STATE OF TEXAS §

§

COUNTY OF **COUNTY** §

# PROTECTIVE ORDER DECLARATION

My name is **Applicant**, and I am a resident of **County** County. I am over 18 years of age, of sound mind, and capable of making this affidavit. The facts stated herein are within my personal knowledge and are true and correct. I wish to file a Protective Order on behalf of **myself and my family.** I wish to file this order against **Respondent**, resident of **County** County and Respondent in this case.

The relationship between the Respondent and myself is **RELATIONSHIP.** We **have/have not** lived together in the past from **DATE** to **DATE**. We have **0 (ZERO)** children from our relationship. I have **0 (ZERO) minor** children from a previous relationship.

Respondent has committed the following acts of violence or unwanted contact:

1. The most recent act of violence occurred on or about **DATE** at **Address, City, Texas.**
2. An act of violence occurred on or about **DATE** at **Address, City, Texas.**
3. An act of violence occurred on or about **DATE** at **Address, City, Texas.**
4. An act of violence occurred on or about **DATE** at **Address, City, Texas.**

**SUMMARY**

## SEXUAL ABUSE:

Was the Respondent sexually abusive with you? **No**

Had Respondent been drinking or using drugs? **N/A**

## ABUSE OF CHILDREN

Has the Respondent threatened or been physically abusive to your children? **No**

Had Respondent been drinking or using drugs? **N/A**

Has the Respondent threatened or been sexually abusive to your children? **No**

Had Respondent been drinking or using drugs? **N/A**

**OTHER**

Has the Respondent ever been abusive to animals? **No**

Had Respondent been drinking or using drugs? **N/A**

I, **Applicant**, fear for my safety, and want **Respondent** ordered to stay away from **me and my family.**

My name is , my date of birth is , and my

(first) (middle) (last) (date)

address is , , , ,and . I declare

(street) (city) (state) (zip code) (country)

under penalty of perjury that the foregoing is true and correct.

Executed in County, State of , on the , day of , .

(month) (year)

Declarant (sign above)