

FAMILY VIOLENCE REPORT

INCIDENT DATE MM / DD / YY	AGENCY IDENTIFIER	COUNTY CODE	INCIDENT NUMBER
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VICTIM	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON HISPANIC	NUMBER OF VICTIM(S) (If more than 1 use additional forms)
OFFENDER	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER	ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON HISPANIC	NUMBER OF OFFENDERS(S) (If more than 1 use additional forms)

RELATIONSHIP (VICTIM TO OFFENDER)	(✓)	DATA ENTRY
VICTIM WAS SPOUSE		1
VICTIM WAS COMMON-LAW SPOUSE		2
VICTIM WAS PARENT		3
VICTIM WAS SIBLING		4
VICTIM WAS CHILD		5
VICTIM WAS GRANDPARENT		6
VICTIM WAS GRANDCHILD		7
VICTIM WAS IN-LAW		8
VICTIM WAS STEPPARENT		9
VICTIM WAS STEPCHILD		10
VICTIM WAS STEPSIBLING		11
VICTIM WAS OTHER FAMILY MEMBER		12
VICTIM WAS ROOMMATE		13
VICTIM WAS FOSTER PARENT		14
VICTIM WAS FOSTER CHILD		15
VICTIM WAS EX SPOUSE		16

INJURY	(✓)	DATA ENTRY
NONE		1
APPARENT BROKEN BONES		2
POSSIBLE INTERNAL INJURY		3
SEVERE LACERATION		4
APPARENT MINOR INJURY		5
OTHER MAJOR INJURY		6
LOSS OF TEETH		7
UNCONSCIOUSNESS		8

WEAPONS	(✓)	DATA ENTRY
NONE		1
FIREARM (type not stated)		2
HANDGUN		3
RIFLE		4
SHOTGUN		5
OTHER FIREARM		6
KNIFE/CUTTING INSTRUMENT		7
BLUNT OBJECT (club, baseball bat, pan, etc.)		8
MOTOR VEHICLE		9
PERSONAL WEAPONS (hands, feet, fist, teeth, etc.)		10
POISON		11
EXPLOSIVES		12
FIRE/INCENDIARY DEVICE		13
DRUGS/NARCOTICS/SLEEPING PILLS		14
OTHER (SPECIFY)		15
UNKNOWN		16

OFFENSES	(✓)	DATA ENTRY
ASSAULT OFFENSES		
AGGRAVATED ASSAULT		1
SIMPLE ASSAULT		2
INTIMIDATION		3
HOMICIDE OFFENSES		
MURDER & NON-NEGLIGENT MANSLAUGHTER		1
NEGLIGENT MANSLAUGHTER		2
JUSTIFIABLE HOMICIDE		3
KIDNAPPING/ABDUCTION		
		1
ROBBERY		
		1
SEX OFFENSES		
RAPE		1
SODOMY		2
SEX ASSAULT WITH AN OBJECT		3
FONDLING		4
INCEST		5
STATUTORY RAPE		6

WERE THERE ANY OFFICERS ASSAULTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY? _____
--

AGENCY _____

PREPARED BY (INITIALS) _____

RETURN TO:

TEXAS DEPARTMENT OF PUBLIC SAFETY
 UNIFORM CRIME REPORTING
 P.O. BOX 4143
 AUSTIN, TEXAS 78765-4143

TARRANT COUNTY FAMILY VIOLENCE PACKET

Relationship of Victim/Suspect

- Spouse
- Former Spouse
- Dating
- Former Dating
- Siblings
- Parents of Same Child
- Parent / Child
- Roommate / Household
- Other _____

Are you pregnant? Y/N

If yes, # of weeks _____

Is the suspect aware? Y/N

Length of Relationship:
 _____ years _____ months

Emergency Protective Order

- Victim Requested/Declined
- EPO Mandatory

Strangulation Evaluation:

- Dizziness
- Loss of consciousness
- Marks on neck
 - Redness
 - Bruising
 - Scratches
 - Ligature marks
 - Finger impressions
- Pain / Tenderness to neck
- Red eyes / Petechiae
- Breathing changes:
 - Difficulty breathing
 - Inability to breathe
- Voice changes
- Loss of control over bodily functions: Urination / Defecation
- Tinnitus (Ringing in ears)
- Nausea / Vomiting
- Hyperventilation
- Headache
- Spasms
- Loss of feeling in extremities
- Loss of memory
- Swelling in throat or tongue
- Coughing
- Bleeding from mouth, lip or tongue

See Strangulation Supplement

DANGER/LETHALITY ASSESSMENT - Ask the victim every question. Check if "yes" to any questions below, regarding this incident or past incidences.

- _____ 1. Has the physical violence increased in severity or frequency over the past year?
- _____ 2. Does the suspect own a gun?
- _____ 3. Have you left the suspect after living together during the past year?
- _____ 4. Is the suspect unemployed?
- _____ 5. Has the suspect ever used a weapon against you or threatened you with a weapon? (If yes, was the weapon a gun? check here: _____)
- _____ 6. Does the suspect threaten to kill you?
- _____ 7. Has the suspect avoided being arrested for domestic violence?
- _____ 8. Do you have a child that is not the suspect's?
- _____ 9. Has the suspect ever forced you to have sex when you did not wish to do so?
- _____ 10. Does the suspect ever try to choke/strangle you or cut off your breathing?
 - _____ 10.a. If yes, has the suspect done it more than once, or did it make you pass out or black out or make you dizzy?
- _____ 11. Does the suspect use illegal drugs?
- _____ 12. Is the suspect an alcoholic or problem drinker?
- _____ 13. Does the suspect control most or all of your daily activities?
- _____ 14. Is the suspect violently and constantly jealous of you?
- _____ 15. Have you ever been beaten by the suspect while you were pregnant?
- _____ 16. Has the suspect ever threatened or tried to commit suicide?
- _____ 17. Does the suspect threaten to harm your children?
- _____ 18. Do you believe the suspect is capable of killing you?
- _____ 19. Does the suspect follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- _____ 20. Have you ever threatened or tried to commit suicide? YES/NO

(source: Dr. Jackie Campbell, Danger Assessment, 2019)

Description of Incident:

- Pushing or Shoving
- Grabbing
- Striking (Punching or Slapping) Strangling
- Scratching
- Biting
- Kicking
- Cutting / Stabbing
- Restraining
- Sexual Assault
- Property Destruction
- Stalking
- Harassment
- Threat
- Offensive Contact
- Shooting Injury
- Non-Injury
- Other: _____

Weapons:

Did the suspect use or display a weapon? Yes/No/Unknown

Did the Vic use or display a weapon? Yes/No/Unknown

Type: _____ Type: _____

Weapon Seized?

- Yes
- No
- N/A

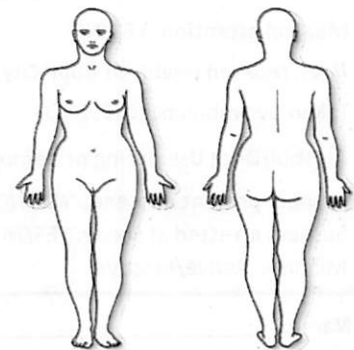
Weapon Seized?

- Yes
- No
- N/A

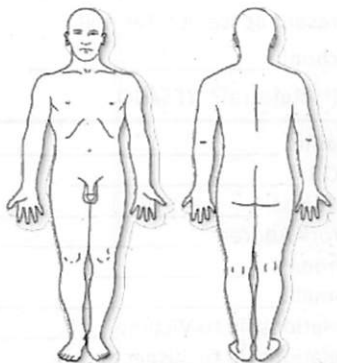
Does the suspect have access to a gun?

Yes / No

Victim / Suspect:



Victim / Suspect:



Has the Suspect hurt the victim before? YES / NO

Describe the prior incident (Include Police Agency if applicable): _____

VICTIM	Victim Name: _____ DOB: _____ Home #: _____ Cell #: _____ Home Address: _____ Is offense location a licensed foster home? . Yes No Employer Name: _____ Work #: _____ Email: _____ Address: _____ Emergency Contact: _____ Emergency Contact Phone Number: _____ Medical attention: YES/NO If yes, received treatment from: City medics, Medstar, AMR, Other _____ Taken by ambulance: YES/NO Destination: _____ Alcohol/Drug Use during or before incident: YES/NO Military: Active / Inactive Branch: _____		Demeanor of Victim: <input type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Apologetic <input type="checkbox"/> Combative <input type="checkbox"/> Crying <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Fearful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Agitated _____ <input type="checkbox"/> Calm _____	
			Visible Injuries: YES / NO Photos/Video of Victim taken? YES / NO Written Statement? YES / NO Does the Suspect Control: <input type="checkbox"/> Finances <input type="checkbox"/> Parenting <input type="checkbox"/> Schedule <input type="checkbox"/> Employment <input type="checkbox"/> Communication (Social/Family/Other) <input type="checkbox"/> Transportation	
SUSPECT	Suspect Name: _____ DOB: _____ Home #: _____ Cell #: _____ Home Address: _____ Employer Name: _____ Work #: _____ Email Address: _____ Medical attention: YES/NO If yes, received treatment from: City medics, Medstar, AMR, Other _____ Taken by ambulance: YES/NO Destination: _____ Alcohol/Drug Use during or before incident: YES/NO Suspect present at scene: YES/NO Suspect arrested at scene: YES/NO Military: Active/Inactive Branch: _____		Demeanor of Suspect: <input type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Apologetic <input type="checkbox"/> Combative <input type="checkbox"/> Crying <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Fearful <input type="checkbox"/> Other: _____ <input type="checkbox"/> Agitated _____ <input type="checkbox"/> Calm _____	
			Visible Injuries: YES/NO Photos of the Suspect taken: YES/NO Written Statement: YES/NO Surveillance of Incident: YES/NO (Ring, Security Camera, Prior recordings, etc) Obtained: YES/NO CPS Referral made: YES/NO Referral # _____ *CRIMINAL HISTORY? YES/NO	
CHILDREN	Name: _____ DOB: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Present at scene? Yes / NO School: _____ CPS Referral? YES/NO	Name: _____ DOB: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Present at scene? Yes / NO School: _____ CPS Referral? YES/NO	Name: _____ DOB: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Present at scene? Yes / NO School: _____ CPS Referral? YES/NO	
	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	
	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	Name: _____ DOB: _____ Address: _____ Work Address: _____ Phone # _____ E-mail: _____ Relationship to Victim: _____ Relationship to Suspect: _____ Written Statement? YES / NO	

Has the victim ever made outcries to anyone about the abuse? YES/NO

If yes, Who? (Name/Phone #) _____

Tarrant County Danger/Lethality Assessment - Spanish (IPV ONLY)

EVALUACIÓN DE RIESGO (PELIGRO) Existen varios factores de riesgo que se asocian a una mayor probabilidad de homicidios (asesinatos) de mujeres y hombres en relaciones violentas. No se puede predecir qué ocurrirá en su caso, no obstante, queremos que usted tenga información sobre los riesgos de homicidio en situaciones donde hay abuso, y que determine cuáles y cuántos de los factores de riesgo se aplican a su situación.

