

TRAINING POLICE DEPARTMENT



FAMILY VIOLENCE PACKET

FAMILY VIOLENCE PACKET INSTRUCTIONS

The purpose of the Family Violence Packet is to assist in the investigation and eventual prosecution of family violence assaults. Tarrant County District Attorney and Saginaw Police Department have "No Drop" policies. Family Violence cases are filed whenever appropriate and whenever possible, regardless of the victim's cooperation. Victims do not determine whether charges are filed. It is not necessary to ask family violence victims whether they want to prosecute or press charges, in fact this question may confuse the victim. Ask victims if they are willing to cooperate with the officer's investigation, or consider the victim's cooperative behavior as an indication of willingness to cooperate.

When to use this packet: Recommended to use in all Family Violence Assault- Class C, Class A, and Aggravated Assault

Interviewing/ General Considerations:

- The officer should fill out the packet with the exception of the victim's statement and medical release. Do not hand the packet to the victim.
- Include a description of the crime scene in the narrative.
- If both parties have injuries, officers are to make every effort to determine primary aggressor. Dual arrests are appropriate only when officers are unable, after investigation, to determine primary aggressor.
- If the officer feels the situation is detrimental to the children in the home, the officer should make a report to CPS.

Photographs:

- Take photographs (or have Crime Scene take photographs) of any injuries whenever possible, regardless of the victim's wishes to cooperate with the investigation.
- Take photographs of the crime scene whenever possible including disabled telephones.

PACKET

Checklist	Officer is to check off all actions taken
Photographs Taken of	Officer indicates who/what was photographed
In Cases of Arrest	Officer checks off whether EPO was offered and victim's indication of whether the EPO was requested
Intimate Partner Violence Risk Assessment	Officer completes gray section <u>only in cases of adult intimate partners or former partners</u> . Ask the victim each question and indicate the number of boxes checked
Offense Location	Indicate where the offense took place, including date, time and who initiated the original 911 call if known.
Condition of Victim Upon Officer Arrival	Check all that apply
Victim Name/DOB	Collect contact information for the victim, including temporary address if the victim indicates she/he may stay somewhere other than their residence in the near future. Obtain the name of a person who will always know where the victim can be reached. Indicate whether the victim appears to have been using alcohol or drugs at the time of your contact
Condition of Suspect Upon Officer Arrival	Check all that apply
Suspect Name/DOB	Collect information including contact information. If the suspect admits to being on community supervision (parole/probation) obtain the name and number of the supervising officer if possible. Indicate whether suspect has outstanding warrants. Indicate whether the suspect has a concealed handgun license if known. Indicate whether the suspect was present on scene, was arrested, and if so on what initial charge.
Relationship of Victim/Suspect	Check the box that most closely applies. <u>Do not presume common law marriage.</u> (Common law marriage can only be determined by a judge- see TX Family Code 2.401)
Length of Relationship	Indicate the length of the relationship between the victim and suspect, and any prior incidents if known.
P.O.	Indicate whether the victim (or suspect) claims to have had a protective order, an Emergency Protective order issued by a magistrate, or other types of order.
Incident	Check all that apply
Weapons Used	Check all that apply, list 'other' type of weapon if other. Indicate whether weapon was seized.
Were Children Present/Were Witnesses Present	Indicate if children or other witnesses were present and whether they saw or heard the incident, and whether they were interviewed on scene.
Children and Witnesses Sections	Collect information on children or other witnesses including demeanor on scene and indicate the relationship to the victim and/or suspect. If more than three Children or Witnesses were interviewed, use additional sheets. Collect a contact phone number for any witnesses other than children. Indicate in comments section if children who were witnesses will be with other caretakers other than the victim
Body Diagram	Indicate where injuries were located on the victim and on the suspect by marking the diagram. Circle above the diagram which gender diagram belongs to the Victim and which to the Suspect. If Victim and Suspect are the same gender, use additional sheets. Describe the injuries in your narrative and photograph if at all possible.
Sign and Date	
VICTIM/WITNESS VOLUNTARY STATEMENT / ARRESTED PERSON VOLUNTARY STATEMENT	Ask the victim to fill out the victim statement. If the victim is incapable of filling out the form, the officer may fill it out for the victim and note the reason in the narrative. If the victim refuses, write "Refused" and ask the victim to sign the refusal, include the form in the packet regardless. You may ask the suspect to fill out the Arrested Person Statement.
IMPORTANT INFORMATION FOR VICTIMS OF FAMILY VIOLENCE	This sheet is to be given to the victim. Write the report number and officer ID # at the top.
AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION	Have the victim fill out and sign this form if the victim indicates she/he will or may seek medical treatment for injuries

Tarrant County Family Violence Packet:

<p>Checklist: All Family Violence/Dating Violence Offense Reports: <input type="checkbox"/> FV Victim Statement filled out and signed Victim Refused Statement, Officer Signed/Noted Body Diagram completed Medical Release form signed if applicable <input type="checkbox"/> Colored handouts from packet given to victim <input type="checkbox"/> Injuries noted in narrative Photo printouts attached / log completed</p>	<p>Intimate Partner Violence Risk Assessment * (TO BE COMPLETED ON CASES OF PARTNER VIOLENCE ONLY) Ask victim every question. Check if "yes" to any questions below, regarding this or past incidences</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has the suspect ever been violent toward you in the past? <input type="checkbox"/> Does the suspect have access to firearms/weapons? <input type="checkbox"/> Has the suspect ever threatened to kill you? <input type="checkbox"/> Has the suspect ever used weapons against you or threatened to? <input type="checkbox"/> Has the suspect ever threatened to kill anyone else or kill himself/herself? <input type="checkbox"/> Has the suspect attempted suicide? <input type="checkbox"/> Does the suspect have a history of mental illness or emotional problems? <input type="checkbox"/> Have you ever been seriously injured by the suspect? <input type="checkbox"/> Have things recently gotten worse (more frequent or more severe)? <input type="checkbox"/> Does the suspect abuse alcohol or drugs? List: _____ <input type="checkbox"/> Has the suspect ever been abusive when drinking or using drugs? <input type="checkbox"/> Has the suspect ever been violent in front of others or in public? <input type="checkbox"/> Has the suspect ever put hands or objects around your neck and squeezed (choked)? <input type="checkbox"/> Has the suspect ever been violent toward children? <input type="checkbox"/> Are you currently pregnant? <input type="checkbox"/> Does the suspect have few friends or seem emotionally dependent on you? <input type="checkbox"/> Does the suspect seem unusually jealous/possessive, or to consider you his/her "property"? <input type="checkbox"/> Has the suspect ever been violent when you left or talked about leaving him/her? <input type="checkbox"/> Have you recently left the suspect? <input type="checkbox"/> Has the suspect ever forced you to have sex against your will? <input type="checkbox"/> Have police been called out regarding violence between you and this suspect? <input type="checkbox"/> Has the suspect recently lost his/her job or had trouble keeping a job? <input type="checkbox"/> Has the suspect ever been violent toward pets? <p>_____ # of boxes checked</p> <p>*These Risk Factors have been associated with family violence that has escalated to homicide or serious bodily injury.</p>						
<p>Photographs Taken of:</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%;"><input type="checkbox"/> Children</td> <td style="width:20%;"><input type="checkbox"/> Crime Scene</td> </tr> <tr> <td><input type="checkbox"/> Victim</td> <td><input type="checkbox"/> Weapon</td> </tr> <tr> <td><input type="checkbox"/> Arrested Person</td> <td></td> </tr> </table>	<input type="checkbox"/> Children	<input type="checkbox"/> Crime Scene	<input type="checkbox"/> Victim	<input type="checkbox"/> Weapon	<input type="checkbox"/> Arrested Person		
<input type="checkbox"/> Children	<input type="checkbox"/> Crime Scene						
<input type="checkbox"/> Victim	<input type="checkbox"/> Weapon						
<input type="checkbox"/> Arrested Person							
<p>In cases of Arrest:</p> <input type="checkbox"/> Emergency Protective Order offered <input type="checkbox"/> Victim Requested EPO <input type="checkbox"/> Victim Declined EPO <input type="checkbox"/> Victim Notification form turned in at Jail <input type="checkbox"/> This arrest involved serious bodily injury and/or use/display of a weapon. EPO Mandatory <input type="checkbox"/> Officer completed EPO application on Aggravated Arrests due to victim's refusal							

