





**COUNTY OF EL PASO
DOMESTIC RELATIONS OFFICE**

 **(915) 273-3533 Main Number**

 **(915) 273-3539 Fax**

www.epcounty.com/dro

SUPPORTIVE PARENTING TIME SERVICES CRITERIA

Supportive supervised parenting time services is parent-child contact overseen by a third party, the El Paso County Domestic Relations Office (EPCDRO), with the primary focus on the protection and safety of the participants. This form of parenting time includes active interventions that encourage consistent parent-child contact, which may lead to improving the parent-child relationship. It is sometimes referred to as “facilitated visitation” or “directed visitation.” The goal is to provide a safe environment while also supporting the development of a healthier relationship between the parent and child/ren.

The supportive parenting time services fee is \$75 for two interactions (including interviews, guidance, interventions) **AND** an intake fee of \$50 per parent. Services will not commence until payment is received in full.

The DRO reserves the right to accept or deny an Application for Supportive Parenting Time Services.

To apply for Supportive Parenting Time Services the following criteria must be met:

1. There is not an order in place prohibiting access to the child/ren.
2. The applicant agrees to participate in all activities recommended by the DRO staff. If warranted, referral(s) to the Cooperative Parenting Class and/or other services will be made.
3. Payment for services including intake fee have been made in full.

APPLICATION FOR SUPPORTIVE PARENTING TIME SERVICES

Cause No.: _____

Date of Application: _____

Information about Applicant Parent (please print)

Name of Applicant: _____

Social Security No.: _____

Address: _____

Date of Birth: _____

City: _____

State: _____ Zip: _____

Home or Cell Phone No.: _____

Name of Attorney: _____

Email Address: _____

Information about Non-Applicant Parent (please print)

Name of Applicant: _____

Social Security No.: _____

Address: _____

Date of Birth: _____

City: _____

State: _____ Zip: _____

Home or Cell Phone No.: _____

Email Address: _____

History of both parents

Has there ever been family violence? Yes ___ No ___

Do you believe there is potential for family violence in the future? Yes ___ No ___

Are you currently on probation for a criminal offense? Yes ___ No ___

Are you receiving services from CASFV, Crime Victims Assistance Program, or any other victim services agency? Yes _____ No _____ Which one? _____

Applicant

Non-Applicant

☐ Protective order against non-applicant

☐ Family violence/assault arrest

☐ DWI

☐ Drug offense

☐ Protective order against applicant

☐ Family violence/assault arrest

☐ DWI

☐ Drug offense

Other Relevant Information:

Has Child Protective Services (TDFPS/CPS) ever contacted you about the child/ren?

Yes_____ No_____

- If yes, is the case closed? _____ When? _____
- What was the allegation (reason for the contact)? _____

- Who was the alleged perpetrator of the abuse/neglect toward the child/ren? _____

- What was the outcome of the investigation/findings? _____

Information about the Child/ren (please print)

Name of child	Social security number	Date of birth	Age

Parenting Time History

When was the last time (date) you spent time with the child/ren? _____

How much time did you spend with the child/ren during the last time? _____

Do you have an order for parenting time (schedule)? Yes _____ No _____

What is the parenting time schedule ordered? _____

Prior to the last time spent with the child/ren, did you have consistent (regular) parenting time with the child/ren Yes _____ No _____ Sometimes _____

ACKNOWLEDGEMENT

The El Paso County Domestic Relations Office (EPCDRO) does not provide legal advice or representation.

Failure by the applicant to comply with the recommendations of the EPCDRO staff may result in termination of services. The EPCDRO reserves the right to discontinue Supportive Parenting Services at any time.

Please review and check the box next to each statement below before submitting the application:

- ☐ I agree to participate in all activities and interactions recommended by the El Paso County DRO-FCS staff.
- ☐ I understand I might be referred to the Cooperative Parenting Class, the Court Ordered Orientation class, and/or other resources in the community.
- ☐ I confirm there is no prohibiting contact with the child/ren of interest in the case.

I swear or affirm by signing below that I have read the entire application, I understand the information contained therein, and the information I have written on this application is complete, true and correct to the best of my belief and knowledge, and I agree with the terms set forth above.

Applicant first and last name (please print)

Applicant signature