

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 UPPER CASE 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
Plate 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: _____
Drivers 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: _____

***** 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: _____ 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: _____