Conteste Sí o No a cada una de las siguientes preguntas. “Él” se refiere a su marido, esposo, compañero, pareja, ex marido, ex esposo, ex compañero, ex pareja o a cualquier persona que le está maltratando de forma física.

- 1. ¿Ha aumentado la severidad o frecuencia de la violencia física durante el último año?
- 2. ¿Él es dueño de una pistola o revólver?
- 3. ¿Lo ha dejado después de vivir juntos durante el año pasado?
- 4. ¿Él está desempleado, sin trabajo?
- 5. ¿Alguna vez ha usado un arma contra usted o la ha amenazado con un arma letal? (Si es así, ¿ha sido con un revólver (pistola)? Marque aquí).
- 6. ¿Alguna vez él la ha amenazado con matarla?
- 7. ¿En alguna ocasión él ha evitado ser arrestado por violencia doméstica?
- 8. ¿Usted tiene algún hijo/hija que no sea de él?
- 9. ¿Alguna vez él le ha forzado a tener relaciones sexuales cuando usted no quería hacerlo?
- 10. ¿Alguna vez él ha intentado asfixiarla/estrangularla o cortar la respiración?
 10a. (Si es así, ¿él lo ha hecho más de una vez o causado que usted se desmayara o perdiera el conocimiento o se mareara?)
- 11. ¿Él consume drogas ilegales? Por ejemplo estimulantes, anfetaminas, cristal, metanfetamina, polvo de ángel, cocaína, crack o piedra, drogas ilícitas de la calle o mezclas de distintos tipos.
- 12. ¿Es alcohólico o tiene problemas con el alcohol?
- 13. ¿Controla la mayor parte de sus actividades cotidianas? Por ejemplo, ¿él le dice a usted con quién puede establecer una relación de amistad, cuándo puede reunirse con su familia, cuánto dinero puede gastar o cuándo puede hacer uso del vehículo?
- 14. ¿El es violentamente o constantemente celoso de usted? (Por ejemplo, él dice: “Si yo no te puedo tener, nadie podrá”).
- 15. ¿Alguna vez él la ha golpeado a usted, estando embarazada?
- 16. ¿Alguna vez él ha amenazado o ha intentado suicidarse?
- 17. ¿Alguna vez él la ha amenazado con hacerle daño a sus niños/as?
- 18. ¿Cree usted que es capaz de matarla?
- 19. ¿La sigue o espía, deja notas o mensajes amenazantes, rompe/destruye cosas que le pertenecen o la llama cuando usted no quiere?
- 20. ¿Alguna vez ha amenazado o intentado suicidarse?

Total de respuestas “Sí”.

Tarrant County - STRANGULATION SUPPLEMENT
TO BE COMPLETED IN ADDITION TO THE TARRANT COUNTY FAMILY VIOLENCE PACKET

CASE # _____ DATE OF ASSAULT ____/____/____ TODAY'S DATE ____/____/____

VICTIM LAST NAME: _____ FIRST NAME: _____ RACE: ____ SEX: ____ DOB: ____/____/____

DESCRIPTION OF INCIDENT

- ◆ Method and/or Manner (How was Victim Strangled?) One Hand - R One Hand - L Two Hands Forearm Knee/Foot
Chokehold Other (explain): _____
- ◆ Is the Suspect right or left handed? Right Handed Left Handed
- ◆ Estimate duration of strangulation: _____ Minute(s) _____ Second(s) Multiple times? Yes, # of times: _____ No
- ◆ Estimate Pressure Used: 1 2 3 4 5 6 7 8 9 10 (1 = Light Pressure – 10 = Extremely Strong Pressure)
- ◆ Suffocated? Yes No Duration: _____ Minute(s) _____ Second(s) What was used? _____
- ◆ What did the victim say during strangulation/suffocation? _____
- ◆ What did the suspect say during strangulation/suffocation? _____
- ◆ Describe the suspect's demeanor during the strangulation/suffocation: _____
- ◆ Describe how the suspect's face looked during the strangulation/suffocation: _____
- ◆ Was the victim simultaneously shaken during the strangulation? Yes No Hit head against a surface? Yes No
- ◆ What made the suspect stop the strangulation/suffocation? _____
- ◆ Did the victim attempt to physically stop the strangulation/suffocation? Yes No Describe: _____
- _____
- ◆ What did the victim think was going to happen during the strangulation/suffocation? _____
- ◆ Estimate level of fear: 1 2 3 4 5 6 7 8 9 10 (1 = Low-10 = High) _____
- ◆ Is the victim pregnant? Yes, # of weeks: _____ No Is the suspect aware of pregnancy? Yes No
- ◆ Has the suspect strangled/suffocated the victim before? Yes No When _____ Report # _____

VICTIM'S SYMPTOMS

SYMPTOMS	DURING	AFTER	VOICE CHANGES	SWALLOWING CHANGES
Unable to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unable to speak	<input type="checkbox"/> Painful swallowing
Difficult to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Painful to speak	<input type="checkbox"/> Trouble swallowing
Rapid breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Raspy / Hoarse voice	<input type="checkbox"/> Neck pain
Shallow breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coughing	<input type="checkbox"/> Neck tenderness
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whispering	<input type="checkbox"/> Swollen tongue / lips / drooling
Vomiting / Dry heaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Physical pain	<input type="checkbox"/>	<input type="checkbox"/>	Explain Other: _____ _____ _____ _____ _____ _____	
Nausea	<input type="checkbox"/>	<input type="checkbox"/>		
Headache	<input type="checkbox"/>	<input type="checkbox"/>		
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>		
Feeling faint	<input type="checkbox"/>	<input type="checkbox"/>		
Disoriented	<input type="checkbox"/>	<input type="checkbox"/>		
Spasms / Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		

- ◆ Loss of consciousness? Yes No Victim not sure Unexplained Injury? Describe: _____
- ◆ Tinnitus (ringing in ears)? Yes No Other change/loss of hearing? Describe: _____
- ◆ Blurred vision? Yes No Other change/loss of vision? Describe: _____
- ◆ Loss of feeling in extremities? Yes No Other change in feeling? Describe: _____
- ◆ Loss of memory? Yes No Other change in cognition? Describe: _____
- ◆ Did the victim... Urinate Defecate Feel the urge to do one or both
- ◆ How did the victim's body/head feel during and/or after the strangulation/suffocation? _____

VISIBLE OBSERVATIONS / SIGNS OF INJURY

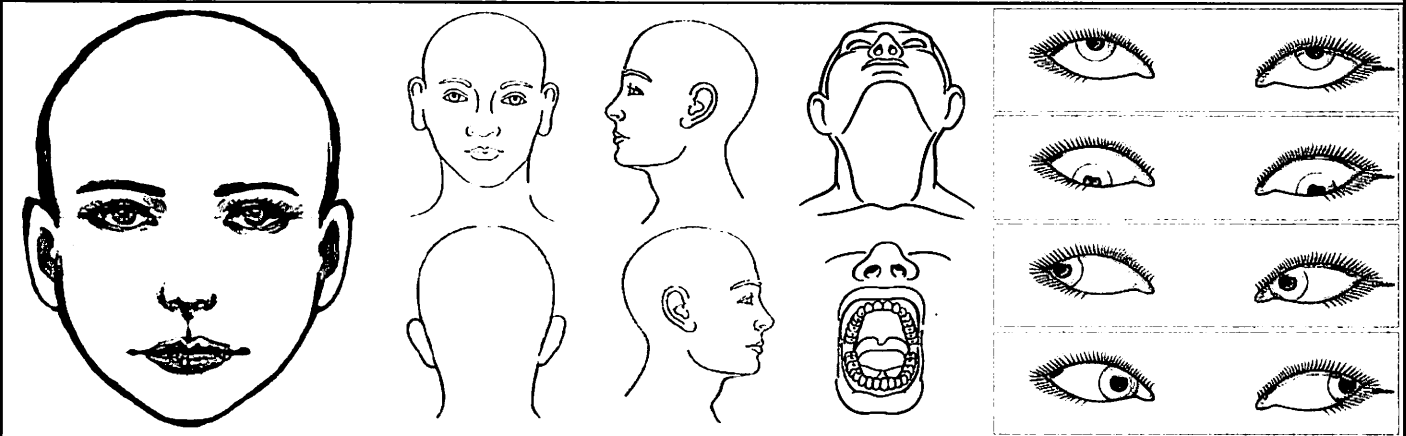
<p>HEAD</p> <input type="checkbox"/> Petechiae on scalp or head <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Pulled / Missing hair <input type="checkbox"/> Other: _____	<p>NECK</p> <input type="checkbox"/> Petechiae <input type="checkbox"/> Lacerations <input type="checkbox"/> Ligature marks <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Finger marks <input type="checkbox"/> Bruises <input type="checkbox"/> Redness <input type="checkbox"/> Other: _____
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<p>FACE</p> <input type="checkbox"/> Petechiae <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Bruises <input type="checkbox"/> Red or flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Other: _____	<p>EYES and EYELIDS</p> <input type="checkbox"/> Petechiae to Right eyelid <input type="checkbox"/> Petechiae to Right eye <input type="checkbox"/> Blood to Right eyeball <input type="checkbox"/> Petechiae to Left eyelid <input type="checkbox"/> Petechiae to Left eye <input type="checkbox"/> Blood to Left eyeball <input type="checkbox"/> Black eye(s) <input type="checkbox"/> Other: _____	<p>NOSE</p> <input type="checkbox"/> Petechiae <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Bruises <input type="checkbox"/> Nosebleed <input type="checkbox"/> Possible broken nose <input type="checkbox"/> Other: _____	<p>EARS</p> <input type="checkbox"/> Petechiae on/behind R ear <input type="checkbox"/> Bleeding from Right ear <input type="checkbox"/> Petechiae on/behind L ear <input type="checkbox"/> Bleeding from Left ear <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Bruises / Discoloration <input type="checkbox"/> Other: _____
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<p>MOUTH</p> <input type="checkbox"/> Petechiae to roof of mouth <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Bruises <input type="checkbox"/> Swollen lips <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Other: _____	<p>UNDER CHIN</p> <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Finger marks <input type="checkbox"/> Bruises <input type="checkbox"/> Redness <input type="checkbox"/> Other: _____	<p>SHOULDERS</p> <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Finger marks <input type="checkbox"/> Bruises <input type="checkbox"/> Redness <input type="checkbox"/> Other: _____	<p>CHEST</p> <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches / Abrasions <input type="checkbox"/> Bumps / Swelling <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Finger marks <input type="checkbox"/> Bruises <input type="checkbox"/> Redness <input type="checkbox"/> Other: _____
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*****PLEASE TAKE PHOTOGRAPHS*****

Diagram all injuries observed to the Victim's head, face, and neck



EVIDENCE CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> If strangled/suffocated with object(s), photograph and collect for evidence. | <input type="checkbox"/> Document in the Offense Report where the object(s) were found. |
| <input type="checkbox"/> If jewelry was worn by either party, photograph and look for patterns of injury. | <input type="checkbox"/> When possible, photograph the suspect's hands, arms, face, chest, etc. |
| <input type="checkbox"/> If victim defecated/urinated/vomited, photograph and note in report. | <input type="checkbox"/> Notify CID Sergeant or CVL if assistance is needed. |
| <input type="checkbox"/> Advise victim of future symptoms (headaches, throat pain, etc.) and that she/he should not be alone for the next 24hrs. | |

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

Name of Patient: _____ Date(s) of Service: _____

Date of Birth: _____ Social Security Number: _____

I, the undersigned, authorize _____ the release of or request access to the
Name of Hospital
 information specified below from the medical record(s) of the above-named patient.

