



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

CRITERIA FOR ACCEPTANCE OF AN APPLICATION FOR PREPARATION AND ISSUANCE OF AN ADMINISTRATIVE WRIT OF WITHHOLDING TO TERMINATE OR REDUCE WITHHOLDING FROM EARNINGS FOR CHILD SUPPORT

The El Paso County Domestic Relations Office prepares and issues Administrative Writs of Withholding for Child and Medical Support, and/or Arrears through the “Friend of the Court” program. Each application is reviewed initially to ensure that the following criteria are met:

- 1) There is a temporary or final order (divorce decrees, modification orders, paternity decrees, orders establishing the parent-child relationship, or protective orders that includes a provision for the payment of child and/or medical support) attached to this application;
- 2) The order was issued by an El Paso County Court, or has already been transferred to El Paso if it was originally issued by a court outside of El Paso;
- 3) The order is not currently being enforced by the Office of the Attorney General.
- 4) The requirements for reducing or terminating a withholding have been met. Proof of Graduation will be required for reduction/termination requests. For termination requests due to the emancipation of all children, the Obligee must first be contacted to confirm that all balances have been paid.
- 5) The Applicant is current in payment of the annual service fee, \$45 application fee, and any other DRO fees.

If the El Paso County Domestic Relations Office is unable to prepare and issue an administrative writ of withholding due to the current enforcement of the order by the Office of the Attorney General, the Domestic Relations Office will provide a copy of this application to the Office of the Attorney General. In these cases, the \$45 fee does not apply.

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 AVE, LL-108
EL PASO, TEXAS 79901
PHONE (915)834-8200 FAX: (915) 834-8299
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: _____
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APPLICATION FOR PREPARATION AND ISSUANCE OF ORDER TO TERMINATE OR REDUCE WITHHOLDING FROM EARNINGS FOR CHILD SUPPORT

APPLICATION FEE \$45.00

PLEASE READ THE “**CRITERIA FOR ACCEPTANCE OF AN APPLICATION**” THAT IS ATTACHED BEFORE SUBMITTING THE APPLICATION. ONCE THE ADMINISTRATIVE WRIT OF WITHHOLDING HAS BEEN PREPARED AND ISSUED, THE APPLICATION FEE CANNOT BE REFUNDED.

CAUSE NO.: _____

INFORMATION ABOUT PARTIES – (PLEASE PRINT)

APPLICANT INFORMATION:

NAME: _____

INFORMATION ON PERSON RECEIVING CHILD SUPPORT (Payee):

NAME: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____

DRIVER'S LICENSE NO. _____ STATE _____

CITY: _____

STATE _____ ZIP _____

PHONE: (____) _____

DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

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 _____

PHONE: (____) _____

DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE :(____) _____ HOURS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE PROVIDE THE PAYROLL ADDRESS THAT THE ADMINISTRATIVE WRIT OF WITHHOLDING WILL BE SENT TO:

EMPLOYER: _____

FAX NO.: _____

ADDRESS FOR PAYROLL DEPARTMENT:

E-MAIL ADDRESS: _____

CHILDREN INFORMATION

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ PLACE _____

SEX: _____ GRADUATION DATE: _____

COURT-ORDERED CHILD SUPPORT INFORMATION

WHAT ARE YOU REQUESTING (CHECK ONE)?

TERMINATION OF WITHHOLDING

REDUCTION OF WITHHOLDING

NAME OF TEMPORARY OR FINAL ORDER IN WHICH CURRENT CHILD SUPPORT WAS ESTABLISHED:

DATE ORDER WAS SIGNED: _____

IF OTHER THAN EL PASO COUNTY WHERE?

IS ORDER AN EL PASO COUNTY ORDER? _____

IF OTHER THAN EL PASO COUNTY ORDER, HAS ORDER

BEEN TRANSFERRED TO EL PASO COUNTY? _____

PLEASE EXPLAIN THE CIRCUMSTANCES THAT REQUIRE A REDUCTION OR TERMINATION OF THE AMOUNT WITHHELD:

GENERAL INFORMATION

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION, AS WELL AS A COPY OF THE ORDER TO BE ENFORCED AND PROOF OF HIGH SCHOOL GRADUATION.

THE DOMESTIC RELATIONS OFFICE WILL INVESTIGATE TO DETERMINE WHETHER ANY CHILD OR MEDICAL SUPPORT ARREARS ARE OWED BEFORE SEEKING A TERMINATION OR REDUCTION OF WITHHOLDING FROM EARNINGS FOR CHILD SUPPORT. THIS MAY INVOLVE A REVIEW OF THE CHILD SUPPORT RECORDS AND REQUESTING VERIFICATION FROM THE OBLIGEE THAT NO ARREARS ARE OWED.

ADMONISHMENTS

BY SUBMITTING THIS APPLICATION, YOU ARE REQUESTING THAT THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE PREPARE AND ISSUE A REDUCTION OR TERMINATION OF THE ADMINISTRATIVE WRIT OF WITHHOLDING FOR PAYMENT OF CHILD SUPPORT, MEDICAL SUPPORT, AND/OR ARREARS.

IF THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE IS UNABLE TO PREPARE AND ISSUE AN ADMINISTRATIVE WRIT OF WITHHOLDING DUE TO CURRENT ENFORCEMENT OF THE ORDER BY THE OFFICE OF THE ATTORNEY GENERAL, THE DOMESTIC RELATIONS OFFICE WILL PROVIDE A COPY OF THIS APPLICATION TO THE OFFICE OF THE ATTORNEY GENERAL. IN THESE CASES, THE \$45 FEE DOES NOT APPLY.

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