

**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.

**\*\*\* RESPONDENT INFORMATION \*\*\***

Items in **ALL UPPERCASE LETTERS** must be answered to allow entry into TCIC

**NAME OF RESPONDENT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SEX:** (circle one) M F **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**RACE:** (circle one) Black White **Ethnicity:** (circle one) Hispanic Non-Hispanic Other

**EYE COLOR:** (circle one) Black Blue Brown Gray Green Hazel Maroon Pink Multi-Colored Unknown

**HAIR COLOR:** (circle one) Black Blonde Brown Gray Red White Sandy Bald Unknown

Driver's License No: \_\_\_\_\_ Driver License State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Texas I.D. No: \_\_\_\_\_ Misc I.D. No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

*(PLEASE INCLUDE THE FOLLOWING, IF AVAILABLE **FOR THE RESPONDENT**):*

Scars, Marks and/or Tattoos: *(please describe in detail)* \_\_\_\_\_

**RELATIONSHIP TO PROTECTED PERSON:** \_\_\_\_\_

Respondent's Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

Respondent's Vehicle Information:

License Plate No: \_\_\_\_\_ LP State: \_\_\_\_\_ LP Year of Expiration: \_\_\_\_\_ LP Type: \_\_\_\_\_

Vehicle ID No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Style: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No: \_\_\_\_\_ LP State: \_\_\_\_\_ LP Year of Expiration: \_\_\_\_\_ LP Type: \_\_\_\_\_

Vehicle ID No: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Style: \_\_\_\_\_ Color: \_\_\_\_\_

\*\*\* PROTECTED PERSON INFORMATION \*\*\*

NAME OF PROTECTED PERSON: \_\_\_\_\_ SEX: (circle one) M F

RACE: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

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) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F

Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Child Care or School Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F  
Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Child Care or School Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F  
Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Child Care or School Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Protected Child: \_\_\_\_\_ SEX: (circle one) M F  
Race: (circle one) Black White Other Ethnicity: (circle one) Hispanic Non-Hispanic  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Child Care or School Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Day Care or Babysitter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_