



CONFLICT DB#: \_\_\_\_\_  
ODYSSEY CONTROL#: \_\_\_\_\_  
INITIALS: \_\_\_\_\_

## PROTECTIVE ORDER UNIT CONFLICT CHECK FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M./P.M.

**A legal conflict could exist that would prohibit our office from assisting you in this matter.  
Please complete this form to determine whether or not a legal conflict exists.**

**APPLICANT – THE PERSON REQUESTING THE PROTECTIVE ORDER**

If you need to add another Applicant  
please ask for assistance.

LEGAL NAME: \_\_\_\_\_  
*(AS IT APPEARS ON A DRIVER'S LICENSE or OFFICIAL GOVERNMENT I.D.)*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**RESPONDENT - THE PERSON YOU WANT THE PROTECTIVE ORDER AGAINST**

LEGAL NAME: \_\_\_\_\_  
*(AS IT APPEARS ON A DRIVER'S LICENSE or OFFICIAL GOVERNMENT I.D.)*

ADDRESS: \_\_\_\_\_  
Cannot proceed without a CURRENT Address

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Cannot proceed without DOB

RELATIONSHIP WITH RESPONDENT: \_\_\_\_\_

***For Office Use Only:***

\_\_\_ OLD \_\_\_ KEY \_\_\_ ODY CONFLICT: YES NO COMPLETED BY \_\_\_\_\_ AT: \_\_\_\_\_

|                   | PO APPLICATIONS | CIVIL HISTORY | CRIMINAL HISTORY |
|-------------------|-----------------|---------------|------------------|
| <u>APPLICANT</u>  |                 |               |                  |
| <u>RESPONDENT</u> |                 |               |                  |

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCREEN BY: \_\_\_\_\_ RESULT: \_\_\_\_\_

I certify that I have read and understand the following:

A protective order is a civil court order issued to prevent family violence, sexual assault or stalking.

A person may be eligible for a protective order if the court finds that family violence has occurred and is likely to occur again in the future or the person is the victim of a sexual assault or stalking. A family violence protective order is designed to PREVENT family violence from occurring, not punish someone for having committed family violence in the past. Thus, it is necessary that there be some indication that family violence is likely to occur in the future in order for a request for a family violence protective order to be accepted.

To apply for a family violence protective order, the victim MUST:

- (1) be related by blood or marriage to the person against whom the order is requested; OR
- (2) be living in the same household with, or have previously lived in the same household with the person against whom the order is requested; OR
- (3) have a child with the person against whom the order is requested; OR
- (4) have or have had a dating relationship with the person against whom the order is requested; OR
- (5) have been sexually assaulted by the person against whom the order is requested; OR
- (6) have had an act of violence or threat of imminent physical violence committed against her/him because of her/his marriage to or dating relationship with an individual with whom the alleged abuser is or has been in a dating relationship or marriage.

The El Paso County Attorney's Office will not represent a person in any pending divorce action or in any suit affecting the parent-child relationship nor settle any issues regarding custody, visitation, property or other disputes. Furthermore, the El Paso County Attorney's Office will not defend a person in a protective order action that is filed against her/him.

The name and address of the person against whom the protective order is requested is required. While the El Paso County Attorney's Office may assist in securing this information, I UNDERSTAND the El Paso County Attorney's Office may refuse, dismiss or delay this application if this information is not available.

If this application for protective order is accepted, I will be responsible for keeping the El Paso County Attorney's Office informed of any changes in the applicant's home address and telephone number, work address and telephone number, and cell telephone number. I UNDERSTAND that should I fail to maintain contact with the El Paso County Attorney's Office or fail to come back into the offices of the El Paso County Attorney to sign an affidavit that I do not want to proceed with my application, the El Paso County Attorney's Office may proceed with filing an application for a protective order on my behalf. I FURTHER UNDERSTAND that the El Paso County Attorney's Office may, in its discretion, not proceed with the filing of my application should I fail to maintain contact with the office or fail to provide all the information needed to process my application.

I UNDERSTAND the El Paso County Attorney's Office will often send the applicant copies of all court settings and correspondence by regular mail.

I UNDERSTAND that the applicant will be required to attend all court settings, unless otherwise instructed by the El Paso County Attorney's Office.

I UNDERSTAND that the court, in its discretion, may dismiss an application for protective order if the applicant fails to appear at any required court setting.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION FOR LEGAL SERVICES TO OBTAIN A PROTECTIVE ORDER ARE TRUE AND CORRECT. I UNDERSTAND THE CONSEQUENCES OF FALSIFYING ANY INFORMATION OR BRINGING THIS SUIT FOR ANY REASON OTHER THAN FOR THE PROTECTION OF A VICTIM OF FAMILY VIOLENCE AND MEMBERS OF THAT VICTIM'S HOUSEHOLD.

**APPLICANT INFORMATION**

\_\_\_\_\_ Please initial if you received a copy of the Personalized Domestic Violence Safety Plan brochure.

**Mailing Address (if different from your residential address)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does the Respondent know where you live?  Yes  No

If no, is this address to be kept confidential?  Yes  No

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Information for Applicant: (where do you currently work)**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Does the Respondent know where you work?  Yes  No

If no, is this address to be kept confidential?  Yes  No

**Emergency Contact Person: (who can we call when we cannot reach you)**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Indicate which of the following best describes you:**

Hispanic  African-American  White  Other: \_\_\_\_\_

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**RESPONDENT'S INFORMATION**

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Information:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

**Indicate which of the following best describes the Respondent:**

Hispanic  African-American  White  Other: \_\_\_\_\_