		State: Zip:		<mark>Zip:</mark>					
Protected Child Data (Use additi	onal pages	<mark>if necessary)</mark>							
Protected Child Name:					Sex: Male Female				
Race: (circle one):				Ethnicity: (circle one)					
Indian Asian Black	White	Unknown				Hispanic	Non-Hispanic l	<mark>Jnknown</mark>	
Date of Birth: School/Child Care Name and Address:									
Home Address:			City: State:		:	<mark>Zip:</mark>			
Protected Child Name:					<mark>Sex:</mark> Male Female				
Race: (circle one): Indian Asian Black					Ethnicity: (circle one) Hispanic Non-Hispanic Unknown				
Date of Birth:									
Home Address:			City:			<mark>State</mark>	:	Zip:	
To be completed by Criminal Justice/Law Enforcement Official:									
SID: FBI #:			FPC:			MNU:	MNU:		
Notes:	1								

Use of Pseudonyms; Code of Criminal Procedures: Ch.58 Art. 58.051. (Confidentiality of Identifying Information for Certain Crime Victims) (Eff. 1/1/2021) 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. 85.022 (C)(6) (Requirements of order applying to person who committed family violence).

Family Code Ch. 85, Sec. 85.007 (3)- 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)