



**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) Both parties, and the child(ren), reside in El Paso County.
- 2) 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;
- 3) There is no litigation pending;
- 4) There is no active protective order in place;
- 5) 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;
- 6) 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 \$30.00 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.

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



**PHYSICAL DESCRIPTION OF THE OTHER PARTY: (TATOOS, BEARD, SCARS, GLASSES, ETC.)**

AUTOMOBILE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
COLOR: \_\_\_\_\_ TAG NO. \_\_\_\_\_ OTHER INFORMATION: \_\_\_\_\_  
ADDITIONAL INFORMATION/OTHER LOCATIONS WHERE SERVICE MAY BE ATTEMPTED: \_\_\_\_\_

**CHILDREN INFORMATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_  
SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_  
SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_  
SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

HOW DID YOU FIND OUT ABOUT THIS OFFICE? *COMO SE DIO CUENTA DE ESTA OFICINA?*

- SELF       COURT/CORTE       IVD/AG OFFICE       OTHER / OTRO

WHAT IS YOUR RELATIONSHIP TO THESE CHILDREN? *QUE ES SU PARENTESCO/RELACIÓN CON ESTOS NIÑOS?*

- FATHER / PADRE     MOTHER / MADRE     GRANDPARENT / ABUELO(A)     LEGAL GUARDIAN / GUARDIAN LEGAL

HOW MANY CHILDREN ARE INVOLVED IN THIS CASE? *CUANTAS NIÑOS ESTÁN INVOLUCRADOS EN ESTE CASO?* \_\_\_\_\_

HOW MANY OTHER CHILDREN ARE YOU RESPONSIBLE FOR? (DOES NOT INCLUDE STEPCHILDREN OR CHILDREN OF YOUR NEW PARTNER) *POR CUANTOS OTROS NIÑOS ES RESPONSABLE? (NO INCLUYE HERMANASTROS O NIÑOS DE SU PAREJA)*

\_\_\_\_\_

**MARITAL STATUS**

AT THE TIME THAT THE CHILDREN INVOLVED IN THIS CASE WERE BORN WERE YOU:

- NOT MARRIED TO THE OTHER PARENT  
 MARRIED TO THE OTHER PARENT  
 SEPARATED FROM THE OTHER PARENT  
 DIVORCED FROM THE OTHER

ARE YOU CURRENTLY MARRIED?

- YES     NO

IF YES, DO YOU HAVE CHILDREN FROM THIS MARRIAGE?

- YES     NO

IF YES, HOW MANY CHILDREN DO YOU HAVE FROM YOUR CURRENT MARRIAGE (DO NOT INCLUDE STEP-CHILDREN) \_\_\_\_\_

**ETHNICITY**

- AMERICAN INDIAN /ALASKA NATIVE
- ASIAN AMERICAN / PACIFIC ISLANDERS
- BLACK/AFRICAN AMERICAN / NEGRO
- WHITE / ANGLO
- HISPANIC / HISPANO
- OTHER / OTRO

**INCOME (IN THOUSANDS)**

- LESS THAN \$10,000 / MENOS DE \$10,000
- \$10,000 – 19,000
- \$20,000 – 29,000
- \$30,000 – 39,000
- \$40,000 AND ABOVE / \$40,000 Y MAS

**COURT-ORDERED POSSESSION INFORMATION**

NAME OF FINAL ORDER IN WHICH CURRENT POSSESSION 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? \_\_\_\_\_

IS PERSON WITH PRIMARY POSSESSION CURRENTLY ON PROBATION IN EL PASO COUNTY FOR FAILURE TO ALLOW POSSESSION? \_\_\_\_\_

LIST AT LEAST THREE DATES THAT AN ATTEMPT TO VISIT WAS DENIED. THESE DATES MUST MATCH WITH DATES ON WHICH YOU ARE ENTITLED TO POSSESSION OF THE CHILDREN ACCORDING TO THE LAST COURT ORDER REGARDING POSSESSION.