PATIENT INFORMATION IS NEEDED FOR:

- | | | | |
|--|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Continuing Medical Care | <input type="checkbox"/> Insurance | <input checked="" type="checkbox"/> Legal Purposes | <input type="checkbox"/> Military |
| <input type="checkbox"/> Personal Use | <input type="checkbox"/> School | <input type="checkbox"/> Social Security/Disability | |
| <input type="checkbox"/> Other: _____ | | | |

INFORMATION TO BE RELEASED OR ACCESSED:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> History & Physical | <input checked="" type="checkbox"/> Operative Reports | <input checked="" type="checkbox"/> Lab/Pathology Reports |
| <input checked="" type="checkbox"/> Consultation Report | <input checked="" type="checkbox"/> Discharge/Death Summary | <input checked="" type="checkbox"/> X-ray Reports/Images |
| <input checked="" type="checkbox"/> Emergency Room Record | <input checked="" type="checkbox"/> Face Sheet | |
| <input checked="" type="checkbox"/> Other: <u>Any other reports related to the dates of treatment</u> | | |

The above information may be released to (specify name or title of individual or the name of the organization to which records are to be released and the appropriate address):

Tarrant County Sheriff's Office, Criminal Investigation Division 817/884-1305
(Doctor, Hospital, Attorney, Insurance Company, Self, etc.) Phone Number

200 Taylor Street, Fort Worth, Texas 76102
Address (Street, City, State, Zip Code)

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected. I understand that the specified information to be released may include, but is not limited to: history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

I understand that treatment or payment cannot be conditioned on my signing this authorization, except in certain circumstances such as for participation in research programs, or authorization of the release of testing results for preemployment purposes. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization. I understand I may be charged a retrieval/processing fee and for copies of my medical records according to Texas Hospital Licensing law.

This authorization will expire One Hundred Eighty (180) days from the date of my signature unless I revoke the authorization prior to that time or unless otherwise specified by date, event, or condition as follows:

Date _____

Signature: _____
Patient or Legally Authorized Representative.

Printed Name of Patient or Legally Authorized Representative

For departmental use: MRN/Acct#

Relationship to Patient

AUTORIZACIÓN PARA LIBERACIÓN DE INFORMACIÓN DEL PACIENTE

Nombre del Paciente: _____ Fecha(s) del Servicio: _____

Fecha de Nacimiento: _____ Numero de Seguro Social : _____

Yo, el que firma abajo, autorizo la liberación o solicito acceso a la información que se indica a continuación del expediente(s) médico del paciente nombrado arriba.

LA INFORMACIÓN DEL PACIENTE SE NECESITA PARA:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Continuación de Cuidados Medicos | <input type="checkbox"/> Seguro | <input checked="" type="checkbox"/> Proposito Legal |
| <input type="checkbox"/> Militar | <input type="checkbox"/> Uso Personal | <input type="checkbox"/> Colegio |
| <input type="checkbox"/> Seguro Social/ Incapacidad | | |
| <input type="checkbox"/> Otro: _____ | | |

INFORMACION A SER LIBERADA O DAR ACCESO:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Historia y Fisico | <input checked="" type="checkbox"/> Reporte de Consulta | <input checked="" type="checkbox"/> Record de Sala de Emergencia |
| <input checked="" type="checkbox"/> Reported Quirúrgicos | <input checked="" type="checkbox"/> Dada de Alta/ Fallecimiento | <input checked="" type="checkbox"/> Face Sheet |
| <input checked="" type="checkbox"/> Otro _____ | <input checked="" type="checkbox"/> Reportes Rayos X/ Imágenes | <input checked="" type="checkbox"/> Reportes de Laboratorio/Patologia |

La información indicada arriba puede ser liberada a (indique nombre o titulo del individuo o el nombre de la organización a quien se liberaran los expedients y la dirección apropiada):

Tarrant County Sheriff's Office, Criminal Investigation Division 817/884-1305
(Doctor, Hospital, Abogado, Compañía de Seguros, Usted, etc.) Numero de Telefono

200 Taylor Street, Fort Worth, Texas 76102
 Dirección (Calle, Ciudad, Estado, Código Postal)

Entiendo que mis expedients son confidenciales y no pueden ser divulgados sin mi autorización por escrito, excepto cuando de otra manera sea permitido por ley. La información usada o divulgada por esta autorización puede estar sujeto a divulgación otra vez por el que la recibe y no quedar protegida. Entiendo que la información indicada a ser liberada puede incluir pero no se limita a : historial, diagnósticos y/o tratamiento de abuso de drogas o alcohol, enfermedad mental o enfermedad contagiosa, incluyendo el Virus de Inmunodeficiencia Humana (VIH) y el Síndrome de Inmunodeficiencia Adquirida (SIDA).

Entiendo que puedo revocar esta autorización por escrito en cualquier momento excepto al alcance de lo que ya se haya llevado a cabo en base a esta autorización. Entiendo que se puede cobrar un cargo de búsqueda/ procesameinto y por copias de me expediente médico de acuerdo a la Ley de Certificacion de Hospitales de Texas.

Esta autorización se vencerá ciento ochenta días de la fecha de me firma a no ser que revoque la autorización antes de ese tiempo o a no ser que se indique de otra manera por fecha, evento o condición come se indica aquí:

Fecha _____

Firma: _____
 Paciente o Representante Legalmente Autorizando

 Nombre en letra de moido de paciente o representante
 Legalmente Autorizando

 Para el uso del departamento

 Relacion con el paciente

CASE NUMBER _____

STATE OF TEXAS

§

MAGISTRATE COURT,

VS.

§

TARRANT COUNTY, TEXAS

§

LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX/ DOB

REQUEST FOR MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION

On the _____ day of _____, 20____ the undersigned Applicant filed this application requesting that this Court issue a Magistrate's Emergency Protective Order for the benefit and protection of the following named persons:

1. _____ DOB _____ RELATIONSHIP TO DEFENDANT _____
LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX
2. _____ DOB _____
LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX
3. _____ DOB _____
LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX
4. _____ DOB _____
LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX

Applicant alleges that _____, DEFENDANT, has
LAST NAME, FIRST NAME, MIDDLE NAME/ RACE/SEX/ DOB

committed family violence or an offense under 20A.02, 20A.03, 22.011, 22.021, or 42.072(b) of the Texas Penal Code against the person(s) named above. Applicant asks the Court to grant protection by prohibiting DEFENDANT from:

Going within 500 feet of the residence of a person protected by this Order located at _____
STREET
_____, Texas _____ OR
CITY COUNTY ZIP CODE

Going within 500 feet of _____ (place of business) of a person protected by this Order located
at _____, Texas _____ OR
STREET CITY COUNTY ZIP CODE

Going within 500 feet of _____ (child care facility) of a person protected by this Order
located at _____, Texas _____ OR
STREET CITY COUNTY ZIP CODE

Going within 500 feet of _____ of a person protected by this Order located at
_____, Texas _____ OR
STREET CITY COUNTY ZIP CODE

APPLICANT ASKS THE COURT FOR ALL PURPOSES, TO KEEP CONFIDENTIAL THE ADDRESSES OF ANY VICTIM LISTED IN THIS APPLICATION OR OTHERWISE DISCLOSED IN THE COURSE OF HEARING THIS MATTER.

APPLICANT BELIEVES GOOD CAUSE EXISTS TO PROHIBIT COMMUNICATING IN ANY MANNER WITH THE PERSON/FAMILY OR HOUSEHOLD PROTECTED UNDER THIS ORDER, EXCEPT THROUGH THE PARTY'S ATTORNEY OR A PERSON APPOINTED BY THE COURT.

Applicant Signature _____

Applicant (Print Name): _____

Date: _____

CASE NUMBER _____

"IF CONFIDENTIALITY IS REQUESTED, USE THE FOLLOWING:

"ANY RESIDENCE IN TARRANT COUNTY OF (PROTECTED PERSON'S NAME OR NAME OF CHILDREN)" OR "ANY PLACE OF EMPLOYMENT OR BUSINESS IN TARRANT COUNTY OF (PROTECTED PERSON'S NAME)" OR "ANY CHILD CARE FACILITY/SCHOOL IN TARRANT COUNTY OF (CHILDREN'S NAMES)."

THE TERM "FAMILY VIOLENCE" MEANS AN ACT BY A MEMBER OF A FAMILY OR HOUSEHOLD AGAINST ANOTHER MEMBER OF THE FAMILY OR HOUSEHOLD, THAT IS INTENDED TO RESULT IN PHYSICAL HARM, BODILY INJURY, ASSAULT OR SEXUAL ASSAULT, BUT DOES NOT INCLUDE DEFENSIVE MEASURES TO PROTECT ONESELF.

THE TERM "ABUSE" MEANS THE FOLLOWING ACTS OR OMISSIONS BY A PERSON: PHYSICAL INJURY THAT RESULTS IN SUBSTANTIAL HARM TO THE CHILD, OR THE GENUINE THREAT OF SUBSTANTIAL HARM FROM PHYSICAL INJURY TO THE CHILD, INCLUDING AN INJURY THAT IS AT VARIANCE WITH THE HISTORY OR EXPLANATION GIVEN AND EXCLUDING AN ACCIDENT OR REASONABLE DISCIPLINE BY A PARENT GUARDIAN OR MANAGING OR POSSESSORY CONSERVATOR THAT DOES NOT EXPOSE THE CHILD TO A SUBSTANTIAL RISK OF HARM: SEXUAL CONDUCT HARMFUL TO A CHILD'S MENTAL, EMOTIONAL OR PHYSICAL WELFARE, FAILURE TO MAKE A REASONABLE EFFORT TO PREVENT SEXUAL CONDUCT HARMFUL TO A CHILD; OR COMPELLING OR ENCOURAGING THE CHILD TO ENGAGE IN SEXUAL CONDUCT AS DEFINED BY SECTION 43.01, TEXAS PENAL CODE; OR CAUSING, PERMITTING, ENCOURAGING, ENGAGING OR ALLOWING THE PHOTOGRAPHING, FILMING, OR DEPICTING OF THE CHILD IF THE PERSON KNEW OR SHOULD HAVE KNOWN THE RESULT IS OBSCENE AS DEFINED BY SECTION 43.21, TEXAS PENAL CODE, OR PORNOGRAPHIC.

THE TERM "FAMILY" INCLUDES INDIVIDUALS RELATED BY CONSANGUINITY OR AFFINITY, INCLUDING INDIVIDUALS WHO ARE FORMER SPOUSES OF EACH OTHER, INDIVIDUALS WHO ARE THE BIOLOGICAL PARENTS OF THE SAME CHILD WITHOUT REGARD TO MARRIAGE AND A FOSTER CHILD AND FOSTER PARENT WITHOUT REGARD TO WHETHER THOSE INDIVIDUALS RESIDE TOGETHER. TWO INDIVIDUALS ARE RELATED TO EACH OTHER BY CONSANGUINITY IF ONE IS A DESCENDANT OF THE OTHER; OR THEY SHARE A COMMON ANCESTOR. AN ADOPTED CHILD IS CONSIDERED TO BE A CHILD OF THE ADOPTIVE PARENT FOR THIS PURPOSE. TWO INDIVIDUALS ARE RELATED TO EACH OTHER BY AFFINITY IF THEY ARE MARRIED TO EACH OTHER; OR THE SPOUSE OF ONE OF THE INDIVIDUALS IS RELATED BY CONSANGUINITY TO THE OTHER INDIVIDUAL. THE ENDING OF A MARRIAGE BY DIVORCE OR THE DEATH OF A SPOUSE ENDS RELATIONSHIPS BY AFFINITY CREATED BY THAT MARRIAGE UNLESS A CHILD OF THAT MARRIAGE IS LIVING IN WHICH CASE THE MARRIAGE IS CONSIDERED TO CONTINUE AS LONG AS A CHILD OF THAT MARRIAGE LIVES.

THE TERM "HOUSEHOLD" MEANS A UNITY COMPOSED OF PERSONS LIVING TOGETHER IN THE SAME DWELLING, WITHOUT REGARD TO WHETHER THEY ARE RELATED TO EACH OTHER.

THE TERM "MEMBER OF A HOUSEHOLD" INCLUDES A PERSON WHO PREVIOUSLY LIVED IN A HOUSEHOLD.

THE TERM "CHILD" OR "MINOR" MEANS A PERSON UNDER 18 YEARS OF AGE WHO HAS NOT BEEN MARRIED OR WHO HAS NOT HAD THE DISABILITIES OF MINORITY REMOVED FOR THE GENERAL PURPOSES.

THE TERM "FIREARM" MEANS ANY DEVICE DESIGNED, MADE, OR ADAPTED TO EXPEL A PROJECTILE THROUGH A BARREL BY USING THE ENERGY GENERATED BY AN EXPLOSION OR BURNING SUBSTANCE OR ANY DEVICE READILY CONVERTIBLE TO THAT USE. FIREARM DOES NOT INCLUDE A FIREARM THAT MAY HAVE AS AN INTEGRAL PART, A FOLDING KNIFE BLADE OR OTHER CHARACTERISTICS OF WEAPONS MADE ILLEGAL BY TITLE 10, OFFENSES AGAINST PUBLIC HEALTH, SAFETY, AND MORAL, AND THAT IS AN ANTIQUE OR CURIO FIREARM MANUFACTURED BEFORE 1899, OR A REPLICA OF AN ANTIQUE OR CURIO FIREARM MANUFACTURED BEFORE 1899, BUT ONLY IF THE REPLICA DOES NOT USE RIM FIRE OR CENTER FIRE AMMUNITION.

THE TERM "DATING VIOLENCE" MEANS AN ACT BY AN INDIVIDUAL THAT IS AGAINST ANOTHER INDIVIDUAL WITH WHOM THAT PERSON HAS OR HAS HAD A DATING RELATIONSHIP AND THAT IS INTENDED TO RESULT IN PHYSICAL HARM, BODILY INJURY, ASSAULT, SEXUAL ASSAULT OR THAT IS A THREAT THAT REASONABLY PLACES THE INDIVIDUAL IN FEAR OF IMMINENT PHYSICAL HARM, BODILY INJURY, ASSAULT, OR SEXUAL ASSAULT, BUT DOES NOT INCLUDE DEFENSIVE MEASURES TO PROTECT ONESELF.

THE TERM "DATING RELATIONSHIP" MEANS A RELATIONSHIP BETWEEN INDIVIDUALS WHO HAVE OR HAVE HAD A CONTINUING RELATIONSHIP OF A ROMANTIC OR INTIMATE NATURE.

A PERSON COMMITS THE OFFENSE OF STALKING IF, WITH INTENT TO HARASS, ANNOY, ALARM, TORMENT, OR EMBARRASS ANOTHER, THE PERSON: (1) ON MORE THAN ONE OCCASION ENGAGES IN CONDUCT DIRECTED SPECIFICALLY TOWARD ANOTHER PERSON, INCLUDING FOLLOWING THAT PERSON, THAT IS REASONABLY LIKELY TO HARASS, ANNOY, ALARM, ABUSE, TORMENT, OR EMBARRASS THAT PERSON; AND (2) ON AT LEAST ONE OF THOSE OCCASIONS BY ACTS OR WORDS THREATENS TO INFLECT BODILY INJURY ON THAT PERSON OR TO COMMIT AN OFFENSE AGAINST THAT PERSON, A MEMBER OF THAT PERSON'S FAMILY; OR THAT PERSON'S PROPERTY.

A PERSON COMMITS AN OFFENSE OF SEXUAL ASSAULT IF THE PERSON: (1) INTENTIONALLY OR KNOWINGLY: (A) CAUSES THE PENETRATION OF THE ANUS OR FEMALE SEXUAL ORGAN OF ANOTHER PERSON BY ANY MEANS, WITHOUT THAT PERSON'S CONSENT; (B) CAUSES THE PENETRATION OF THE MOUTH OF ANOTHER PERSON BY THE SEXUAL ORGAN OF THE ACTOR, WITHOUT THAT PERSON'S CONSENT; OR (C) CAUSES THE SEXUAL ORGAN OF ANOTHER PERSON, WITHOUT THAT PERSON'S CONSENT TO CONTACT OR PENETRATE THE MOUTH, ANUS, OR SEXUAL ORGAN OF ANOTHER PERSON, INCLUDING THE ACTOR; OR (2) INTENTIONALLY OR KNOWINGLY: (A) CAUSES THE PENETRATION OF THE ANUS OR FEMALE SEXUAL ORGAN OF A CHILD BY ANY MEANS; (B) CAUSES THE PENETRATION OF THE MOUTH OF A CHILD BY THE SEXUAL ORGAN OF THE ACTOR; (C) CAUSES THE SEXUAL ORGAN OF A CHILD TO CONTACT OR PENETRATE THE MOUTH, ANUS OR SEXUAL ORGAN OF ANOTHER PERSON, INCLUDING THE ACTOR; (D) CAUSES THE ANUS OF A CHILD TO CONTACT THE MOUTH, ANUS, OR SEXUAL ORGAN OF ANOTHER PERSON, INCLUDING THE ACTOR; OR (E) CAUSES THE MOUTH OF A CHILD TO CONTACT THE ANUS OR SEXUAL ORGAN OF ANOTHER PERSON, INCLUDING THE ACTOR.

A SEXUAL ASSAULT UNDER SUBSECTION (A) (1) IS WITHOUT THE CONSENT OF THE OTHER PERSON IF: (1) THE ACTOR COMPELS THE OTHER PERSON TO SUBMIT OR PARTICIPATE BY THE USE OF PHYSICAL FORCE OR VIOLENCE. (2) THE ACTOR COMPELS THE OTHER PERSON TO SUBMIT OR PARTICIPATE BY THREATENING TO USE FORCE OR VIOLENCE AGAINST THE OTHER PERSON AND THE OTHER PERSON BELIEVES THAT THE ACTOR HAS THE PRESENT ABILITY TO EXECUTE THE THREAT. (3) THE OTHER PERSON HAS NOT CONSENTED AND THE ACTOR KNOWS THE OTHER PERSON IS UNCONSCIOUS OR PHYSICALLY UNABLE TO RESIST. (4) THE ACTOR KNOWS THAT AS A RESULT OF MENTAL DISEASE OR DEFECT THE OTHER PERSON IS AT THE TIME OF THE SEXUAL ASSAULT INCAPABLE EITHER OF APPRAISING THE NATURE OF THE ACT OR OF RESISTING IT. (5) THE OTHER PERSON HAS NOT CONSENTED AND THE ACTOR KNOWS THAT THE OTHER PERSON IS UNAWARE THAT THE SEXUAL ASSAULT IS OCCURRING. (6) THE ACTOR HAS INTENTIONALLY IMPAIRED THE OTHER PERSON'S POWER TO APPRAISE OR CONTROL THE OTHER PERSON'S CONDUCT BY ADMINISTERING ANY SUBSTANCE WITHOUT THE OTHER PERSON'S KNOWLEDGE. (7) THE ACTOR COMPELS THE OTHER PERSON TO SUBMIT OR PARTICIPATE BY THREATENING TO USE FORCE OR VIOLENCE AGAINST ANY PERSON AND THE OTHER PERSON BELIEVES THAT THE ACTOR HAS THE ABILITY TO EXECUTE THE THREAT. (8) THE ACTOR IS A PUBLIC SERVANT WHO COERCES THE OTHER PERSON TO SUBMIT OR PARTICIPATE. (9) THE ACTOR IS A MENTAL HEALTH SERVICES PROVIDER OR A HEALTH CARE SERVICES PROVIDER WHO CAUSES THE OTHER PERSON, WHO IS A PATIENT OR FORMER PATIENT OF THE ACTOR, TO SUBMIT OR PARTICIPATE BY EXPLOITING THE OTHER PERSON'S EMOTIONAL DEPENDENCY ON THE ACTOR. (10) THE ACTOR IS A CLERGYMAN WHO CAUSES THE OTHER PERSON TO SUBMIT OR PARTICIPATE BY EXPLOITING THE OTHER PERSON'S EMOTIONAL DEPENDENCY OF THE CLERGYMAN IN THE CLERGYMAN'S PROFESSIONAL CHARACTER AS SPIRITUAL ADVISER. (11) THE ACTOR IS AN EMPLOYEE OF A FACILITY WHERE THE OTHER PERSON IS A RESIDENT UNLESS THE EMPLOYEE AND RESIDENT ARE FORMALLY MARRIED OR INFORMALLY MARRIED TO EACH OTHER UNDER CHAPTER 2, FAMILY CODE.