Offense Location: _____ **Time:** _____ **Date:** _____

911 call original caller was: Victim Hospital Neighbor Family Member Other (List) _____

Reporting Person Name/Phone: _____

Victim	<p>Condition of Victim Upon Officer Arrival</p> <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> Other (List) _____	<p>Complain of Pain</p> <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Bite Mark(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Gunshot(s) <input type="checkbox"/> Deep Cut(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Offensive Contact <input type="checkbox"/> Other (List) _____	<p>Victim Name/DOB: _____</p> <p>Home #: _____ Work #: _____ Cell #: _____</p> <p>Email Address: _____</p> <p>Address: _____</p> <p>Temporary Address: _____</p> <p>Contact Person Name/Phone: _____</p> <p>Alcohol/Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Substance: _____</p>
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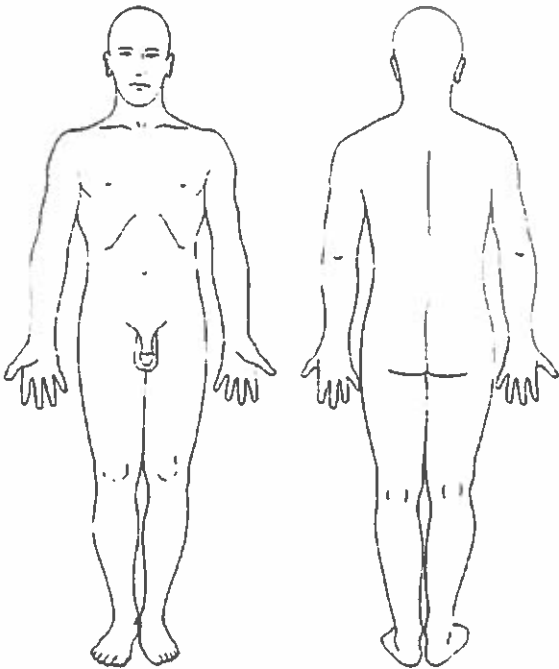
Suspect	Condition of Suspect Upon Officer Arrival	Complain of Pain	Suspect Name/ DOB:			
	<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Bite Mark(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Gunshot(s) <input type="checkbox"/> Deep Cut(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Offensive Contact <input type="checkbox"/> Other (List) _____	Contact Information: On Probation/Parole?: <input type="checkbox"/> Yes <input type="checkbox"/> No County: _____ P.O. Name: _____ Does suspect have outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No CHL? <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol/Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Substance: _____ Suspect Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Arrested?: <input type="checkbox"/> Yes <input type="checkbox"/> No Charge: _____			
Relationship	Relationship of Victim/Suspect		Length of Relationship: _____ yrs. _____ months			
	<input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Cohabiting Partners <input type="checkbox"/> Household Member <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Siblings <input type="checkbox"/> Other Relative <input type="checkbox"/> Parents of Same Child <input type="checkbox"/> Dating <input type="checkbox"/> Former Dating Parent/Child	Relationship Ended?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ended: _____ Prior Incidents/ previous call numbers/ dates/ jurisdictions etc. if known _____			
P.O.	Protective Order ever issued?	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Unknown	<input type="checkbox"/> Texas <input type="checkbox"/> Other State	EPO	Other Orders	Criminal Trespass
				<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Ex Parte <input type="checkbox"/> Restraining Order	<input type="checkbox"/> No Contact condition of bond <input type="checkbox"/> Other (List) _____ <input type="checkbox"/> None
Incident	Description of Incident- Check All That Apply:	<input type="checkbox"/> Offensive contact <input type="checkbox"/> Threat of Sexual Assault <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Grabbing <input type="checkbox"/> Restraining <input type="checkbox"/> Burning <input type="checkbox"/> Scratching <input type="checkbox"/> Biting <input type="checkbox"/> Cutting <input type="checkbox"/> Stalking <input type="checkbox"/> Used Weapon <input type="checkbox"/> Homicide <input type="checkbox"/> Other (List) _____	Weapons Used Suspect	Victim	Were Children Present	Were Children Interviewed?
	<input type="checkbox"/> Destroying Property <input type="checkbox"/> Throwing Objects <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Hitting with Fist (closed) <input type="checkbox"/> Slapping (open hand) <input type="checkbox"/> Biting <input type="checkbox"/> Kicking <input type="checkbox"/> Choking/Strangulation <input type="checkbox"/> Threat w/ Weapon <input type="checkbox"/> Prevented from Leaving <input type="checkbox"/> Threat of Retaliation <input type="checkbox"/> Threat of Physical Violence		<input type="checkbox"/> None <input type="checkbox"/> Knife <input type="checkbox"/> Blunt Object <input type="checkbox"/> Firearm <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> None <input type="checkbox"/> Knife <input type="checkbox"/> Blunt Object <input type="checkbox"/> Firearm <input type="checkbox"/> Vehicle <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Did they: <input type="checkbox"/> See the Incident <input type="checkbox"/> Hear the Incident	<input type="checkbox"/> Yes <input type="checkbox"/> No Interviewed By: _____
Children*	Name of Child:	DOB	Name of Child:	DOB	Name of Child:	DOB
	Relationship to Victim: Relationship to Suspect:		Relationship to Victim: Relationship to Suspect:		Relationship to Victim: Relationship to Suspect:	
	Demeanor on scene:	<input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Other (List) _____	Demeanor on scene:	<input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Other (List) _____	Demeanor on scene:	<input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Other (List) _____
	<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm	_____	<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm	_____	<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm	_____

