

APPLICATION FOR MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION

Defendant's* Full Name

Agency's Offense/Case Number

I certify that I am (check one of the following):

The victim of an offense involving family violence as defined in Section 71.004 of the Family Code, or section 22.01 of the Penal Code, or harassment by stalking, for which the Defendant* has been arrested;

The guardian of a victim of an offense involving family violence or harassment by stalking, for which the listed Defendant* has been arrested;

A peace officer;

An attorney representing the State of Texas;

on the magistrate's own motion

I am requesting that a Magistrate's Order for Emergency Protection be issued to and against the above named Defendant*, in open court, and that the order include such conditions as may be authorized by Article 17.292, Code of Criminal Procedure or as provided by law.

I understand that:

1. This order shall be in force no fewer than 31 days or no longer than 61 days EXCEPT in the case of the use or exhibition of a deadly weapon, then the order shall be in force no fewer than 61 day and no longer than 91 days.
2. That this order shall supersede any existing court order granting possession of or access to a child to the degree that a condition of this order conflicts with the existing order;
3. That it might be in the best interest of a victim in this case to seek a Protective Order through the Family

Protection Program, Legal Aid of Central Texas, prior to the expiration of this Magistrate's Order for Emergency Protection.

Date requested _____, 2____.

Victim's Name *(only if different from Applicant)*

Officer/Applicant's Signature

Victim's Signature *(only if different from applicant)*

Officer/Applicant's Printed Name

Agency Name: _____

Agency Address: _____

City/State/Zip: _____ **Agency Phone Number:** _____



No. _____

THE STATE OF TEXAS

*

IN THE JUSTICE COURT

*

VS

*

OF BELL COUNTY, TEXAS

*

DEFENDANT*

*

PRECINCT _____, PLACE _____

MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION

On this date, pursuant to Article 17.292 of the Texas Code of Criminal Procedure, the Court:

on its own motion,

on the request of the APPLICANT, a person with standing under Article 17.292, Code of Criminal Procedure, to make such request,

As a matter of law, after the Court's finding that the Defendant* has been arrested for an offense that also involves:

Serious bodily injury to the victim; or

The use or exhibition of a deadly weapon during the commission of the assault,

heard an application for a Magistrate's Order for Emergency Protection.

The Defendant, _____ is this date served with a copy of this Order in open court.

The Court finds that the Defendant _____ has appeared before this Court after an arrest of Defendant for an offense:

involving family violence, Section 71.004, Family Code
or dating violence, Section 71.0021, Family Code

under Section 42.072, Penal Code involving harassment by stalking,

and further finds that this Court has jurisdiction to issue this order.

IT IS THEREFORE ORDERED that an Order for Emergency Protection be issued on behalf of the following person(s): _____

and the above-named Defendant _____ **be and is hereby prohibited from:**
(check all that apply)

- Committing an act of family violence as defined by Section 71.004 of the Texas Family Code; or dating violence, Section 71.0021, Family Code**
- Committing an act in furtherance of an offense under Section 42.072, Penal Code, involving harassment by stalking;**
- Communicating directly or indirectly in a threatening or harassing manner with any family or household members listed in this Order; _____**
- Communicating a threat through any person to a member of the family or household of person(s) protected by this order;**
- Going to or within 1000 feet of the current or future RESIDENCE of a member of the family or household or of the person protected under this Order or other protected individuals located at _____, Bell County, Texas;**
- Going to or within 1000 feet of place of EMPLOYMENT or business, current or future of a member of the family or household or of the person protected under this Order located at _____, Bell County, Texas;**
- Going to or within 1000 feet of the current or future RESIDENCE located at _____ Bell County, Texas, where a CHILD protected by this Order resides;**
- Going to or within 1000 feet of the current or future SCHOOL or CHILD CARE FACILITY located at _____ Bell County, Texas, where a CHILD protected by this Order is attending;**
- Possessing a firearm;**
- The Court also finds that the Defendant* is hereby prohibited from going to or within 1,000 feet of any location at which the protected party (parties), and /or any child protected by this order may reside, TEMPORARILY OR PERMANENTLY, or place of employment of any such persons protected by this Order, and the Court further finds that said locations shall not be specifically described herein for the safety of any person or persons protected by this order.**

IT IS ORDERED that the Clerk of the Court shall send a copy of this Order to the:

Chief of Police in the municipality where the member of the family or household or individual protected

by this Order resides;

Sheriff or Constable of the county where the member of the family or household or individual protected

resides;

Principal, director, or person in charge of the school or child care facility attended by a person protected

by this Order and named herein;

Victim (if not present at the hearing).

IT IS ORDERED that a law enforcement officer shall make a good faith effort to notify, within 24 hours, the victim that this Order has been issued by calling the victim's residence and or place of employment.

SUSPENSION OF CONCEALED HANDGUN LICENSE

IT IS ORDERED that the license to carry a concealed handgun of the Defendant* is suspended for the duration of this Order. A copy of this Order shall be forwarded to the Concealed Handgun Licensing Unit, Department of Public Safety. P. O. Box 4143, Austin, Texas 78765-4143. On receipt of this Order suspending the license to carry a concealed handgun, the department shall record suspension of the license, report the suspension to the local law enforcement agencies, as appropriate, and demand the surrender of the suspended license from the license holder.

Magistrate's suspension of License to carry a concealed handgun held by the defendant* applies, under

Section 411.177, Government Code.

WARNINGS

A VIOLATION OF THIS ORDER BY COMMISSION OF AN ACT PROHIBITED BY THE ORDER MAY BE PUNISHABLE BY A FINE OF AS MUCH AS \$4,000.00 OR BY CONFINEMENT IN JAIL FOR AS LONG AS ONE YEAR, OR BOTH.

AN ACT THAT RESULTS IN FAMILY VIOLENCE MAY BE PROSECUTED AS A SEPARATE MISDEMEANOR OR FELONY OFFENSE. IF THE ACT IS PROSECUTED AS A SEPARATE FELONY OFFENSE, IT IS PUNISHABLE BY CONFINEMENT IN PRISON FOR AT LEAST TWO YEARS.

IT IS UNLAWFUL FOR ANY PERSON WHO IS SUBJECT TO A PROTECTIVE ORDER TO KNOWINGLY PURCHASE, RENT, LEASE, OR RECEIVE AS A LOAN OR A GIFT FROM ANOTHER, A HANDGUN FOR THE DURATION OF THIS ORDER (SECTION 46.06, PENAL CODE).

POSSESSION OF A FIREARM BY A PERSON, OTHER THAN A PEACE OFFICE, AS DEFINED BY SECTION 1.07 OF THE TEXAS PENAL CODE, ACTIVELY ENGAGED IN EMPLOYMENT AS A SWORN, FULL-TIME, PAID EMPLOYEE OF A STATE AGENCY OR POLITICAL SUBDIVISION, WHO IS SUBJECT TO THIS ORDER, MAY BE PROSECUTED AS A SEPARATE OFFENSE PUNISHABLE BY CONFINEMENT OR IMPRISONMENT.

NO PERSON, INCLUDING A PERSON WHO IS PROTECTED BY THIS ORDER, MAY GIVE PERMISSION TO ANYONE TO IGNORE OR VIOLATE ANY PROVISION OF THIS ORDER. DURING THE TIME IN WHICH THIS ORDER IS VALID, EVERY PROVISION OF THIS ORDER IS IN FULL FORCE AND EFFECT UNLESS A COURT CHANGES THE ORDER.

THIS ORDER IS ENFORCEABLE IN ALL FIFTY STATES, THE DISTRICT OF COLUMBIA, TRIBAL LANDS, AND U.S. TERRITORIES (18 U.S.C. 2265).

INTERSTATE VIOLATION OF THIS ORDER MAY SUBJECT THE RESPONDENT TO FEDERAL CRIMINAL PENALTIES (18 U.S.C. 2261 AND 2262).

POSSESSION, TRANSPORTATION, OR RECEIPT OF A FIREARM WHILE THIS ORDER REMAINS IN EFFECT MAY BE A FELONY UNDER FEDERAL LAW, PUNISHABLE BY UP TO TEN YEARS IN PRISON AND/OR FINE.

IT IS UNLAWFUL FOR ANY PERSON WHO IS SUBJECT TO A PROTECTIVE ORDER TO POSSESS A FIREARM OR AMMUNITION (18 U.S.C. 922(G)(8)).

DURATION OF ORDER

THIS ORDER IS IN FULL FORCE AND EFFECT UNLESS A COURT CHANGES THE ORDER.

START DATE _____

END DATE _____

SIGNED this _____ **day of** _____, 20_____.

MAGISTRATE PRESIDING

RESPONDENT'S ACKNOWLEDGMENT OF RECEIPT OF ORDER

I, _____, The Defendant* in this case received a copy of the Magistrate's Order for Emergency Protection in open court on the _____ day of _____ 2_____.

DEFENDANT*

STATEMENT OF SERVICE

I the undersigned, hereby state that I gave a copy of the Magistrate's Order for Emergency Protection attached hereto to the _____ named above at _____ A.M./P.M. on the _____ day of _____, 2_____.

Name _____ **Title** _____

**MAGISTRATE'S PROTECTIVE ORDER
DATA ENTRY FORM FOR TEXAS CRIME INFORMATION CENTER (TCIC)**

The following two pages (data entry form) must be filled out in order to process your requested Magistrate's Order. The intent of this form is to aid court clerks with the collecting and providing to local law enforcement agencies pertinent information regarding protective orders, for the purpose of entry into TCIC.

To be filled out by Criminal Justice Law Enforcement Official:		
ORI: _____	EMERGENCY PROTECTIVE ORDER: _____	
OCA: _____	PROTECTIVE ORDER NO: _____	COURT IDENTIFIER: _____
Issue Date: _____	Date of Expiration: _____	Date of Dismissal: _____

RESPONDENT INFORMATION ***

Items in ALL UPPERCASE LETTERS must be answered to allow entry into TCIC

NAME OF RESPONDENT: _____ **SEX:** (circle one) **M** **F**

RACE: (circle one) **Indian** **Asian** **Black** **White** **Unknown** **Ethnicity:**(circle one) **Hispanic** **Non-Hispanic** **Unknown**

Place of Birth: (State) _____ **DATE OF BIRTH:** _____ **HEIGHT:** _____ **WEIGHT:** _____

Skin:(circle one) **Albino** **Black** **Dark** **Dk Brown** **Fair** **Light** **Lt Brown** **Medium** **Med Brown** **Olive** **Yellow** **Unknown**

EYE COLOR:(circle one) **Black** **Blue** **Brown** **Gray** **Green** **Hazel** **Maroon** **Pink** **Multi-Colored** **Unknown**

HAIR COLOR:(circle one) **Black** **Blond** **Brown** **Gray** **Red** **White** **Sandy** **Bald** **Unknown**

Scars, Marks and or Tattoos: (please describe in detail): _____

RELATIONSHIP TO PROTECTED PERSON: _____

PLEASE INCLUDE THE FOLLOWING NUMERIC IDENTIFIERS:

Texas I.D. No: _____ **Misc. I.D. No:** _____ **Social Security No:** _____

Driver's License No: _____ **DL State:** _____ **Date of Expiration:** _____

Respondent's Address: (Where he/she will be staying during the duration of this order)

Street : _____ **City:** _____ **State:** _____ **Zip:** _____ **County:** _____

Respondent's Vehicle Information:

License Plate No: _____ **L.P. State:** _____ **L.P. Year of Expiration:** _____ **L.P. Type:** _____

Vehicle I.D. #: _____ **Year:** _____ **Make:** _____ **Style:** _____ **Color:** _____

To be filled out by Criminal Justice Law Enforcement Official:			
SID#: _____	FBI #: _____	FPC: _____	MNU: _____

Defendant's Name: _____

*****PROTECTED PERSON INFORMATION*****

NAME OF PROTECTED PERSON: _____ SEX: (circle one) M F

RACE: (circle one) Indian Asian Black White Unknown Ethnicity:(circle one) Hispanic Non-Hispanic Unknown

DATE OF BIRTH: _____ Address: _____

City: _____ State: TEXAS Zip: _____, COUNTY: BELL

Protected Person Employment Information: (Use additional pages if necessary)

Place of Employment Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Place of Employment Name: _____ Address: _____

City: _____ State: _____ Zip: _____

***** PROTECTED CHLD INFORMATION *****

(Use additional pages if necessary)

Name of Protected Child: _____ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity:(circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity:(circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity:(circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Child Care or School Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Protected Child: _____ Sex: (circle one) M F

Race: (circle one) Indian Asian Black White Unknown Ethnicity:(circle one) Hispanic Non-Hispanic Unknown

Date of Birth: _____ Child Care or School Facility Name: _____

Address _____ City: _____ State: _____ Zip: _____

