

**CARLOS OMAR GARCIA
DISTRICT ATTORNEY
JIM WELLS COUNTY, TEXAS**



PROTECTIVE ORDER PACKET

Please read the contents carefully.
Be sure that all information given is complete.

Jim Wells Office: P.O. Drawer 3157, Alice, Texas 78333 • (361)668-5716 • Fax (361)668-9974

Revised 4/2024

Jim Wells County District Attorney's Office

For Office Use Only

ACKNOWLEDGEMENT FOR PROTECTIVE ORDER

1. **What Must Be Proven?**

There are two things our office must be able to prove to the Judge in order to get a Protective Order issued. We have to prove that: 1. You are/were in a family relationship, dating relationship, or live or previously lived with the person you seek protection from; and 2. There is a history of family violence.

2. **Who is Involved?**

You are the Applicant for a Protective Order. The State of Texas, through the Jim Wells County District Attorney's Office, reviews your application and if it is approved, files an application with the court on your behalf. The person you are seeking protection from is the Respondent.

3. **Truthful Information.**

If you give any false information on the Application, Affidavit, or other documents, or offer false testimony in court, you could be charged with a crime. Tell the truth.

4. **Protective Order Information and Intake Process.**

You must fill out the Protective Order Packet and Form completely. It is located at the District Attorney's office lobby. After it's been signed and filled out completely, turn it into the front desk clerk. A conflict check will be done. If there is a conflict with our office we may not be able to proceed. One of our advocates will call you for the Protective Order Intake Form. Once the form is completed, our Assistant District Attorney will contact you. At this time, you can ask the ADA any legal questions you may have in connection with the protective order process.

5. **Complete Application.**

If the information you have provided meets the criteria for a Protective Order, you will be called to fill out the Protective Order Application. Once it's completed, you will need to come into the office and provide your driver license or ID; review and sign the affidavit and get it notarized. We have notaries at our office. The affidavit is a questionnaire and you will need to describe the reason(s) as to why you are requesting a protective order against the Respondent. Once the documents are filed at the county clerk's office, you will be given a file-stamped copy and a court date for the hearing within 14 days. You will need to attend the hearing and testify as needed. The entire application may take up to 45 minutes to complete. If any portion of the paperwork does not apply to you or your situation, an "N/A" will be marked.

6. **Address.**

You **MUST** include an address for yourself and all other parties who are requesting protection. You must provide an address for the Respondent and/or assist us to locate the Respondent to the best of your ability. If we are unable to locate the Respondent, we will be unable to move forward with the Application for Protective Order because we are required by law to let the Respondent know an Application for Protective Order has been filed.

7. **Contact.**

If you choose to have voluntary contact with the Respondent between the time you file the Application and the Protective Order hearing, your application **may** be dismissed.

8. **Dismissal of Application.**
Once our office files the Application for Protective Order with the Court, we **will not** dismiss the Application. A hearing will be held and you will be required to attend and testify.
9. **Court has Discretion.**
There is no guarantee that the Court will issue a Protective Order upon reviewing your Application.
10. **Request for Dismissal (Vacate).**
If a Protective Order is granted, our office **will not** ask the Court to dismiss/vacate the Protective Order. You will need to retain your own counsel. Generally, Protective Orders will be in effect for two (2) years.
11. **Protective Order is a Court Order.**
Only a Judge can amend or dismiss the Protective Order. No person, including you or another person protected by the Order, may give permission to anyone to ignore or violate the terms of the Protective Order. A person who violates the Protective Order may face criminal charges.
12. **Violations of the Protective Order.**
If a Respondent violates the Protective Order, you **must** contact law enforcement. A Protective Order only works when it is enforced. If you do not contact law enforcement, the Protective Order will not protect you.
13. **Protect Yourself.**
In addition to seeking a protective order, please take any and all measures possible to protect yourself and your family. This includes **reporting** any recent or future acts of violence against your family to law enforcement.
14. **Public Information.**
The information in this Application and any text messages, photographs, recordings, or records of any kind that are provided to the Jim Wells County District Attorney's Office may be used in open court. None of the information disclosed to this office can be kept secret for any purpose.
15. **Records will not be returned.**
Records provided to the Jim Wells County District Attorney's Office including but not limited to copies of text messages, photographs, or recordings, with applications will not be returned. Please keep copies for yourself.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO EACH OF THE TERMS AND CONDITIONS ABOVE AND WOULD LIKE THE JIM WELLS COUNTY DISTRICT ATTORNEY'S OFFICE TO REVIEW MY REQUEST FOR APPLICATION FOR PROTECTIVE ORDER AND, IF IT MEETS THE CRITERIA, TO FILE AN APPLICATION IN THE COUNTY COURT ON MY BEHALF.

Printed Name

Signature

Date

If you have any questions about this Packet,
please contact the **Protective Order Clerk** at **(361) 668-5716**



Protective Order Initial Information

For Office Use Only

Date: _____

Time: _____ am / pm

Applicant (Person requesting protection)

Name: _____	Date of Birth: _____
Circle One Male / Female / Prefer not to say	Ethnicity: White / Hispanic / Other: _____
Address: _____	Phone Number: _____
City, ST, Zip _____	Alternate Number: _____
Driver License: _____	Soc. Sec. Number: _____
Email: _____	

Respondent (The person who you want protection from)

Name: _____	Date of Birth: _____
Circle One Male / Female / Prefer not to say	Ethnicity: White / Hispanic / Other: _____
Address: _____	Phone Number: _____
City, ST, Zip _____	Alternate Number: _____
Driver License: _____	Soc. Sec. Number: _____
Respondent's relation to Applicant: _____	

Please return all documents to receptionist when completed