

PROTECTION ORDER APPLICATION FORM

This document has been translated with a view to facilitating the understanding of its contents, but it may only be completed in Spanish.

PROTECTION ORDER APPLICATION FORM

DATE:

TIME:

BODY RECEIVING THE APPLICATION

Name of the body:

Address:

Telephone:

Fax:

e-mail:

Town/City:

Person receiving the application (name or professional ID
card number:

LEGAL ASSISTANCE

Do you have a lawyer to assist you? Yes No

If not, do you wish to contact the legal aid service of the Spanish Bar
Association to receive legal advice? Yes No

VICTIM

Surname(s):

Name:

Place / Date of Birth:

Nationality:

Gender:

Name of father:

Name of mother:

Address^{1,*}

Do you wish the address to remain secret?

¹ Where the victim states a desire to leave the family home, the new address to which he or she is going to move must not be noted but rather the current address of residence. Furthermore, the address given need not be the person's own address, but any contact address ensuring that the person can be summonsed by the Police or by the Court.

Contact telephone numbers²:	
Do you wish the number(s) to remain secret?	
Spanish ID card nº	Foreigner's ID nº or Passport nº

APPLICANT WHO IS NOT A VICTIM

Surname(s):		Name:
Place / Date of Birth:		Nationality:
Sex:		
Name of father:		Name of mother:
Address:		
Contact telephone numbers :		
Spanish ID card nº	Foreigner's ID nº or Passport nº	
Relationship with the victim:		

PERSON ACCUSED

Surname(s):		Name:
Place / Date of Birth:		Nationality:
Sex:		
Name of father:		Name of mother:
Address (known or potential):		
Address of workplace:		
Contact telephone numbers (known or potential)		
Telephone number of workplace:		
Spanish ID card nº	Foreigner's ID nº or Passport nº	

RELATIONSHIP BETWEEN VICTIM AND PERSON ACCUSED

<p>Have you presented any accusations previously against the same person? Yes No</p> <p>If so, please indicate the number of accusations lodged:</p>
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² The telephone number given need not be the person's own, but any contact telephone number ensuring that the person can be summonsed by the Police or by the Court.

Do you know if this person is involved in any legal proceedings in connection with any crime or misdemeanour? Yes No

If so, please indicate, if known, the Court(s) involved and the reference number of the proceedings.

What relationship, if any, exists with the person accused?

FAMILY SITUATION

PEOPLE LIVING AT THE SAME ADDRESS

<u>Name and surname(s)</u>	<u>Date of Birth</u>	<u>Relationship</u>

DESCRIPTION OF THE FACTS REPORTED AS THE BASIS FOR THE PROTECTION ORDER

(Detailed report of the circumstances as they occurred)

Facts and reasons for requesting a Protection Order³.

Most recent event on which the application is based

³ In the event that the application for a protection order is submitted to representatives of the Security Forces, this section may be replaced by the information provided by the party reporting the matter in his or her formal statement.

What acts of violence have occurred previously, regardless of whether or not they were reported, against any persons (victim, relatives, minors or other individuals) or things?

Did any of these take place in the presence of minors?

Is there currently any situation of risk for minors, including the possibility that any children might be taken away?

Does the assailant have any weapons in the house or access to the same at work or for other reasons?

Were there any witnesses to the events? (If so, indicate name, address and telephone number)

Is there any other evidence to corroborate your statements? (Such as, for example, broken furniture, cut telephone lines, objects destroyed, messages recorded on answering machines, texts to cell phones, letters, photographs, documents, ...)

Which town or city did the events occur in?

MEDICAL ATTENTION

Were you injured or did you suffer any psychological ill-treatment?

Have you been seen at a Medical Centre? Yes No

Has the victim provided any doctor's report or other medical or psychological documentation?⁴ Yes No

If no report is provided, indicate the medical centre and date any assistance was received.

⁴ If so, attach a copy of the report as an appendix to this application

MEASURES REQUESTED:

INTERIM MEASURES FOR CRIMINAL PROTECTION

- **if you are living at the same address as the person accused, do you wish to continue at the same address with your children, if any?**
Yes No
- **Do you wish the person accused to leave that address in order to guarantee your safety?**
Yes No
- **Do you wish the person accused to be prohibited from approaching you? Yes No**
And from approaching your children? Yes No
- **Do you wish the person accused to be prohibited from contacting you? Yes No**
And from contacting your children? Yes No

INTERIM MEASURES FOR CIVIL PROTECTION⁵

- **Do you wish to request the provisional allocation of the use of the family home?**
Yes No
- **Provisional régime for custody of, visits to, communication with and prolonged cohabitation with children.**
Do you have any minor children in common? Yes No
If so, please indicate the number and ages.

Do you wish to retain custody of your children? Yes No

Do you wish your spouse/partner to have a pre-established régime for visiting your children? Yes No
- **Provisional régime for provision of alimony.**
Are you interested in the payment of an allowance by your spouse/partner for you or your children? Yes No

⁵ These civil measures can only be requested by the victim or his or her legal representative, or else by the Office of the Public Prosecutor when there are minor children or incapable individuals involved; they can only be established if they are expressly requested.

If so, in favour of whom?

If the answer to the preceding question is affirmative, how much would you estimate as the basic needs of each person requiring such an allowance?

If there is a risk of the minor children being taken away, do you wish any interim measure to be adopted in this regard?

OTHER MEASURES Do you need to obtain any kind of assistance or social aid?

Is the victim in paid employment?

Yes No

If so, please indicate the approximate monthly amount received, if known.

Is the person accused in paid employment?

Yes No

If so, please indicate the approximate monthly amount received, if known.

Does the family have any other income?

Yes No

If so, please indicate the approximate monthly amount, if known.

IF YOU WISH, YOU CAN BE SEEN AT THE PUBLIC MOBILE ASSISTANCE SERVICE FOR VICTIMS OF DOMESTIC ABUSE: TELEPHONE HOTLINES 900 222 292 and 963 695 037

COURT TO WHICH THE APPLICATION IS SUBMITTED:

TO BE COMPLETED BY THE BODY AT WHICH THE APPLICATION IS PRESENTED

(Signature of the applicant)

BASIC INSTRUCTIONS

- 1. It is not essential to answer all of the questions, but it is important to try to do so.**
- 2. Once this form has been completed, a copy must be given to the person making the application. The original must be sent to the Duty Court in the town or city in question or, where appropriate, to the Court for Violence against Women, with another copy being kept by the body receiving the application.**
- 3. If the victim has furnished a medical report, previous police reports or other documents of interest, these shall be attached as appendices to the application.**