Witnesses*	Name and Phone number of Witness:	Name and Phone number of Witness:	Name and Phone number of Witness:
	Relationship to Victim: Relationship to Suspect:	Relationship to Victim: Relationship to Suspect:	Relationship to Victim: Relationship to Suspect:
	Demeanor on scene: <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm	<input type="checkbox"/> Afraid <input type="checkbox"/> Nervous <input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Agitated/Excited <input type="checkbox"/> Calm

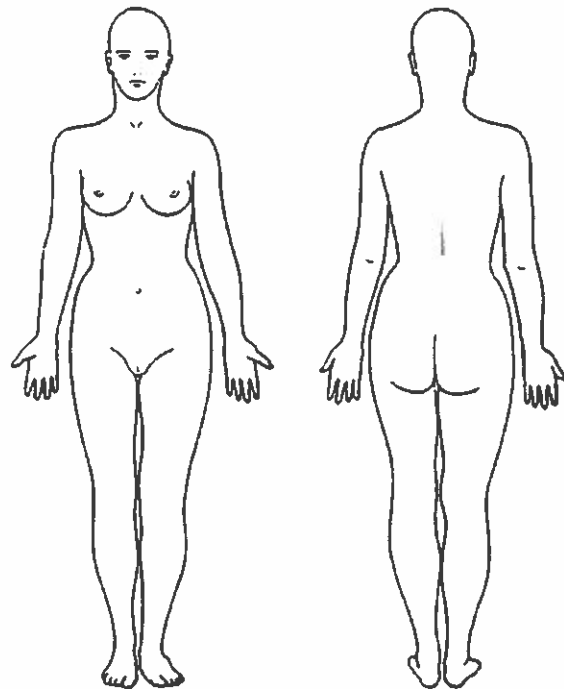
**Attach additional forms/sheets if more than three witnesses or children*

