

Republic of the Philippines  
Province of \_\_\_\_\_  
City/Municipality \_\_\_\_\_  
Barangay \_\_\_\_\_

BARANGAY PROTECTION ORDER (BPO) APPLICATION FORM

1. IF APPLICATION IS MADE BY AN APPLICANT OTHER THAN THE VICTIM

NAME OF APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_  
RELATIONSHIP TO VICTIM(S): \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

2. IF APPLICATION IS MADE BY THE VICTIM-SURVIVOR

NAME OF VICTIM(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_  
OCCUPATION/SOURCE OF INCOME: \_\_\_\_\_  
CIVIL STATUS: ☐ Single ☐ Married ☐ Widow ☐ Separated ☐ Legally Separated

3. NAMES OF CHILDREN	DATE OF BIRTH	SEX
_____	_____	_____
_____	_____	_____

OTHER CHILDREN UNDER THE VICTIM’S CARE	DATE OF BIRTH	SEX
_____	_____	_____
_____	_____	_____

4. NAME OF RESPONDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_  
SEX: \_\_\_\_\_ OCCUPATION/SOURCE OF INCOME: \_\_\_\_\_  
CIVIL STATUS: ☐ Single ☐ Married ☐ Widow ☐ Separated ☐ Legally Separated

5. RELATIONSHIP OF VICTIM TO RESPONDENT  
☐ Wife ☐ Former Wife ☐ Live-In Partner ☐ Dating Relationship ☐ Sexual Relationship

6. ACTS COMPLAINED OF: ☐ Threats ☐ Physical Injuries  
DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_

7. DATE(S) OF COMMISSION: \_\_\_\_\_  
8. PLACE(S) OF COMMISSION: \_\_\_\_\_  
9. IF APPLICANT IS NOT THE VICTIM, STATE THE CIRCUMSTANCES OF CONSENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT/VICTIM: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature over Printed Name

VERIFICATION OF THE PUNONG BARANGAY

I certify the victim and/or applicant for BPO who personally appeared before me is a bonafide resident of this barangay and is the same person who supplied all the information and attest to the correctness of said information.

\_\_\_\_\_  
Punong Barangay  
\_\_\_\_\_  
Date Issued