

TCIC Protective Order Data Entry Form

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 or LE officer to provide the necessary information.

All highlighted fields are mandatory for entry.

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 Risk
20—Known to Abuse Drugs	25—Escape Risk	30—Sexually Violent Predator	50—Heart Condition	55—
Alcoholic	60—Allergies	65—Epilepsy	70—Suicidal	
80—Medication Required	85—Hemophiliac	90—Diabetic	01—Other	

Respondent Name:			Sex: (circle one) Male Female	
Race: (circle one): Indian Asian Black White Unknown			Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	
Place of Birth:	Citizenship:	Date of Birth:	Height:	Weight:
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 Blue Green Orange Pink Purple Unknown				
Scars, Marks and/or Tattoos: (please describe in detail)				
AKA's:				

Respondent Address:			
City:	County:	State:	Zip:
Respondent Vehicle Info			
License Plate:	LP State:	LP Year:	LP Type:
Vehicle ID:	Year:	Color:	

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:
<i>Protected Person Employer</i>			
Employer Name:		Address:	
City:	State:		Zip:
Protected Person Child Care Facility:		Address:	
City:	State:		Zip:

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:
<i>Protected Person Employer</i>			
Employer Name:		Address:	
City:	State:		Zip:
Protected Person Child Care Facility:		Address:	
City:	State:		Zip:

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:

Protected Person Employer

Employer Name:		Address:	
City:	State:	Zip:	
Protected Person Child Care Facility:		Address:	
City:	State:	Zip:	

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:

Protected Person Employer

Employer Name:		Address:	
City:	State:	Zip:	
Protected Person Child Care Facility:		Address:	
City:	State:	Zip:	

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:
Protected Person Employer			
Employer Name:		Address:	
City:	State:		Zip:
Protected Person Child Care Facility:		Address:	
City:	State:		Zip:

Protected Person Name:			
Sex: Male Female			
Race: White Black Asian Indian		Ethnicity: (circle one) Hispanic Non-Hispanic Unknown	Phone Number:
Date of Birth:		Social Security:	
Protected Person Address:			
City:	County:	State:	Zip:
Protected Person Employer			
Employer Name:		Address:	
City:	State:		Zip:
Protected Person Child Care Facility:		Address:	
City:	State:		Zip: