



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 CHILD SUPPORT CALCULATION CASE BY THE DRO

The El Paso County Domestic Relations Office will prepare child support calculations 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) 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;
- 3) Proof of graduation is attached for any children who are eighteen years of age or older. *Failure to provide required proof will result in denial and disposal of application;*
- 4) Applicant is current in payment of the annual service fee and any other DRO fees.

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) and return it to the DRO. You will be notified in writing of the DRO’s acceptance of your case, and any actions taken by the office.

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
Submitted by: Mail / Walk-in / E-mail
Received by: _____
Date Received: _____

APPLICATION FOR CHILD SUPPORT ACCOUNT BALANCE (“PROCALC”)

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 proof of graduation for 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 NAME: _____

INFORMATION ON PERSON ORDERED TO RECEIVE 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: _____

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: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

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

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:

ADMONISHMENTS

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 RESPONDING 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