PROTECTIVE ORDER SCREENING FORM

Please answer the following to the best of your ability.

APPLICANT	**Applicant's Full Name:** (applicant = person that is seeking protection)	_____
	Applicant's Date of Birth:	_____
	Do you live in Kaufman County?	**YES☐ NO☐**
RESPONDENT	**Respondent's Full Name:** (respondent = person you are seeking protection from)	_____
	Respondent's Date of Birth:	_____
	Does the Respondent live in Kaufman County?	**YES☐ NO☐**
	▪ **If no, where does the respondent live?**	_____
	▪ **Where is he/she right now?**	_____
	Has the Respondent been in jail recently?	**YES☐ NO☐**
	▪ **If yes, when and where:**	_____
	Did you recently file a police report regarding the Respondent?	**YES☐ NO☐**
	▪ **If yes, when did you file it?**	_____
	▪ **Which Police Department?**	_____
	▪ **What is the case number?**	_____
	▪ **What was the offense?**	_____
	Did the Respondent recently commit to threaten to commit a violent act against you, a member of your family, or a member of your household?	**YES☐ NO☐**
	▪ **If yes, where did this occur?**	_____
	Are you afraid right now of being harmed by the Respondent, or threatened with violence by the Respondent?	**YES☐ NO☐**

(Official Use Only) Attorney Notes: