



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	SS#		

5. Where Applicant works:

NUMBER	STREET NAME	CITY	STATE	ZIP	PHONE

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

- Family Violence Assault
- Family Violence Threat of Assault
- Stalking
- Sexual Assault
- Human Trafficking

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

- Family Violence Assault
- Family Violence Threat of Assault
- Stalking
- Sexual Assault
- Human Trafficking

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

- I live in Hood County
- The Respondent lives in Hood County
- The threats / assault / sexual assault / human trafficking occurred in Hood County

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

- Current spouse
- Current dating relationship
- Current member of the same household
- Former (ex) spouse
- Former dating relationship
- Former member of the same household
- Parents of the same child / children
- OTHER (describe)

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

- EMS / Ambulance
- Emergency Room
- Hospitalization
- Doctor's care
- Dental care
- Counseling or therapy

10. Does the abuser know where you live?

- YES
- NO

11. 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

12. 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

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

YES (describe below)

NO

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

YES (describe below)

NO

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

YES (describe below)

NO

(Type of order – AG, divorce)

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

17. Do you know the case number?

YES _____

NO

18. Has CPS ever been notified of any abuse?

YES (describe below)

NO

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

YES

NO

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

YES

NO

21. 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 40. Do you believe without this Protective Order, you (or the minor child) are likely to suffer more abuse / violence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 41. Do you and the RESPONDENT still live together? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 42. If YES, are you asking that the RESPONDENT be excluded from the residence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 43. Have you ever been arrested for or convicted of assault? | <input type="checkbox"/> YES (describe below) | <input type="checkbox"/> NO |

- | | | |
|---|---|-----------------------------|
| 44. Has anyone ever gotten a Protective Order against you? | <input type="checkbox"/> YES (describe below) | <input type="checkbox"/> 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: 				