Officer Additional Comments or Victim or Suspect Spontaneous Statements:

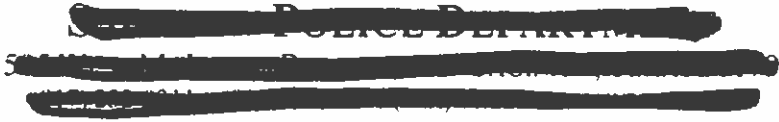
Victim/Suspect



Victim/Suspect



Officer Name/ID#: _____ Officer Signature: _____ Date: _____



~Assault Packet ~
Impeding Breath/Circulation Supplement

(Complete in addition to, not instead of, assault packet)

How was the victim strangled?

- One hand (R or L) Two Hands Forearm (R or L) Knee/Foot
- circle one circle one circle one

Ligature (rope, cord, etc.) Describe: _____

How much force did the suspect use to squeeze the victim's neck? (low) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

circle one

How long did strangulation last? _____ Seconds, or _____ Minutes

How many times did the suspect squeeze the victim's neck? _____

Did the suspect shake the victim, hit victim's head, or shove victim against anything during the assault?

No Yes, describe: _____

During, or as a result of the strangulation did the victim have trouble breathing, feel light headed,

faint or blackout. Did the victim lose consciousness N Y – for how long? _____

Did the victim lose control of bodily functions as a result of being strangled? (Urinate, defecate, regurgitate, or did they feel like they would): _____

Did suspect say anything while squeezing the victim's neck? _____

What did the suspect's face look like while squeezing the victim's neck? _____

Did the victim fight back? N Y – How? _____

What caused the suspect to stop squeezing the victim's neck? _____

What did the victim feel when the suspect was squeezing the victim's neck? _____

Was the victim afraid for their life while the suspect was squeezing the victim's neck? N Y

Where did the assault occur? (specific area) _____

Description of offense location: (look for damage to walls, broken furniture, items that caused injury, etc.) _____

Victim/Witness Voluntary Statement

My name is _____ and live at _____ in
(Name, Last, First Middle Initial) (House Number Street)
County Texas . I am _____ years of age. My Social Security Number is
(County) (Zip Code)
. My date of birth is _____ . My telephone number at home is _____

My telephone number at work is _____ . My cell phone number is _____ .

I have _____ years of formal education and do read, write, and understand the English or Spanish language.
(Circle One)

I am giving this statement to _____ of the Saginaw Police Department of my
(Officer taking statement)
own free will, for whatever purposes it may serve. I am not under arrest, nor am I being forced in any manner to make these statements.

They are and will be the same statements I would make during the presentation of this case in a court of law.

Name

Place

Witness

Date and Time

Declaracion Voluntaria de Victima/Testigo

Mi nombre es _____ y vivo en _____ En _____ Condado en Texas
(Apellido, Primer, Segundo inicial) (Numero de Casa - Calle) (Condado)

_____. Yo Tengo _____ anos. Mi numero de seguro social es _____. Mi fecha de nacimiento es
(Codigo)

_____. Mi numero de telefono en la casa es _____. Mi numero de telefono en el trabajo es

_____. Mi numero de telefono celular es _____. Yo tengo _____ anos de educacion formal y se leer

Engles o Espanol. Yo estoy dando Esta declaracion al oficial _____; del Saginaw Police Department
(Circule Uno) (Oficial tomando la declaracion)

voluntariamente, por cualquier intencion que pueda server. Yo no estoy arrestado, ni estoy forzado hacer la declaracion . Si son

las declaraciones que yo haria en la corte para presenter este caso.

NOMBRE

LUGAR

TESTIGO

FECHA Y HORA

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:

- Continuing Medical Care Insurance Legal Purposes Military
 Personal Use School Social Security/Disability
 Other: _____

INFORMATION TO BE RELEASED OR ACCESSED:

- History & Physical Operative Reports Lab/Pathology Reports
 Consultation Report Discharge/Death Summary X-ray Reports/Images
 Emergency Room Record Face Sheet
 Other: Any other reports related to the dates of treatment

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):

 (Doctor, Hospital, Attorney, Insurance Company, Self, etc.) Phone Number

 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):

 (Doctor, Hospital, Abogado, Compañía de Seguros, Usted, etc.)

Numero de Telefono _____

 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 molde de paciente o representante
 Legalmente Autorizando

 Para el uso del departamento

 Relacion con el paciente

STATE OF TEXAS

§

MAGISTRATE COURT

VS.

§

TARRANT COUNTY, TEXAS

§

Name Last, First, Middle, Race/Sex, DOB
Defendant

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 _____
Last Name First Name Middle Name Race/Sex
- 2) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race Sex
- 3) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race Sex
- 4) _____ DOB _____ Relationship _____
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, stalking or sexual assault under sections 22.01, 22.02, and 42.072 (b) 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 _____, Texas; _____ or
Street City County Zip Code

Going within 500 feet of the place of business _____ of a person protected
Name of business

by this order located at _____, Texas; _____ or
Street City County Zip Code

Going within 500 feet of _____ school 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
child protected by this order located at _____, Texas; _____ or
Street City County Zip Code

Going within 500 feet of _____ located at
_____ , Texas; _____
Street City County Zip Code

Signature: _____
Applicant (Print Name): _____
Date: _____

STATE OF TEXAS

§

MAGISTRATE COURT

VS.

§

TARRANT COUNTY, TEXAS

§

Last Name, First Name, Middle Name, Race/Sex, DOB

Defendant

MAGISTRATE'S ORDER FOR EMERGENCY PROTECTION

On this day the defendant appeared before the undersigned magistrate after arrest for an offense involving family violence, stalking or sexual assault under sections 22.01, 22.02, and 42.072 (b) Texas Penal Code.

After a post-arrest hearing as provided by law, the Court considered the request by the filing agency for issuance of a Magistrate's Order for Emergency Protection against the above named defendant and after considering the evidence, the Court enters an order intended to protect:

- 1) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race/Sex
- 2) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race/Sex
- 3) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race/Sex
- 4) _____ DOB _____ Relationship _____
Last Name First Name Middle Name Race/Sex

IT IS HEREBY ORDERED that effective immediately and for the next ___ days: expiring at 12:00 midnight on _____, 20___, the defendant is prohibited from:

Committing family violence, stalking or sexual assault under or acts in furtherance of an offense under sections 22.01, 22.02, and 42.072 (b) Texas Penal Code on any person(s) named above, as these terms are defined herein:

Communicating directly with any person(s) named above, with a member of the family or household of the victim in a threatening or harassing manner; or communicating a threat through any person to a member of the family or household of the victim or to any person(s) named above;

Possessing a firearm, unless the person is 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;

In the order of emergency protection, the magistrate shall suspend a license to carry a concealed handgun issued under Subchapter H, Chapter 411, Government Code, that is held by the defendant. (m) In this article: (1) "Family," "family violence," and "household" have the meanings assigned by Chapter 71, Family Code. (2) "Firearm" has the meaning assigned by chapter 46, Penal Code. (m) On motion, notice, and hearing, or on agreement of the parties, an order for emergency protection issued under this article may be transferred to the court assuming jurisdiction over the criminal act giving rise to the issuance of the emergency

___ The Court finds that the applicant has requested confidentiality of addresses. *

Going within 500 feet of the **residence** of a person protected by this order located at _____, Texas; _____ or _____
Street City County Zip Code

