



COUNTY OF EL PASO Domestic Relations Office

Jim Fashing
Executive Director

500 E. SAN ANTONIO • RM. LL-108
EL PASO, TX 79901
☎ (915) 834-8200 📠 (915) 834-8299
www.epcounty.com/dro

Ouisa D. Davis, Chief – Friend of Court Division
Edna Telles, Chief – Family Court Services Division
Flor Galvan, Office Manager

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.com/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 \$150.00, 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

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.: _____
AMT PAID: _____
DATE PAID: _____
SUBMITTED BY: mail/ walk-in/ email

APPLICATION FOR CHILD SUPPORT CALCULATION (“PROCALC”) – APPLICATION FEE \$30.00

NOTICE: The County of El Paso does not currently have software which automatically calculates child support due. In order to accurately calculate whether a person owing child support is behind, and how much, we must enter every single payment due and each payment actually made into a separate software system. The information about payments due comes from the court’s orders; the information about payments made comes from El Paso County records and the records of the Texas State Disbursement Unit. Furthermore, so that our calculations may be accurate, you must provide the graduation month and year of any children who are already eighteen years of age or older. Any calculation we provide will be based upon the information from El Paso County records, State Disbursement Unit records, and information provided by the applicant. If the information provided by the applicant is incorrect, the calculation may be incorrect.

CAUSE NO.: _____

INFORMATION ABOUT PARTIES – (PLEASE PRINT)

APPLICANT INFORMATION – (PAYEE):

NAME: _____	SOCIAL SECURITY NO.: _____
ADDRESS: _____	DRIVER’S LICENSE NO.: _____ STATE _____
CITY: _____	STATE _____ ZIP _____
HOME PHONE: (____) _____	DATE OF BIRTH: _____
EMPLOYER: _____	WORK PHONE: (____) _____ HOURS: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____

INFORMATION ON PERSON ORDERED TO PAY CHILD SUPPORT – (PAYOR):

NAME: _____	SOCIAL SECURITY NO.: _____
ADDRESS: _____	DRIVER’S LICENSE NO.: _____ STATE _____
CITY: _____	STATE _____ ZIP _____
HOME PHONE:(____) _____	DATE OF BIRTH: _____
EMPLOYER: _____	WORK PHONE:(____) _____ HOURS: _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
ALIASES/NICKNAMES : _____	HAIR COLOR: _____ EYE COLOR: _____
RACE : _____ SEX: _____	HEIGHT: _____ WEIGHT: _____

CHILDREN INFORMATION

NAME: _____	SOCIAL SECURITY NO.: _____
ADDRESS: _____	DATE OF BIRTH: _____ PLACE _____
_____	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: _____

NAME: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____

DATE OF BIRTH: _____ PLACE _____

NAME: _____

SEX: _____ GRADUATION DATE: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____

NAME: _____

DATE OF BIRTH: _____ PLACE _____

ADDRESS: _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

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? _____

HAVE THERE BEEN ANY OTHER CHILD SUPPORT ORDERS FOR THESE SAME CHILDREN? YES / NO

IF YES, PLEASE STATE THE TITLE OF THE ORDER AND THE DATE IT WAS SIGNED BY THE JUDGE:

HAS ANY SUBJECT CHILD BEEN WITH THE PAYOR FOR ANY LENGTH OF TIME THAT EXCEEDS COURT-ORDERED VISITATION? _____

IF YES, LIST EACH CHILD'S NAME AND SPECIFIC DATES:

CHILD'S NAME	BEGINNING DATE	ENDING DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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

APPLICANT'S PRINTED NAME

DATE SIGNED