1. \_\_\_\_\_  
(MONTH/DATE/YEAR) (DAY OF WEEK) (HOUR)

ADDRESS OF EXCHANGE: \_\_\_\_\_  
CITY STATE ZIP

2. \_\_\_\_\_  
(MONTH/DATE/YEAR) (DAY OF WEEK) (HOUR)

ADDRESS OF EXCHANGE: \_\_\_\_\_  
CITY STATE ZIP

3. \_\_\_\_\_  
(MONTH/DATE/YEAR) (DAY OF WEEK) (HOUR)

ADDRESS OF EXCHANGE: \_\_\_\_\_  
CITY STATE ZIP

FOR ANY ADDITIONAL DATES, INCLUDE THIS INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO YOUR APPLICATION.

WHEN WAS YOUR LAST VISIT WITH THE CHILD(REN)? \_\_\_\_\_

HOW LONG WAS THE VISIT? \_\_\_\_\_

HAVE THE CHILDREN LIVED CONTINUOUSLY WITH THE PERSON WITH PRIMARY POSSESSION SINCE THE DATE OF THE LAST COURT ORDER? \_\_\_\_\_

IF THE CUSTODIAL PARENT HAS GIVEN YOU ANY REASON OR EXCUSE WHY POSSESSION HAS BEEN DENIED, PLEASE EXPLAIN HERE: \_\_\_\_\_

HAS CHILD PROTECTIVE SERVICES OR ANY LAW ENFORCEMENT AUTHORITY CONTACTED YOU WITH REGARD TO THIS CHILD(REN)? \_\_\_\_\_

IF THE CHILD OR CHILDREN HAVE LIVED WITH SOMEONE OTHER THAN THE PERSON WITH PRIMARY POSSESSION, PLEASE COMPLETE THE FOLLOWING:

NAME OF CHILD(REN): \_\_\_\_\_  
 WITH WHOM THE CHILD LIVED: \_\_\_\_\_  
 RELATIONSHIP WITH CHILD(REN): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE No.:(\_\_\_\_\_) \_\_\_\_\_

DATES THE CHILD(REN) RESIDED WITH THE ABOVE:

1. BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_  
 (MONTH/YEAR) (MONTH/YEAR)  
 2. BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_  
 (MONTH/YEAR) (MONTH/YEAR)

PLEASE LIST ANY WITNESSES TO THE ABOVE STATED DATES OF DENIAL OF POSSESSION. (IF A POLICE OFFICER, PLEASE INCLUDE BADGE NUMBER):

1. NAME: \_\_\_\_\_ PHONE NO.:(\_\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 2. NAME: \_\_\_\_\_ PHONE NO.:(\_\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AT ANY TIME WHEN YOU HAVE BEEN DENIED POSSESSION HAVE THE POLICE BEEN INVOLVED? IF SO, LIST THE DATE AND EPPD CASE No. IF ANY, AND DESCRIBE THE ACTION TAKE BY THE POLICE IN THAT INSTANCE, IF ANY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADMONISHMENTS**

THE EL PASO COUNTY **DOMESTIC RELATIONS OFFICE**, ENFORCEMENT DIVISION REPRESENTS ONLY THE COURT WHICH HAS RENDERED THE ORDER AS "FRIEND OF THE COURT". THE OFFICE REPRESENTS NEITHER THE APPLICANT NOR THE RESPONDING PARTY. 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**.

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

|   |   |  |
|---|---|--|
| <b>For office use only</b>  |   |  |
| Services provided by FCS:   | <input type="checkbox"/> Mediation<br><input type="checkbox"/> Counseling / Access Facilitation<br><input type="checkbox"/> Parenting Plan<br><input type="checkbox"/> Education / Cooperative Parenting Classes<br><input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Guidelines/Ct order sem<br><input type="checkbox"/> Monitored visit<br><input type="checkbox"/> Supervised visit<br><input type="checkbox"/> Neutral drop-off<br><input type="checkbox"/> Pre-trial conference<br><br>Date referred to FOC: |
| Parenting time increased?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |