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:		Protective Order Number:				Court Identifier:				
Issue Date:		Date of	Expiration:			Date Signed:			Date	Rescinded:
All fields should be som	ploted to		a timaly antry	into TC	IC NAI	scina	nortinon	t info	rmation u	ill dolay ontry
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 Fe	emale		
Race: (circle one):						Ethnicity: (circle one)				
Indian Asian Black	White	Unknown					Hispanic Non-Hispanic Unknown			
Place of Birth: Ci	Place of Birth: Citizenship:			Date of Birth: Heigh			Weight:			
Skin: (circle one):			L							
Albino Black Dark Dk Br	own Fair	Light	Lt Brown Med	lium M	ed Brow	n Ol	live Rudd	y Sa	allow Yellov	v
Eye Color: (circle one):								•		
	ray Gree	en Ha	zel Maroon	Pink	Multi-Co	lored	Unknow	n		
Hair Color: (circle one)										
1	Red White	Sandy	Bald Blue Green	n Orang	e Pink	Purple	Unknow	n		
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:		II 4b a 4 a								
00 – Armed and Dangerous	Caution and Medical Conditions: (circle all that apply) 00 – Armed and Dangerous 05—Violent Tendencies 10—Martial Arts Expert 15—Explosive Expertise 40-Int'l Flight									
20—Known to Abuse Drugs	25—Esca								Condition	40-Int'l Flight Risk
55—Alcoholic	•	· · · · · · · · · · · · · · · · · · ·					-Suicid		Misk	
55—Alcoholic 60—Allergies 65—Epilepsy 80—Medication Required 85—Hemophiliac 90—Diabetic					•			-Other		
Protection Order Conditions (PCO): (circle all that apply)										
I -										
of the protected person										
02 Respondent may not threa										
The protected person is granted exclusive possession of the residence/household										h f
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										
06 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).										
O9 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—Respondent is disqualified U—Unknown SVD:										
Relationship To Protected Pers	son: (Not t	ne additi	onal PPNS)							
Please include the following nu	meric ident	ifiers, if	available:							
Driver License:	DL State:				DL Expiration:					
Texas ID:	Misc ID:				Social Security:					
						<u> </u>				
Respondent Address:										
City:		State:						Zip:		

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		J								
Respondent Name:										
Respondent Vehicle Data:										
License Plate:	State:		LP Year:			LP Type:				
					1					
Vehicle ID:	/ehicle ID: Year:						Color:			
Make:	Model:				Style:					
Protected Person Data										
Protected Person Name:						Sex:				
						Male Female				
Race: (circle one):				Ethnicity: (circle one)						
Indian Asian Black	Hispanic				Non-Hispanic U	nknown				
Date of Birth:			Social Security:							
Protected Person Address:										
City:	City: County:			<u> </u>		Zip:				
	Goanty.					·				
Protected Person Employer Dat										
Protected Person Employer Name:				ess:						
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:				
Trocecca cinia 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				Hispanic Non-Hispanic Unknown						
Date of Birth:	White Scho	Unknown 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)