



## DOMESTIC RELATIONS OFFICE

### CRITERIA FOR ACCEPTANCE OF A MODIFICATION CASE BY THE DRO

The El Paso County Domestic Relations Office will modify court orders for child support through the “Friend of the Court” program. When the DRO accepts an application for modification, the DRO does not represent the applicant, nor the responding party. 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 modified 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; and it has been at least one year since the last order was signed;
- 2) There is no litigation pending of any kind;
- 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 has been a material and substantial change in circumstances;
- 5) Applicant is current in payment of the annual service fee and any other DRO fees.

#### NOTICE:

To be eligible for this service, the parties’ combined annual income should be \$75,000 or less a year.

If you wish to apply for services with the Friend of the Court 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 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.

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

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APPLICANT SIGNATURE

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DATE SUBMITTED



## DOMESTIC RELATIONS OFFICE

# **CHILD SUPPORT MODIFICATION REVIEW QUESTIONNAIRE**

### INSTRUCTIONS

Please type, print, or write clearly. Answer all questions as completely and accurately as you can. Please return the completed form along with copies of your income tax returns for the past two years, and your two most recent pay stubs. If you do not have these items, please send us your W-2 Forms for the past two years. If applicable copies of: Income Awards letters for SSI or SSDI, and Health Insurance Fee Schedule.

Date:
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Cause Number:
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### INFORMATION ABOUT YOU (Please Print All Information)

Do you have an active case with the Office of the Attorney General?  Yes  No

Do you have pending legal action before the court?  Yes  No

### Important Safety Information

If you have concerns about your child(ren)'s safety, there are some protections available in the child support process.

Do you have concerns about any of the following?

- The other parent or other individuals having access to your physical contact information?
- Negotiating in person with the other parent?
- Contact with the other parent during exchange of the child(ren) for visitation?

Yes  No If yes, please explain. \_\_\_\_\_

Do you have a protective order, police report, or other supporting document?  Yes  No **If possible attach a copy of any documentation.**

If you answered YES to either of the previous questions, you will be sent an Affidavit of Nondisclosure.

Name (Last, First, Middle)	Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address	Apt. #	City	State ZIP Code
Home Telephone No.	Work Telephone No.	Do you have custody of the child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer	Employer's Telephone No.		
Employer's Address: Street Address	City	State	ZIP Code

### INFORMATION ABOUT THE OTHER PARTY

Name (Last, First, Middle)	Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address	Apt. #	City	State ZIP Code
Current Employer	Employer's Telephone No.	Home Telephone No.	
Employer's Address: Street Address	City	State	ZIP Code



## DOMESTIC RELATIONS OFFICE

### INFORMATION ABOUT THE CHILD(REN) (List only your children with the other party named above.)

Name (Last, First, Middle)	Sex	Social Security Number	Date of Birth	Place of Birth

\*Are any of the children listed above disabled?  Yes  No

### FINANCIAL INFORMATION

	CURRENT INFORMATION AMOUNT	INFORMATION AT TIME OF LAST SUPPORT ORDER AMOUNT
<b>YOUR GROSS (before any deductions) MONTHLY INCOME FROM:</b>		
Salary and Wages (including commissions, bonuses, and overtime)		
Self-Employment		
Pensions and Retirement		
Social Security Benefits		
Unemployment Benefits		
Disability and Workers' Compensation Benefits		
Dividends and Interest		
Net Rentals		
Other (specify):		
<b>TOTAL MONTHLY INCOME</b>		

	CURRENT INFORMATION AMOUNT	INFORMATION AT TIME OF LAST SUPPORT ORDER AMOUNT																		
<b>YOUR MONTHLY DEDUCTIONS FOR:</b>																				
Union Dues																				
Health and Dental Insurance You Pay For Your Child(ren) On This Order																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Insurance Company</th> <th style="width: 25%;">Policy Number</th> <th style="width: 50%;">Child(ren) Covered</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Insurance Company	Policy Number	Child(ren) Covered																	
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<b>TOTAL MONTHLY DEDUCTIONS</b>																				

	CURRENT INFORMATION NUMBER	INFORMATION AT TIME OF LAST SUPPORT ORDER NUMBER
<b>CHILDREN:</b>		
Children you are legally obligated to support either in your home or by court order.		



## DOMESTIC RELATIONS OFFICE

### ADDITIONAL INFORMATION FROM THE NON-CUSTODIAL PARENT:

	CURRENT INFORMATION AMOUNT	INFORMATION AT TIME OF LAST SUPPORT ORDER AMOUNT
<b>YOUR ASSETS:</b>		
Cash On Hand		
Money in Checking Accounts		
Money in Savings Accounts		
Money in Any Other Accounts		
Retirement or Pension Funds		
Life Insurance Cash Value		
Stocks, Bonds, or Other Investment Securities		
Real Estate		
Other Assets (please specify)		
<b>TOTAL VALUE OF ALL ASSETS</b>		

Read the statements below. Check the box next to those you believe are true, and explain why.

The other parent's income has substantially (check one)  increased  decreased since the date of the current child support order.

By how much? \$ \_\_\_\_\_ per \_\_\_\_\_

Explain why

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Do you have any other children, not already mentioned in this questionnaire, **who currently live with you?**

Yes  No If "yes", complete the box below. Do **not** include stepchildren.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth



## DOMESTIC RELATIONS OFFICE

Do you have any other children, not already mentioned in this questionnaire, **whom you are legally obligated to support**?

Yes    No   If "yes", complete the box below.   Please attach copies of your court orders, if available.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth

Is there any other information we should consider that has not been covered in this questionnaire? For example; Special needs of the children subject to this order.

Explain \_\_\_\_\_

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By my signature below, I certify that the information provided by me in this form is true and correct to the best of my knowledge.

**Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed