

**Cameron County Family Violence Task Force**  
Application for Magistrate's Order for Emergency Protection

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**To be completed by Officer:**

Arrested Person Name: \_\_\_\_\_ Race/Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ DL/ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_  
Distinguishing Marks/Tattoos: \_\_\_\_\_

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**To be completed by Applicant**, who is  the victim,  the guardian of the victim,  a peace officer

Victim Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**I ask an Emergency Protective Order be issued that will prohibit the Arrested Person named above during the next 31-61 days from:**  
(check all that apply)

- Committing Family Violence**
- Communicating directly with the victim and/or other persons named in the Application in a threatening or harassing manner**
- Communicating a threat through any person to the victim and/or other persons named in this application; and/or**
- Going to or near the residence, place of employment or business of the victim or a member of the victim's family or household, or near a child care facility/school where a child of the victim attends as listed and described below.**

**Persons to be protected:** *(the reasons for believing each person needs protection must be given on back of form. Only persons who are covered in the definition of family or household can be protected by an Emergency Protective Order).*

Name	Race/Sex	DOB	Relationship to Victim
(Victim)			
_____			
(other family/household members to be protected)			
_____			
_____			
_____			
_____			
_____			

**Residences to be protected:**

Street Address	City	Zip
_____	_____	_____
_____	_____	_____

**Place of Employment or Businesses to be protected:**

Name of Business	Street Address	City	Zip
_____	_____	_____	_____
_____	_____	_____	_____

**Child Care Facility or Schools to be protected:** *(must give address)*

Name of Child Care Facility or School	Street Address	City	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Above Addresses should be kept confidential for safety of the persons named