IT IS FURTHER ORDERED THAT THE DEFENDANT SHALL REMAIN IN CUSTODY UNTIL SERVED WITH A COPY OF THE ORDER.

IT IS FURTHER ORDERED THAT THE LICENSE TO CARRY A CONCEALED HANDGUN ISSUED UNDER SECTION 411.177, GOVERNMENT CODE, IF SO HELD BY THE DEFENDANT IS SUSPENDED FOR THE DURATION OF THIS ORDER. THE CLERK OF THE COURT IS ORDERED TO SEND A COPY OF THIS ORDER TO THE APPROPRIATE DIVISION OF THE DEPARTMENT OF PUBLIC SAFETY AT ITS AUSTIN HEADQUARTERS.

ATTENTION: SUSPENSION/REVOCATION
TEXAS DEPARTMENT OF PUBLIC SAFETY
CONCEALED HANDGUN LICENSING SECTION #0235
POST OFFICE BOX 4143
AUSTIN, TEXAS, 78765-4143
(512) 424-7284

IT IS FURTHER ORDERED THAT THE CONDITIONS IMPOSED IN THIS ORDER SHALL PREVAIL OVER ANY EXISTING ORDER GRANTING POSSESSION OF OR ACCESS TO A CHILD NAMED HEREIN FOR THE DURATION OF THIS ORDER.

A VIOLATION OF THIS ORDER BY COMMISSION OF AN ACT PROHIBITED BY THE ORDER MAY BE PUNISHABLE BY A FINE OF AS MUCH AS \$4,000 OR BY CONFINEMENT IN JAIL FOR AS LONG AS ONE YEAR OR BY BOTH. AN ACT THAT RESULTS IN FAMILY VIOLENCE OR A STALKING OFFENSE MAY BE PROSECUTED AS A SEPARATE MISDEMEANOR OR FELONY OFFENSE. IF THE ACT IS PROSECUTED AS A SEPARATE FELONY OFFENSE, IT IS PUNISHABLE BY CONFINEMENT IN PRISON FOR AT LEAST TWO YEARS. THE POSSESSION OF A FIREARM BY A PERSON, OTHER THAN A PEACE OFFICER, AS DEFINED BY SECTION 1.07, PENAL CODE, ACTIVELY ENGAGED IN EMPLOYMENT AS A SWORN, FULL-TIME PAID EMPLOYEE OF A STATE AGENCY OR POLITICAL SUBDIVISION, WHO IS SUBJECT TO THIS ORDER MAY BE PROSECUTED AS A SEPARATE OFFENSE PUNISHABLE BY CONFINEMENT OR IMPRISONMENT.

NO PERSON, INCLUDING A PERSON WHO IS PROTECTED BY THIS ORDER, MAY GIVE PERMISSION TO ANYONE TO IGNORE OR VIOLATE ANY PROVISION OF THIS ORDER. DURING THE TIME IN WHICH THIS ORDER IS VALID, EVERY PROVISION OF THIS ORDER IS IN FULL FORCE AND EFFECT UNLESS A COURT CHANGES THE ORDER.

FEDERAL WARNINGS

THIS ORDER IS ENFORCEABLE IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, TRIBAL LANDS, AND U.S. TERRITORIES. 18 U.S.C., SECTION 2265.

INTERSTATE VIOLATION OF THIS ORDER MAY SUBJECT THE RESPONDENT TO FEDERAL CRIMINAL PENALTIES. 18 U.S.C., SECTION 2262.

POSSESSION, TRANSPORTATION, OR RECEIPT OF A FIREARM WHILE THIS ORDER REAMINS IN EFFECT MAY BE A FELONY UNDER FEDERAL LAW PUNISHABLE BY UP TO 10 YEARS IN PRISON AND/OR A FINE.

IT IS UNLAWFUL FOR ANY PERSON WHO IS SUBJECT TO A PROTECTIVE ORDER TO POSSESS A FIREARM OR AMMUNITION.

IT IS FURTHER ORDERED THAT: A COPY OF THIS ORDER SHALL BE SENT TO:

_____ TO THE CHIEF OF POLICE OR SHERIFF OF _____ WHERE AN INDIVIDUAL PROTECT BY THIS ORDER RESIDES.

_____ TO THE CHIEF OF POLICE OR SHERIFF OF _____ WHERE AN INDIVIDUAL PROTECT BY THIS ORDER IS EMPLOYED.

_____ TO THE CHIEF OF POLICE OR SHERIFF OF _____ WHERE AN INDIVIDUAL PROTECT BY THIS ORDER ATTENDS SCHOOL/CHILDCARE FACILITY.

_____ TO THE PRINCIPAL(S) OF _____ WHERE AN INDIVIDUAL PROTECT BY THIS ORDER ATTENDS.

_____ TO THE DIRECTOR OF THE CHILDCARE FACILITY _____, WHERE AN INDIVIDUAL PROTECT BY THIS ORDER ATTENDS.

_____ TO THE PROTECTED PERSON(S) LISTED IN THIS ORDER.

AN APPROPRIATE PEACE OFFICER OF THE CITY OF _____, TEXAS (OR TARRANT COUNTY SHERIFF'S OFFICE) IS ORDERED TO MAKE A GOOD FAITH EFFORT TO NOTIFY THE VICTIM WITHIN 24 HOURS OF THE DATE THIS ORDER IS SIGNED.

SIGNED, ENTERED AND ISSUED THIS ____ DAY OF _____.

JUDGE, MAGISTRATE COURT
TARRANT COUNTY, TEXAS

DEFENDANT'S ACKNOWLEDGMENT

I, _____, THE DEFENDANT IN THIS CASE, WAS PRESENTED WITH A COPY OF THE MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION ATTACHED HERETO AT _____ AM/PM ON _____, 20____.

DEFENDANT

RETURN

THE UNDERSIGNED GAVE A COPY OF THE MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION ATTACHED HERETO TO THE DEFENDANT NAMED ABOVE AT _____ AM/PM ON _____, 20____.

OFFICER (SIGNATURE)

OFFICER (PRINTED NAME)

IMPORTANT INFORMATION FOR VICTIMS OF FAMILY VIOLENCE:

YOUR REPORT NUMBER: _____

Officer ID#: _____

You Requested an EPO _____
You Did Not Request an EPO _____

YOUR SAFETY AND THE SAFETY OF YOUR FAMILY IS THE NUMBER ONE CONCERN.

It is a crime for any person to cause you any physical injury or harm EVEN IF THAT PERSON IS A MEMBER OR FORMER MEMBER OF YOUR FAMILY OR HOUSEHOLD. Please tell the investigating peace officer if you, your child, or any other household resident has been injured; or if you feel you are going to be in danger when the officer leaves or later.

The investigating officer will determine whether there is evidence that a crime may have been committed and will make a determination of what action to take, including arrest and filing criminal charges. You have a right to ask the police officer to file a criminal complaint, or not to file a criminal complaint, but it is the responsibility of the officer to take action as required by law and department policy regarding arrest and filing charges.

IMPORTANT RESOURCES: CONTACT THE RESOURCES BELOW FOR INFORMATION AND ASSISTANCE WITH PLANNING FOR YOUR SAFETY

LOCAL FAMILY VIOLENCE SHELTERS: SafeHaven of Tarrant County 1-877-701-7233

You may also call the National Domestic Violence Hotline (1-800-799-SAFE) or your law enforcement crime victim liaison for referral to other area shelters. Family violence shelters exist to provide a safe place for you and your children, and to help you locate resources that can help you achieve a violence free life. Safe Haven has outreach offices where you can go for assistance, counseling, and resources for you and your children even if you do not need emergency shelter.

THE WOMEN'S CENTER/RAPE CRISIS/VICTIM SERVICES 817-927-2737 (24 HOURS)

This program provides counseling, support, and other services to victims of sexual assault and other violent crime

LAW ENFORCEMENT CRIME VICTIM LIAISON OR VICTIM ASSISTANCE PROGRAM 817-884-3697

The law enforcement agency contact for information about your case, referral to services, and information about your rights and other services you may be eligible for.

TARRANT COUNTY CRIMINAL DISTRICT ATTORNEY'S OFFICE, FAMILY VIOLENCE COURT: 817-884-3535. The Tarrant County Criminal District Attorney's Office has a no drop policy in cases involving domestic violence. Cases filed by the District Attorney will not be dismissed at the request of an injured party. You may contact the District Attorney's office for further information

TARRANT COUNTY DISTRICT ATTORNEY PROTECTIVE ORDER UNIT: 817-884-1623 Call to find out if the Protective Order Unit can help you with getting a protective order.

PROTECTIVE ORDERS:

If a family or household member is arrested for family violence,

EPO: You may request an Emergency Protective Order (EPO) be issued. The Judge may order the arrested person not to go to certain places (your home, work, children's schools or child care), not to threaten or harass you, or commit further violence against you.

If the judge grants the order, it will be effective immediately and will be in effect for not less than 31 days and not more than 91 days. If the person is in custody for family violence with serious bodily injury or a weapon was used, the judge, in accordance with Texas Law, will issue an Emergency Protective Order, regardless of whether you request one or not. If the order is granted, the court will mail you a copy. You should keep a copy of the order with you at all times. If the order conflicts with other court orders having to do with visitation, the Emergency Protective Order over-rides the previous order while the Emergency Protective Order is in effect. Please inform the investigating officer if you want an order for emergency protection. You don't have to be present when the order is issued. Most judges will not cancel an EPO once it is issued.

