TCIC Protective Order Data Entry Form

To be comp	pleted by the Criminal Justice/Law Ei	nforcement Official ar	nd released to authorize	ed agencies only.		
ORI:		Choose One: Protective Order Emergency Protective Order				
OCA:	Protective Order Nu	Protective Order Number:		Court Identifier:		
Issue Date:	Date of Expiration:	Date of Expiration:		Date Rescinded:		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.

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Respondent Name:	Sex:				
	Male Female				
Race: (circle one):		Ethnicity: (circle one)			
Indian Asian Black White	Unknown		Hispanic Non-Hispanic Unknown		
Place of Birth: Citizenship:	Date of Birth:	Height:	Weight:		
Skin: (circle one):					
Albino Black Dark Dk Brown Fai	r Light Lt Brown Medium	Med Brown Oliv	ve Ruddy Sallow Yellow		
Eye Color: (circle one):					
Black Blue Brown Gray Gre	en Hazel Maroon Pink	Multi-Colored	Unknown		
Hair Color: (circle one)					
Black Blond Brown Gray Red White		nge Pink Purple	Unknown		
Scars, Marks and/or Tattoos: (please des	scribe in detail)				
AKA's:					
Caution and Medical Conditions: (circle a	all that apply)				
		tial Arts Expert	15—Explosive Expertise 40-Int'l Flight		
20—Known to Abuse Drugs 25—Esca	ape Risk 30-Sexu	ally Violent Predator	50—Heart Condition Risk		
55—Alcoholic 60—Alle	rgies 65—Epile	epsy	70—Suicidal		
80—Medication Required 85—Her	nophiliac 90—Diab	etic	01Other		
Protection Order Conditions (PCO): (circ	le all that apply)				
01 Respondent is restrained from assault	ing, threatening, abusing, harassing, f	ollowing, interfering	with or stalking the protected person and/or child		
of the protected person					
02 Respondent may not threaten a memb	per of the protected person's family/h	ousehold			
03 The protected person is granted exclusion	sive possession of the residence/hous	ehold			
	om the residence, property, school or	place of employmer	nt of the protected person or other family or		
household member	any communication with the protect.	ad aassaa iaaludina d	but not limited to percend written or chone		
05 Respondent is restrained from making any communication with the protected person including, but not limited to, personal, written, or phone contact, or their employees, 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 awarded temporary custody of the children hand 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 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 Person: (Not the additional PPNS)					
Please include the following numeric identifiers, if available:					
Driver License:	DL State:	DL Exp	piration:		
Texas ID:	Misc ID:	Social	Social Security:		

Respondent Address:			
City:	County:	State:	Zip:

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Respondent Name:			_						
Respondent Vehicle Data:									
License Plate:	LP	State:	e: LP Year:				LP Type:		
Vehicle ID:	I	Year:				Color:			
Make:	Make: Model:			Style:					
Protected Person Data									
Protected Person Name:			Sex: Male Female						
Race: (circle one):			Ethnicity: (circle one)						
Indian Asian Black	White	Unknown					Non-Hispanic U	nknown	
Date of Birth:				Social Security:					
Protected Person Address:									
City:	County:		State	•		Zip:			
Protected Person Employer Date	a								
Protected Person Employer Name:			Address:						
City:	City: State:			Zip:			•		
Protected Person Employer Na	ame:		Addre	ess:					
City:		State:		Zip:					
Protected Child Data (Use addit	ional paae.	s if necessarv)							
Protected Child Name:				۰.		Sex: Male Fem	ماد		
Race: (circle one):			Ethnicity: (circle one)						
Indian Asian Black	White	Unknown	Hispanic Non-Hispanic Unknown			nknown			
Date of Birth:									
Home Address:			City:		State: Zip:			Zip:	
Protected Child Name:				Sex: Male Female					
Race: (circle one):				Ethnicity: (circle one)			•		
Indian Asian Black White Unknown				Hispanic Non-Hispanic Unknown					
Date of Birth:									
Home Address:		City:		State:		Zip:			
To be completed by Criminal Justice/Law Enforcement 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)