



HOOD COUNTY ATTORNEY'S OFFICE PROTECTIVE ORDER QUESTIONNAIRE

FOR OFFICE USE ONLY	
DATE RECEIVED	
NET D #	

1. Applicant's Name:

FIRST	MIDDLE	LAST

2. Applicant's Address:

STREET	CITY	STATE	ZIP

3. Applicant's contact information:

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

4. Applicant's Identifying Information:

DATE OF BIRTH	D.L. NUMBER & STATE	RACE	ETHNICITY
<input type="checkbox"/> F <input type="checkbox"/> M SEX	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> SS#		

5. Where Applicant works:

NUMBER	STREET NAME	CITY	STATE	ZIP	PHONE

6. RESPONDENT'S Name:

FIRST	MIDDLE	LAST

7. RESPONDENT'S Address:

STREET	CITY	STATE	ZIP

8. RESPONDENT'S contact information:

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS

9. RESPONDENT'S Identifying Information:

DATE OF BIRTH	D.L. NUMBER & STATE	RACE	ETHNICITY
<input type="checkbox"/> F <input type="checkbox"/> M SEX	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> SS#		

10. RESPONDENT'S Vehicle Information:

VEHICLE I.P. #	L.P. STATE	L.P. YR. EXPIRATION	L.P. TYPE
VEHICLE I.D. #	VEHICLE YEAR	VEHICLE MODEL	VEHICLE STYLE
VEHICLE COLOR			

11. Where RESPONDENT works:

NUMBER	STREET NAME	CITY	STATE	ZIP	PHONE

12. Does the RESPONDENT have any weapons? YES (describe below) NO

13. Is the RESPONDENT on probation or parole? YES (describe below) NO

14. Have you ever applied for a Protective Order against this RESPONDENT before? YES (describe below) NO

15. Do you currently have an Emergency Protective Order (EPO) against this RESPONDENT? YES NO

16. Have criminal charges ever been filed against this RESPONDENT because of the abuse? YES (describe below) NO

17. How long have you been in a relationship with the RESPONDENT? _____ MONTHS _____ YEARS

18. Date relationship began: _____

19. If you are currently married, have either of you filed for divorce? YES (describe below) NO

(When? Where?)

20. Do you know the case number? YES _____ NO

21. I am seeking this Protective Order as a victim of the following: (Mark the applicable circumstances.)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Family Violence Assault | <input type="checkbox"/> Family Violence Threat of Assault | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Human Trafficking | |

OR, I am seeking this Protective Order on behalf of a MINOR CHILD who is the victim of: (Mark the applicable circumstances.)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Family Violence Assault | <input type="checkbox"/> Family Violence Threat of Assault | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Human Trafficking | |

22. I am seeking this Protective Order in Hood County because: (Mark all applicable circumstances)

- | | | |
|--|--|---|
| <input type="checkbox"/> I live in Hood County | <input type="checkbox"/> The Respondent lives in Hood County | <input type="checkbox"/> The threats / assault / sexual assault / human trafficking occurred in Hood County |
|--|--|---|

23. My relationship with the RESPONDENT is (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Current spouse | <input type="checkbox"/> Current dating relationship | <input type="checkbox"/> Current member of the same household |
| <input type="checkbox"/> Former (ex) spouse | <input type="checkbox"/> Former dating relationship | <input type="checkbox"/> Former member of the same household |
| <input type="checkbox"/> Parents of the same child / children | <input type="checkbox"/> OTHER (describe) | |

24. Have you ever received any kind of health care / treatment because of the abuse? (Mark all applicable circumstances.)

- | | | |
|--|---|--|
| <input type="checkbox"/> EMS / Ambulance | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Doctor's care | <input type="checkbox"/> Dental care | <input type="checkbox"/> Counseling or therapy |

25. Does the abuser know where you live? YES NO

26. Do you live with other adults at your address?

YES - (If YES, provide names below)

NO

NAME OF ADULT	DATE OF BIRTH	SEX	RACE	NAME OF ADULT	DATE OF BIRTH	SEX	RACE

27. Do you have children who live at this address?

YES - (If YES, provide names below)

NO

NAME OF CHILD	DATE OF BIRTH	SEX	RACE	SCHOOL / DAY CARE NAME & ADDRESS	GRADE

28. Has the RESPONDENT ever threatened to hurt the children?

YES (describe below)

NO

29. Have the children ever been present during the abuse?

YES (describe below)

NO

30. Is there currently any court-ordered custody of the children?

YES (describe below)

NO

(Type of order – AG, divorce)

31. If YES, what is the current visitation schedule? (describe below)

32. Do you know the case number?

YES _____

NO

33. Has CPS ever been notified of any abuse?

YES (describe below)

NO

34. Are you requesting the children be included in this PO?

YES

NO

35. If you are a female, are you currently pregnant?

YES

NO

36. Has the RESPONDENT ever abused you while you were pregnant?

YES (describe below)

NO

37. Describe the most RECENT incident of abuse / threats / stalking / violence:

Date	Place

Tell us what happened. (Were there children present? Was a weapon used? Were drugs / alcohol involved?)

38. Describe the most SERIOUS incident of abuse / threats / stalking / violence:

Date	Place

Tell us what happened. (Were there children present? Was a weapon used? Were drugs / alcohol involved?)

39. Are you aware of any other Protective Orders against this RESPONDENT? YES NO

40. Do you believe without this Protective Order, you (or the minor child) are likely to suffer more abuse / violence? YES NO

41. Do you and the RESPONDENT still live together? YES NO

42. If YES, are you asking that the RESPONDENT be excluded from the residence? YES NO

43. Have you ever been arrested for or convicted of assault? YES (describe below) NO

44. Has anyone ever gotten a Protective Order against you? YES (describe below) NO

45. Is there anything else you think we need to know about this RESPONDENT?

INCIDENT CHECKLIST

The information you provide will help our attorneys and staff better understand your situation.

Type of Abuse	Location Where Abuse Occurred	Date(s) of Incident(s)	Physical Injury, if Any	Police Contact?
Name-calling / Use of Obscenities				
Threatening/Harassing Phone Calls				
Online threats / harassment				
Threat to Injure Self				
Threat to Injure Others				
Threat by Physical or Sexual Abuse to Children				
Threat by Displaying or Pointing Weapon, or by Access to Weapon				
Threat by Cruelty to Animals				
Threat by Following				
Threat by Damage to Property				
Throwing Things				
Take phone / break or disable phone / prevent calling police				
Grabbing				
Shoving or Pushing				
Forcing Sexual Contact				
Physically Abusing Children in Household				
Sexually Abusing Children in Household				
Slapping (with an open hand)				
Punching (with a closed fist)				
Kicking				
Using Weapon				
Biting				
Choking or Strangling				
Beating				
Forcing Other to Stay in Closet, Room, Homes, or Other Locations				
Preventing Contact with Friends / Family				
 OTHER: 				