If the judge grants a Protective Order or an Emergency Protective Order, even if you tell the person that he or she can come to the protected addresses, the person may be arrested and charged for violating the order if they do. IF THE PERSON VIOLATES CERTAIN PROVISIONS OF COURT-ORDERED PROTECTION, THE PERSON MAY BE CHARGED WITH A FELONY. If an order of protection is issued, the person may be in violation of Federal AND State law if he or she possesses firearms or ammunition.

Regardless of whether the person who hurt you is arrested,

You also have the right to apply to family court for an order to protect you. A Protective Order can be granted for a period of up to two years. It can take two to four weeks to get this kind of order. If you are interested in applying for a two year Protective Order, *please contact an attorney, the Tarrant County District Attorney's Protective Order Unit, a family violence shelter, or Crime Victim Liaison/Victim Assistance, for information about how to obtain a Protective Order.*

YOUR RIGHTS AS A VICTIM OF CRIME²: The Texas Code of Criminal Procedure defines rights for all victims of violent crime. Under Texas law, you have the right to:

- Protection from harm and threats of harm because of your cooperation with prosecution
- Have the court consider your safety and your family's safety when setting bail
- Be informed by law enforcement and the prosecutor about bail and procedures in the criminal justice system
- Be informed about Crime Victims' Compensation and the expenses it may cover
- Have a separate and secure waiting area should you be called to testify in court
- Have the prosecutor notify your employer, if requested, of the necessity of your cooperation and testimony

Contact your Crime Victim Liaison (817/884-3697) for more information and an explanation of all your rights as a victim of crime.

In many jurisdictions, the police will take the arrested person to a local or city jail. Bond will be set for the person. The jail holding the arrested person will attempt to notify you when that person is released or transferred. Please be sure the officer has a phone number where you can be reached during the next 24-48 hours.

If the person is booked in to the Tarrant County Jail, you will be able to access an automated service called VINE (Victim Information & Notification Everyday). This automated service is designed to inform a victim when their assailant books out of the Tarrant County Jail. If you wish to access this service:

- The inmate must be booked into the Tarrant Co. Jail before a victim can register for this service.
- Dial (877) 894-8463 on a touch-tone telephone and follow the instructions given by the system.
- If you need assistance registering or need further information, please call Tarrant Co. Sheriff's Department, Support Administration at (817) 884-3697.

Crime Victims' Compensation: The Texas Office of the Attorney General administers the Crime Victims' Compensation Fund. You may be eligible for compensation for some expenses related to the crime including:

- Medical care, including counseling
- Funeral and burial expenses
- Lost wages due to the crime, participation in the criminal justice system, or seeking medical care.
- Loss of support to a dependant
- Child care in some instances
- Crime scene cleanup

- Replacement of clothing and bedding taken as evidence in the investigation of a sexual assault
- Reasonable and necessary costs incurred by a victim of family violence or a victim of sexual assault who is assaulted in the victim's place of residence, for relocation and housing rental assistance payments

You can get an application for Crime Victims' Compensation and more information from your law enforcement crime victim liaison, the Tarrant County District Attorney's Victim Assistance Program (817) 884-2740, or you can visit the Texas Attorney General's website at www.oag.state.tx.us or call the Attorney General's Office at 1-800-983-9933

Remember- No one deserves to be hurt. Help is available for you and your family.

Notes:

INFORMACIÓN IMPORTANTE PARA FAMILIA DE VIOLENCIA DOMESTICA:

NÚMERO DE REPORTE: _____ NÚMERO DE IDENTIFICACIÓN DEL OFICIAL _____
Ud. Pidió una Orden de Protección _____ Ud. No pidió una Orden de Protección _____

SU SEGURIDAD Y LA SEGURIDAD DE SU FAMILIA ES EL INTERES NÚMERO UNO

Es un **crimen** para cualquier persona que le haga dano físicamente o lastime AUNQUE LA PERSONA SEA MIEMBRO O ERA MIEMBRO DE LA FAMILIA. Porfavor diga al oficial investigando si usted, su hijo, or algún miembro de la familia ésta herido; o si usted piensa que va estar en peligro cuando se valla el oficial.

El oficial investigando determina si hay evidencia que un crimen se a comitado y tambien determina que acción tomar, incluyendo arresto y sigiendo con cargos criminales. Usted tiene el derecho a preguntarle al oficial que complete el reporte o que no complete el reporte, pero es la responsabilidad del oficial que tome las acciones que son requerido de la ley y el departamento con respecto a arresto y sigiendo con cargos.

RECURSOS IMPORTANTES: CONTACTE LOS RECURSOS ENSEÑADOS ABAJO PARA INFORMACIÓN Y ASISTENCIA CON LOS PLANES PARA SU SEGURIDAD

REFUGIOS LOCALES DE VIOLENCIA DOMESTICA : Safehaven del Condado de Tarrant 1-877-701-7233

Usted tambien puede llamar la LÍNEA NACIONAL DE VIOLENCIA DOMESTICA (1-800-799-SAFE) o la unidad de asistencia de victimas del departamento de policia puede referir a otros refugios. Refugios de violencia domestica existen para darle un lugar seguro para usted y sus hijos, y para ayudarle localizar recursos que pueden ayudarla a vivir una vida sin violencia. SafeHaven tiene oficinas donde puede ir para asistencia, consejería, y recursos para usted y sus hijos aunque no nesesite refugio de emergencia.

EL CENTRO DE MUJERES/CRISIS DE VIOLACIÓN/ SERVICIOS DE VICTIMAS 817-927-2737 (24 HORAS)

Estos programas dan consejería, apoyo, y otros servicios para victimas de asalto sexual y otro crímenes violentos.

UN PROGRAMA DE ASISTENCIA DE VICTIMAS 817-884-3697

El programa de asistencia de victimas puede ayudarle con información sobre su caso, puede referir a servicios locales, y puede darle información sobre los derechos que tiene y otros servicios en la area.

LA OFICINA DE FISCAL DEL DISTRITO DEL CONDADO DE TARRANT, LA CORTE DE VIOLENCIA DOMESTICA: 817-884-3535.

La oficina de fiscal del distrito del condado de Tarrant no tolera violencia domestica y no deja la persona que quite los cargos sobre el sospechoso. Casos tomados por la oficina fiscal no seran despedidos si lo pide la victima. Usted puede comunicarse con la Oficina de Fiscal para mas información.

LA OFICINA DE FISCAL DE LA UNIDAD DE ORDENES DE PROTECCIÓN: 817-884-1623

Llame para enterarse como la unidad de ordenes de protección puede ayudarla obtener una orden de protección.

ORDENES DE PROTECCIÓN:

Si una familia o un miembro de la familia esta arrestada por violencia domestica:

EPO: Puede pedir una orden de protección (EPO) que sea distribuido. El Juez puede prohibir la persona arrestada que vaya a siertos lugares (su casa, trabajo, escuela de los ninos o guardería), que no la moleste o amenaze, que no comita mas violencia contra usted.

Si el Juez le concede la orden, la orden estará en efectivo imediatamente y estará en efecto no menos de 31 días y no mas de 91 días. Si la person está detenido por violencia domestica con daño serio en el cuerpo o si usaron una arma, el Juez, en acuerdo con la ley de Texas, sí va ordenar la Orden de Protección de Emergencia, aún si usted la guste o no. Si la orden si está ordenada, usted va a recibir una copia por el correo. Quedese con una copia de la orden con usted en todos los tiempos. Si la orden es en conflicto con otras ordenes de corte teniendo que hacer con visitación, la Orden de Protección de Emergencia predomina las otras ordenes cuando la Orden de Protección de Emergencia está en efecto. **Porfavor de informarse con el oficial si usted gustaria una Orden de Protección de Emergencia.** No necesita que estar presente cuando la orden se está repartiendo. La mayoría de los Juezes no cancelan la Orden de Protección de Emergencia cuando este distribuido.

Si el Juez ordena una Orden de Protección o una Orden de Protección de Emergencia, aunque le diga a la persona que puede ir al domicilio indicado, la persona puede ser arrestado y castigado por violando la orden. SI LA PERSONA VIOLA UNA PROVISION ORDENADA POR LA CORTE, ESTA PERSONA PUEDE OBTENER CARGOS DE FELONÍA. Si una orden de protección está distribuido, la persona puede estar en violación de Ley Federal y Ley de Estado si el o ella posesa armas o municiones.

Aunque la persona que le dano este arrestado,

Tambien tiene el derecho a aplicar a la corte de familia para una orden para que le proteje. Una Orden de Protección puede ser concedido por un período de 2 años. Se puede tomar dos a cuatro semanas para obtener esta orden. Si usted está interesada en aplicando por una orden de protección de dos años, por favor contacte un abogado, la unidad de Ordenes de Protección de la Oficina del Procurador de Distrito del Condado de Tarrant, un refugio de violencia domestica, o Asistencia de Victimas, por mas información sobre como obtener una orden de Protección.

SUS DERECHOS COMO VICTIMA DE CRIMEN: El código de Texas del Procedimiento Criminal explica los derechos de todas las victimas de crímenes violentos. Abajo la Ley de Texas, usted tiene el derecho a:

- ☐ Protección del daño y amenazas por su cooperación con procesamiento
- ☐ Tener la corte considerar su seguridad y la seguridad de su familia cuando estan figurando fianza
- ☐ Ser informada por un oficial y un abogado sobre fianza y procedimientos en la sistema de justicia criminal
- ☐ Ser informada de Compensación a las Victimas de Crimen y los gastos que el programa Puede cubrir.
- ☐ Tener una area separada y segura si está llamada a ser testigo en la corte.
- ☐ Tener un abogado puede notificarle al empleador, si gusta, de la importancia de su Cooperacion y testimonio.

Contacte la oficina que asiste en victimas de crimen (817-884-3697) para mas información y explicación de sus derechos como victima de crimen.

En varios jurisdicciones, la policia puede llevar el arrestado a una carcel de ciudad o local. La fianza sera puesta por el aarestado. La carcel que tiene el arestado notifica la victima cuando el arrestado sea transferido o salga. **Por favor asegurese que el oficial tenga un número de telefono donde usted puede ser contactada durante las proximas 24-48 horas.**

Si la persona está registrada en la Carcel del Condado de Tarrant, usted puede utilizar un servicio VINE (Información de Victimas y Noificaciones Cada Día). Este servicio automatizado sirve para informarle a la victima cuando el asaltante salga de la carcel de Condado de Tarrant. Si usted gusta acceso al servicio:

- El presidiario debe estar registrado en la carcel de condado de Tarrant antes de que la victima se pueda registrar.
- Oprima (877) 894-8463 en un teléfono de tono y siga las instrucciones del sistema.
- Si necesita asistencia registrandose o si necesita mas información, por favor llame al Departamento del Alguacil del Condado de Tarrant, Administración a (817) 884-3697.

Compensación a las Victimas de Crimen: La oficinas de Texas de la Procuraduría General maneja la cuenta de la Compensación de Victimas de Crimen. Usted puede calificar para compensación por algunos de los gastos relacionados con el crimen incluye:

- | | |
|--|---|
| <ul style="list-style-type: none">☐ Gastos medicos, incluso asesoría☐ Gastos del funeral y entierro☐ Perdida de ingresos por el incidente, Participación en el sistema de justicia Criminal, o buscando ayuda medico☐ Perdida de Manutención☐ Asistencia en gastos de guardería en Unos casos☐ Limpieza de la Escena del Delito | <ul style="list-style-type: none">☐ Reemplazo de ropa y ropa De cama tomada como Evidencia en la investigación De violacion sexual.☐ Gastos resonables por la Victima de violación sexual O violencia domestica que fue Asaltada en su casa para Mudanza y ayuda de pagos de Casa. |
|--|---|

Usted puede obtener una solicitud para beneficios de compensación a las victimas de crimen en Texas del departamento de policia, en la unidad de Asistencia de Victimas de la Ofician del Procurador del Distrito (817) 884-2740 o puede visitar la Oficina del Procuraduria General sobre la computadora en www.oag.state.tx.us o llame La Oficina del Procuraduria General a 1-800-983-9933

Acuerdese – Nadie merese ser lastimado. Ayuda esta disponible para usted y su familia.

Notas:

CONDITIONS OF BOND

Booking No(s) (if case unfiled) _____

Case No(s) _____

Date: _____

Defendant: _____

CID: _____

Court: _____

Charging Offense(s): _____

Bail / Bond Amount(s): \$ _____ Initial Appearance Docket _____

It is the order of the court that you must comply with the following conditions of bond and pay any associated administrative or monitoring fee(s). If you are currently on community supervision, you must also comply with the existing conditions of community supervision.

- NO NEW OFFENSE(S):** Commit no new offense(s) against the laws of the State of Texas, of any other state, or of the United States.
- NO ILLEGAL CONTROLLED SUBSTANCE(S):** Abstain from the illegal use or possession of controlled substances, marijuana, and cannabinoids.
- URINE TESTING NOT MONITORED BY CSCD:** Submit and pay for valid, non-diluted, non-adulterated urine samples for testing for controlled substances, and alcohol cannabinoids as instructed by the court.
- CONTACT RESTRICTION(S):**
 - No contact with _____, in any manner, including third party contact.
 - Do not go within _____ of the residence, school, place of employment, or any location(s) known to be frequented by: _____
 - No harmful or injurious contact with _____.
 - No contact with any child under the age of 17, in any manner, including third party contact.
 - No unsupervised contact with any child under the age of 17, in any manner, including third party contact.
 - Do not go within _____ of parks, schools, playgrounds, or any other place(s) where children commonly gather, without authorization from the court.
- NO FIREARMS OR WEAPONS:** Do not use, purchase, possess, or transport any firearm(s) or weapon(s).
- NO ALCOHOL:** Do not use, possess, or consume any alcoholic beverage. Do not refuse a breath, urine, or field sobriety test if requested by the court to ensure compliance with this order. If you are ordered to report to CSCD as a condition of bond, then do not refuse a test requested by CSCD.
- _____
- _____

Conditions Requiring CSCD Monitoring or Supervision

- URINE TESTING MONITORED BY CSCD:** Submit valid, non-diluted, non-adulterated urine samples for testing for controlled substances, cannabinoids, and alcohol, as instructed by CSCD or the court. Pay for testing, as instructed by the court or CSCD. _____
- CSCD PRETRIAL SUPERVISION:** Report to the Community Supervision and Corrections Department (CSCD) Pretrial Unit, as instructed by CSCD, for pretrial supervision, unless otherwise ordered by the court. You must provide your current, accurate residential address and telephone number to CSCD throughout the period of supervision. Notify the CSCD pretrial supervision officer of any address or telephone number change within five days from the date of change. You must report to CSCD: In the manner and frequency stipulated by CSCD Monthly Bi-Weekly (every other week) Weekly _____
- CSCD INTENSIVE MONITORING:** Fully participate in and comply with the rules and requirements of the CSCD electronic monitoring program(s). Pay fees to the monitoring agency or agencies, as required. **IF IN CUSTODY, release to CSCD in the AM only.**
 - GPS MONITOR:** GPS monitor only GPS monitor with exclusion zones 24-hour home confinement / house arrest
 - CURFEW:** Observe a curfew schedule established by CSCD Curfew schedule: _____
 - ALCOHOL MONITOR:** Continuous Alcohol Monitor (CAM) Mobile alcohol monitor
 - INTERNET RESTRICTION AND MONITORING:** Do not access the internet from any device including, but not limited to a smart phone, tablet, personal computer, or laptop without first having monitoring software approved by the court or CSCD installed on the device(s). Pay monitoring fees, as required.

CSCD Mandatory Intake Reporting Instructions:

CSCD Pretrial Intake Processing, 300 W. Belknap (enter at 350 W Belknap), Fort Worth, TX 76196, 1st floor, (817) 884-2081

If you are ordered to a GPS Monitor, you must report to CSCD Pretrial Intake Processing by 4:30pm on the same business day (Mon-Fri) of your release, unless otherwise ordered by the court. If you were not released in time to report by before by 4:30pm on the business day of your release, you must report at 8:00am on the next business day of your release unless otherwise ordered by the court.

If you are ordered to any of the other CSCD Monitoring or Supervision conditions above, you must report to CSCD Pretrial Intake Processing within one (1) business day (Mon – Fri) of your release on bond, between 8:00am – 4:30pm, for the applicable intake processing unless otherwise ordered by the court.

You must comply with any future instructions from CSCD for purposes of monitoring or supervising the Condition(s) Requiring CSCD Monitoring or Supervision ordered above, unless otherwise ordered by the court.

RELEASE TO CSCD ONLY

Judge

I have received a copy of my conditions of bond.

Defendant Date

Witness Date

NO. _____

THE STATE OF TEXAS

VS.

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IN THE COUNTY CRIMINAL

COURT NO. 2 OF

TARRANT COUNTY, TEXAS

ARTICLE 42A.301 PLEA ADDENDUM

On this ____ day of _____, 20____, you are entering into a plea agreement in the above styled and numbered case. As part of that plea agreement you are requesting that you be placed on community supervision. Accordingly, you acknowledge and agree to follow all terms and conditions of community supervision imposed by this Court.

You hereby acknowledge and agree that, pursuant to Article 42A.301 of the Texas Code of Criminal Procedure, a risk and needs assessment will be conducted with respect to you for purposes of determining the conditions of community supervision.

Today, however, you are agreeing to certain standard conditions of community supervision which are hereby imposed prior to the risk and needs assessment being conducted.

Additionally, you agree that a risk and needs assessment will be conducted following the Court's acceptance of your plea of guilty.

You agree that based upon the results of the risk and needs assessment, the Court may order additional conditions of community supervision that may include but are not limited to the following:

- Electronic monitoring/GPS
- Curfew
- Parenting classes
- Random drug testing
- Comply with CPS conditions
- No Harmful or Injurious Contact with Injured Party
- Do not go within ____ feet of said location
- Psychological/Sexual Evaluation
- Driver Safety Course
- Substance Abuse Evaluation which could result in recommendation for:
 - Outpatient treatment
 - Education classes
 - Residential treatment
 - AA/NA or specified support group
 - Counseling
- Specialized Caseload/Specialized Conditions of Probation (for example, economic crime amendment, prescription drug amendment, mental health conditions or high risk conditions)
- Alternative Alcohol Monitoring device
- Education classes
- Cognitive classes
- No alcohol
- No contact with Injured Party
- No contact with codefendants
- Mental Health Evaluation
- No contact/no unsupervised contact with children under the age of 17
- Gun Safety Course

I have fully reviewed, understand and agree to the above which is hereby incorporated as part of my plea agreement.

DEFENDANT

I have fully reviewed and explained the above to the Defendant..

ATTORNEY FOR DEFENDANT State Bar # _____

State's acknowledgment:

ATTORNEY FOR STATE State Bar # _____

JUDGE CAREY F. WALKER
COUNTY CRIMINAL COURT NO. 2



Fact Sheet

Ontario Domestic Assault Risk Assessment (ODARA)

The ODARA, a procedure to identify the risk of future assaults against intimate partners, was developed by the Ontario Provincial Police and the Ontario Ministry of Health and Long Term Care in response to the May/Illes and Hadley inquest recommendations. It was also a result of recommendations by The Joint Committee on Domestic Violence to the Attorney General of Ontario in 1999. It was the first empirically developed and validated domestic violence risk assessment tool to assess risk of future intimate partner violence as well as the frequency and severity of these assaults

The ODARA is used in policing, courts, corrections, IPV treatment programming, health services, child protection services, and victim support services. It is an empirical actuarial risk assessment tool, and the information it provides about how an individual's risk compares with others enables policy-level decisions about how to assign available resources to individuals according to their level of risk.

There are no professional restrictions and no fees required for scoring the ODARA. Our evaluation shows that scoring accuracy is improved following training, which is available online at <http://odara.waypointcentre.ca/>. We strongly recommend use of the full scoring criteria, available in the ODARA Scoring Manual published in Chapter 6 of this book:

Hilton, N. Z. (2021). *Domestic Violence Risk Assessment: Tools for Effective Prediction and Management*, 2nd edn. American Psychological Association.
<https://www.apa.org/pubs/books/domestic-violence-risk-assessment-second-edition>

History

The ODARA is the result of collaboration between the Ontario Provincial Police and researchers at Waypoint. The OPP's Behavioural Sciences and Analysis Section is mandated to provide criminal investigation support services and training of a behavioural nature to OPP and other criminal justice agencies within the Province of Ontario. In 2001, this research team was awarded a quarter-million-dollar grant by the federal government to develop risk assessments for wife assault recidivism. The funds also supported research on the mental health issues of



ODARA Fact Sheet

women assaulted by their partners. In 2003, the team was recognized through an award for Team Endeavours from the Ontario Women in Law Enforcement. In 2004, the first article on the ODARA, its development, and its first cross validation, was published in the journal *Psychological Assessment*. Subsequent research has demonstrated the ODARA's predictive accuracy among men with a correctional record, incarcerated men, and women with a police or correctional record. Published meta-analyses indicate that the ODARA performs as well as or better than other published IPV risk assessment tools

Development

The ODARA was created from research on nearly 600 cases from OPP and municipal police forces involving men who assaulted a female domestic partner. Using multiple regression techniques, the researchers found that 13 variables were the most highly predictive of future violence against a domestic partner. The risk of assault can be identified with a large effect size using these 13 items, reducing the need for a comprehensive assessment in order to evaluate risk of re-offence in a first-response situation. The 13 items are each scored "1" if present and "0" if not, and cover the accused individual's history of violence and antisocial behaviour (pre-index domestic assault, pre-index nondomestic assault, pre-index correctional sentence, pre-index failure on conditional release, violence against nondomestic victims, assault on the victim during pregnancy, substance abuse), details of the most recent assault (physical confinement, threats of harm, victim-reported concern about future assault), and the victim's personal circumstances (number of children, children from a prior relationship, barriers to support).

Interpretation

The ODARA is an actuarial risk assessment such that its scores rank individuals in terms of their risk for repeated domestic violence. Thus, a male domestic offender can be placed into one of seven categories of risk. For example, a score of 0 places a man in the lowest risk category; 9% of men in the ODARA research studies fell into this category, and 7% of these men met the criteria for domestic recidivism within a follow up of about 5 years. A score of 7 or more places a man in the highest risk category; 6% of men fell into this category, and 74% of these men met the criteria for domestic recidivism. Higher scores on the ODARA also indicate that an accused assaulter will commit more assaults sooner, and cause more injury (in a range of injury from none to lethality) than an accused with a lower score. The ODARA interpretation table applies to men who use domestic violence; further research is needed to establish a similar interpretation table for women (see FAQ #2 below).

Validation Studies

The ODARA's predictive accuracy has now been demonstrated in validations by the original researchers and by other researchers. This work includes samples in Canada, the USA, Europe, and elsewhere. Studies have included cases of dating violence and women who use domestic violence. For updated information, see our annotated bibliography, [click here to view](#).



ODARA Fact Sheet

Frequently Asked Questions

1. Can the ODARA be used for cases of dating violence?

Yes. Some of the validation studies have scored the ODARA using dating violence as the index assault and/or in the definition of reoffending. The literature on violence risks indicates that the major factors are criminal history and antisocial behaviour, and there is no evidence that risk is lower among men who are not currently in a dating relationship. For these reasons, it is acceptable to use the ODARA in cases of dating violence. The item scoring criteria remain unchanged, however, as there is no research yet that uses dating violence in the definition of prior domestic assaults.

2. Has the ODARA been validated for female offenders?

Yes. The ODARA predicted intimate partner violence recidivism by women in some studies, although these studies have been small and not all studies have found positive results. Pending more extensive research, the ODARA can be used to identify women most at risk of reoffending. However, women reoffend at a lower rate than men do. Further research is required to develop an actuarial table to identify absolute risk associated with ODARA scores among women.

3. Can the ODARA be used when there is a risk of lethality?

Yes. Higher ODARA scores relate to more severe future assaults, and research has found that men who subsequently committed domestic murder ranked in the highest risk category. So, although the ODARA does not specifically predict the occurrence of lethal domestic violence, it can be used in cases where severe and potentially lethal assault is a concern.

4. Does the ODARA predict assaults that are not known to the police?

Yes and no. The ODARA calculates the likelihood of assaults known to police, so the likelihood of any assault, with or without police involvement, could be different from the stated recidivism rate. On the other hand, higher ODARA scores indicate that an individual is more likely than others men to commit repeated future assaults. This "rank order" is expected to be relatively stable regardless of whether there are assaults that the police don't find about.

5. Can I draw a conclusion about risk using only the ODARA score?

Yes, the ODARA can be used validly as the only assessment to measure risk of domestic violence. More information is not required in order to score the ODARA. Adjusting the score by adding other information could result in lower accuracy.



ODARA Fact Sheet

ODARA Training

ODARA 101: The Electronic Training Program: An interactive e-learning program for assessors to learn to use the ODARA any day of the year and at any time that fits their schedule. This project has been made possible by a grant from the Ontario Ministry of Community Safety and Correctional Services.

Click here for more information: <https://odara.waypointcentre.ca/>

Click here to register your organization: <http://odara.waypointcentre.ca/Home/LicenseRequest>

There is no professional restriction on the use of the ODARA, but these studies that evaluated ODARA training programs showed that training can improve scoring accuracy.

Hilton, N. Z., Harris, G. T., Rice, M. E., Eke, A. W., & Lowe-Wetmore, T. (2007). Training front-line users in the Ontario Domestic Assault Risk Assessment (ODARA), a tool for police domestic investigations. *Canadian Journal of Police and Security Services*, 5, 95-98.

Hilton, N. Z., & Ham, E. (2015). Cost-effectiveness of electronic training in domestic violence risk assessment: ODARA 101. *Journal of Interpersonal Violence*. 30, 1065-1073.
<https://doi.org/10.1177%2F0886260514539762>

Ham, E., Hilton, N. Z., Giesbrecht, C. J., & Macdonald, S. (2019) ODARA 101: Look What's New! *Crime Scene*, Volume 26, Issue 1 (6-7).
http://www.waypointcentre.ca/UserFiles/Servers/Server_9960/File/Research/ODARA_101_Evaluation_2019.pdf

The information contained in ODARA 101 is most fully described in the book:

Hilton, N. Z. (2021). *Domestic Violence Risk Assessment: Tools for Effective Prediction and Management*, 2nd edn. American Psychological Association.
<https://www.apa.org/pubs/books/domestic-violence-risk-assessment-second-edition>

This book contains all the information needed to score and interpret the ODARA and DVRAG in any setting. Practice materials and more extensive Frequently Asked Questions are included.

Contact us: ODARA@waypointcentre.ca

NO. [REDACTED]

CID # [REDACTED]

THE STATE OF TEXAS
VS. [REDACTED]

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IN THE 213TH DISTRICT COURT
OF
TARRANT COUNTY, TEXAS

CONDITIONS OF COMMUNITY SUPERVISION

DEFERRED

You have been placed on community supervision as an alternative to incarceration on this [REDACTED] for the period of 3 Years, for the offense of ASSAULT FAM/HOUSE MEM IMPEDE BREATH/CIRCULAT by the Honorable Chris Wolfe in the 213th District Court, Tarrant County, Texas.

It is the order of the court that you shall comply with the following terms and conditions of community supervision:

1. Commit no offense against the laws of this State or of any other State or of the United States.
2. Report to the Community Supervision and Corrections Department of Tarrant County, Texas, immediately following this hearing, and no less than monthly thereafter, or as scheduled by the court or supervision officer and obey all rules and regulations of the department.
3. Avoid persons and places of disreputable or harmful character.
4. Permit the supervision officer to visit you at your home or elsewhere at any time.
5. Work faithfully at suitable employment and furnish proof of employment to your supervision officer.
6. Provide a valid and accurate address to the Community Supervision and Corrections Department of Tarrant County, Texas, immediately following this hearing, and at all times during the period of community supervision. Notify the Supervision Officer of Tarrant County, Texas, if your address or employment is changed within five days from the date of change.
7. Remain within Tarrant County, Texas, unless the court or supervision officer authorizes you to leave.
8. Submit valid, non-diluted, non-adulterated urine, hair, blood, breath, or saliva samples for testing for controlled substances, alcohol, and cannabinoids according to the time and manner as directed by the Court and/or supervision officer and pay for testing as required. Do not refuse a breath, blood, urine, or field sobriety test as requested by a peace officer or supervision officer.
9. Report to the Community Supervision and Corrections Department Assessment Unit, as instructed by the Court or supervision officer. Participate in fully and complete any risk or substance abuse screenings and/or assessments, as instructed by the Court or supervision officer. Attend and complete any recommended treatment and / or programs.
10. Support your dependents.
11. Complete 160 hours of community service restitution at the rate of no fewer than 20 hours per month as directed by the court or supervision officer.
12. If supervision is transferred to another jurisdiction, continue to report to Tarrant County in the manner prescribed by the supervision officer, comply with the rules and regulations of the receiving jurisdiction and the rules of the Interstate Commission for Adult Offender Supervision.
13. Avoid injurious or vicious habits and do not use or possess any illegal controlled substances, marijuana, or cannabinoids. Do not use, possess, or consume any alcohol.
14. Do not possess, transport, or purchase any firearms, or ammunition.

**THOMAS A WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS**

[REDACTED]

TIME _____
BY _____ DEPUTY

NO. [REDACTED]

CID # [REDACTED]

- 15. Execute a waiver of extradition.
- 16. Pay the following to and through the District Clerk of Tarrant County, Texas. Payment schedule to be determined by the District Clerk of Tarrant County, Texas (unless otherwise specified): COURT COSTS in the amount of SEE COST SHEET.
- 17. Pay the following to and through the District Clerk of Tarrant County, Texas. Payment schedule to be determined by the District Clerk of Tarrant County, Texas (unless otherwise specified): FINE in the amount of SEE COST SHEET.
- 18. Pay the following to and through the Community Supervision and Corrections Department of Tarrant County, Texas. The first payment to be made on the 15th day of August, 2021, and like payments on the 15th day of each month thereafter until full payments are made. (unless otherwise specified): SUPERVISION REIMBURSEMENT FEE in the amount of \$60.00 each month during the period of supervision.
- 19. Pay the following to and through the Community Supervision and Corrections Department of Tarrant County, Texas. CRIME STOPPERS FEE in the amount of \$50.00 to be paid within 30 days from the date shown above.
- 20. Do not contact VICTIM in any manner (directly or indirectly), unless permitted by CSCD or the Court.
- 21. Pay the following to and through the Community Supervision and Corrections Department of Tarrant County, Texas. The first payment on the above to be made on the 15th of August, 2021, and like payments on the 15th day of each month thereafter until full payments are made. (unless otherwise specified): FAMILY VIOLENCE FEE in the amount of \$100.00 to be paid at a rate of \$10 monthly.
- 22. Attend, participate in and successfully complete the Batterer's Intervention and Prevention program. Pay all fees required, and continue to participate and/or comply until released by the Court.

You are advised that under the laws of this State, the court has determined and imposed the above terms and conditions of your community supervision and may at any time during the period of community supervision alter or modify them. The court also has the authority, at any time during the period of community supervision; to revoke your community supervision for any violation of the conditions of your community supervision set out above.

I have received my conditions of community supervision.

[REDACTED]

Witness: Supervision Officer

[REDACTED]

Judge

[REDACTED]

Defendant

Date

Tarrant County Community Supervision and Corrections Department

200 W. Belknap, Fort Worth, Texas 76196

(817) 884-1600

7:30 a.m. to 5:00 p.m. Monday - Friday

[REDACTED]