Going within 500 feet of the **place of business** _____ of a person protected
Name of business
by this order located at _____, Texas; _____ or _____
Street City County Zip Code

Going within 500 feet of _____ **school** 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 child
protected by this order located at _____, Texas; _____ or _____
Street City County Zip Code

Going within 500 feet of _____ located at
Street City County Texas; Zip Code

*** IF CONFIDENTIALITY OF ADDRESSES IS REQUIRED USE THE FOLOWING:**

For the above items give specific addresses, however, include where applicable: "ANY residence in Tarrant County of (Victim's name or name of children)" OR "Any place of employment or business in Tarrant County of (victim'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, or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.¹

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 or 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, Penal Code; or causing, permitting, encouraging, engaging in, 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, Penal Code, or pornographic.²

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, whether or not those individuals reside together.³ 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 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.⁴

The term "household" means a unit composed of persons living together in the same dwelling, whether or not they are related to each other.

The term "member of a household" includes a person who previously lived in a household.⁵

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 general purposes.⁶

¹ §71.01(b)(2), Family Code
² §261.001(1), Family Code
³ §71.01(b)(3), Family Code
⁴ See §§ 573.022 and 573.024, Government Code
⁵ § 71.01(b)(4) and (5), Family Code
⁶ §101.003.FamilyCode

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 Morals, 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. The existence of such a relationship shall be determined based on consideration of the length of the relationship, the nature of the relationship, and the frequency and type of interaction between the persons involved in the relationship. A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a "dating relationship".

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 inflict 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.⁷

The term "sexual assault" means (a) A person commits an offense 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. (b) 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 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 on 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.⁸

IT IS FURTHER ORDERED that the defendant shall remain in custody until served with a copy of this Order.

⁷ § 42.071, Penal Code

⁸ § 22.011, Penal Code

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

WARNING

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.”

IT IS FURTHER ORDERED that the clerk of the court shall send a copy of this order:

To the Sheriff of Tarrant County, Texas, where an individual protected by this Order resides.

To the Chief of Police _____, Texas, where an individual protected by this Order is employed

To the Police Chief Sheriff of _____, Texas, where an individual protected by this Order goes to school.

To the Principat of the _____ school where an individual protected by this Order attends.

To the Director of the childcare facility _____ where an individual protected by this Order attends.

To the Protected Person listed in this order _____

Signed, entered and issued this _____ day of _____, 20__.

Judge, Magistrate Court
Tarrant County, Texas

DEFENDANT'S ACKNOWLEDGMENT

I am the defendant in this case and I was presented with a copy of the Magistrate's Order for Emergency Protection attached hereto at _____ am/pm on _____, 20__.

Defendant

Case Number: _____

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__.

Deputy (signature)

Deputy (print)

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 1-877-717-7233

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 (your agency's liaison number

here)
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 CRIME*: The Texas Code of Criminal Procedure defines rights for all victims of violent crime. Under Texas law, you have the right to:

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

Contact your Crime Victim Liaison (number Here) 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.slate.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 1-877-717-7233

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 neseseite 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

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 guarderia), 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, si 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 periodo 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, porfavor 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 (numero aqui) 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. Porfavor 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 Dia). 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, porfavor 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 Procuraduria 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 incluyen:

- | | |
|---|-------------------------------|
| ➤ Gastos medicos, incluso asesoria | ➤ Reemplazo de ropa y ropa |
| ➤ Gastos del funeral y entierro | De cama tomada como |
| ➤ Perdida de ingresos por el incidente, Participación en el sistema de justicia Criminal, o buscando ayuda medico | Evidencia en la investigación |
| ➤ Perdida de Manutención | De violacion sexual. |
| ➤ Asistencia en gastos de guardería en Unos casos | ➤ Gastos resonables por la |
| ➤ Limpieza de la Escena del Delito | 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: