



**JIM FASHING**  
INTERIM EXECUTIVE DIRECTOR

**COUNTY OF EL PASO**  
**DOMESTIC RELATIONS OFFICE**  
500 E. SAN ANTONIO • RM. LL-108  
EL PASO, TEXAS 79901  
PHONE: (915) 834-8200  
FAX: (915) 834-8299

**Kristina Voorhies Legan**, Board Certified –  
Family Law, Chief – Enforcement Division  
**Edna Telles** Chief – Family Court Services  
Division  
**Flor Galvan**, Chief – Child Support Monitoring  
and Customer Service Division  
**Ouisa Davis**, Chief – Friend of Court Division

**CRITERIA FOR ACCEPTANCE OF AN ENFORCEMENT CASE BY THE DRO**

The El Paso County Domestic Relations Office will enforce court orders for child support and visitation through the “Friend of the Court” program. When the DRO accepts an application for enforcement, the DRO does not represent the applicant, nor the respondent. The DRO represents only the interests of the court that rendered the order as the “Friend of the Court.” Each party to the case has the right to hire an attorney to represent him or her in any court action that may be taken by the DRO. Any person that is a party to a case may apply for services through the Friend of the Court program, as long as the following criteria are met:

- 1) the order to be enforced was issued by an El Paso court, or has already been transferred to El Paso if it was originally issued by a court outside of El Paso;
- 2) There is no litigation pending;
- 3) The obligee (for a child support case) is not receiving welfare (and has not otherwise assigned support rights to the State of Texas or the Attorney Generals’ Office), and the case is not already an Attorney General/Title IV-D case;
- 4) There is a FINAL order for either child support or visitation in place (this includes divorce decrees, modification orders, paternity decrees or orders establishing the parent-child relationship, and protective orders, but not temporary orders) attached to this application;
- 5) Applicant is current in payment of the annual service fee, in cases where that is owed

If you wish to apply for services with the Enforcement Division of the DRO, please complete an application (currently available at the DRO offices and on the DRO website, [www.epcounty/dro](http://www.epcounty/dro)) and return it to the DRO along with the \$250.00 nonrefundable application fee and a copy of each pertinent court order. You will be notified in writing of the DRO’s acceptance of your case, and any actions taken by the office.

**NOTICE:**

If the respondent lives out of town, the applicant will be required to pay the costs of serving the respondent (usually about \$175.00, but it varies with location). If the applicant lives out of town, they may be required to attend a hearing or hearings in El Paso.

I certify that I have read, understood and agree to abide by the terms of these criteria.

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APPLICANT SIGNATURE

EL PASO COUNTY  
DOMESTIC RELATIONS OFFICE  
500 E. SAN ANTONIO STREET, ROOM LL108  
EL PASO, TEXAS 79901  
(915)834-8200 HOURS: 8:00AM – 4:30 PM

**FOR INTERNAL USE ONLY**

Receipt No.: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Submitted by: Mail / Walk-in / E-mail  
Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**APPLICATION FOR PREPARATION OF ADMINISTRATIVE WRIT  
OF WITHHOLDING FOR CHILD SUPPORT ARREARAGE**  
**APPLICATION FEE \$250.00**

PLEASE READ THE “**CRITERIA FOR ACCEPTANCE OF A CASE BY THE DRO**” ATTACHED TO THE BACK OF THIS APPLICATION BEFORE SUBMITTING THE APPLICATION. THE APPLICATION FEE IS **NOT REFUNDABLE**.

APPLICATION DATE \_\_\_\_\_

CAUSE NO.: \_\_\_\_\_ HOW DID YOU LEARN ABOUT THIS OFFICE? \_\_\_\_\_

**INFORMATION ABOUT PARTIES – (PLEASE PRINT)**

APPLICANT INFORMATION:

NAME: \_\_\_\_\_

INFORMATION ON PERSON RECEIVING CHILD SUPPORT (Payee):

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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

SOCIAL SECURITY NO.: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WORK/CELL PHONE:(\_\_\_\_) \_\_\_\_\_ HOURS: \_\_\_\_\_

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

INFORMATION ON PERSON ORDERED TO PAY CHILD SUPPORT (Payor):

NAME: \_\_\_\_\_

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

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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

ALIASES/NICKNAMES: \_\_\_\_\_

RACE : \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WORK/CELL PHONE:(\_\_\_\_) \_\_\_\_\_ HOURS: \_\_\_\_\_

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

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PLEASE PROVIDE ADDRESS THAT THE ADMINISTRATIVE WRIT OF WITHHOLDING FOR CHILD SUPPORT ARREARAGE WILL BE SENT TO:

NAME: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

ADDRESS FOR EMPLOYER'S PAYROLL DEPARTMENT:

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

**COURT-ORDERED CHILD SUPPORT INFORMATION**

NAME OF FINAL ORDER IN WHICH CURRENT CHILD SUPPORT WAS ESTABLISHED – **DO NOT INCLUDE TEMPORARY ORDERS:**

DATE ORDER WAS SIGNED: \_\_\_\_\_ IS ORDER AN EL PASO COUNTY ORDER? \_\_\_\_\_  
IF OTHER THAN EL PASO COUNTY WHERE? \_\_\_\_\_ IF OTHER THAN EL PASO COUNTY ORDER, HAS ORDER BEEN  
\_\_\_\_\_ TRANSFERRED TO EL PASO COUNTY? \_\_\_\_\_

ADDITIONAL INFORMATION:

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER?

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

**GENERAL INFORMATION**

IT IS THE POLICY OF THIS OFFICE TO ATTEMPT TO RESOLVE DISPUTES BY DIRECT COMMUNICATION WITH THE PARTIES. IF THERE APPEARS TO BE THE POSSIBILITY OF A DISPUTE OVER THE TERMS OR APPLICABILITY OF A WITHHOLDING ORDER, A LETTER WILL BE SENT TO THE PAYOR AND/OR EMPLOYER IN AN ATTEMPT TO RESOLVE THE DISPUTE.

EVERY REASONABLE EFFORT WILL BE MADE TO RESOLVE THE CHILD SUPPORT DISPUTE WITHOUT COURT ACTION.

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION, AS WELL AS A COPY OF THE ORDER TO BE ENFORCED.

**ADMONISHMENTS**

**BY SUBMITTING THIS APPLICATION, YOU ARE REQUESTING THAT THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE PREPARE AND ISSUE AN ADMINISTRATIVE WRIT OF WITHHOLDING FOR PAYMENT OF CHILD SUPPORT ARREARAGE IN ORDER TO AVOID COURT ACTION. IF YOU HAVE NOT PAID THE \$250.00 ATTORNEY’S FEES, YOU ARE ALSO AUTHORIZING THE DOMESTIC RELATIONS OFFICE TO ISSUE A WRIT OF WITHHOLDING FOR PAYMENT OF ATTORNEY’S FEES IN THE AMOUNT OF \$250.00, IN PAYMENTS OF \$25.00 PER MONTH.**

**THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE ENFORCEMENT DIVISION REPRESENTS ONLY THE COURT THAT HAS RENDERED THE ORDER AS “FRIEND OF THE COURT”. THE OFFICE REPRESENTS NEITHER THE APPLICANT NOR THE PAYOR. BOTH PARTIES HAVE THE RIGHT TO HIRE AN ATTORNEY TO REPRESENT THEM IN ANY COURT ACTION THAT MAY BE TAKEN BY THE DOMESTIC RELATIONS OFFICE.**

**THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE ENFORCEMENT DIVISION IS LIMITED TO ENFORCEMENT OF THE CHILD SUPPORT ONLY, AND WILL NOT REPRESENT THE APPLICANT NOR ACCEPT SERVICE FOR THE APPLICANT IF A COUNTER MOTION IS FILED.**

**THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE ENFORCEMENT DIVISION WILL NOT FILE AN ENFORCEMENT ACTION IF LITIGATION OF ANY KIND IS CURRENTLY PENDING IN YOUR CASE OR IF THE ATTORNEY GENERAL’S OFFICE HAS OPENED A CASE AGAINST EITHER PARTY..**

**I SWEAR OR AFFIRM THAT I HAVE READ THE ENTIRE APPLICATION, I UNDERSTAND THE INFORMATION CONTAINED THEREIN AND THE INFORMATION I HAVE WRITTEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE, AND I AGREE WITH THE TERMS SET FORTH ABOVE.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED