

PROTECTIVE ORDERS

Data Entry Form for TEXAS CRIME INFORMATION CENTER (TCIC)

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: _____ (check one) **PROTECTIVE ORDER:** _____ **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 Ruddy Sallow 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, IF AVAILABLE):

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

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

Respondent's Address:

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:** _____ **Model:** _____ **Style:** _____ **Color:** _____

To be filled out by Criminal Justice/Law Enforcement Official:

SID #: _____ **FBI #:** _____ **FPC:** _____ **MNU:** _____

*****PROTECTIVE 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: _____ **Zip:** _____ **COUNTY:** _____

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 CHILD 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:** _____