



**NORMA FAVELA BARCELEAU**

El Paso County District Clerk  
500 E. San Antonio St., Suite 103  
El Paso, TX 79901-2457  
(915) 546-2021  
[www.epcounty.com/districtclerk](http://www.epcounty.com/districtclerk)

**\* RULE 1.02 PARTIES PROCEEDING PRO SE**

Any natural person proceeding on his/her own behalf without an attorney shall be expected to read and follow these local rules, the Texas Rules of Civil Procedure, the Texas Rules of Civil Evidence, the Texas Rules of Criminal Evidence, the Texas Code of Criminal Procedure, and the Texas Rules of Appellate Procedure, as may be appropriate in the particular case. Failure to comply may be sanctioned or punished in accordance with applicable provisions of all these rules. Pro se parties shall be responsible for providing the clerk with the current address and telephone numbers, and shall also be responsible for providing copies of all papers filed to all other parties or attorneys. Such filed papers shall always contain the current address and phone number of the pro-se party. The Clerk of the court shall provide a pro se party a copy of this document at the time a petition or an answer is filed.

**\* As outlined in the El Paso County Local Rules; Part One; General Rules**

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**IMPORTANT NOTICE REGARDING PETITIONS TO CHANGE NAME  
OF CHILD OR ADULT**

Name changes may only be granted by the Courts of El Paso County **to persons who reside in El Paso County** pursuant to *sections 45.001 and 45.101* of the *Texas Family Code*.



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DATE: \_\_\_\_\_  
TO: \_\_\_\_\_  
CASE: \_\_\_\_\_

In The \_\_\_\_\_ Judicial District  
County Court at Law No. \_\_\_\_\_  
Of El Paso County, Texas

**NOTICE TO ALL PARTIES FILING PRO SE**

You have been provided with a copy of **RULE 1.02 OF THE EL PASO LOCAL RULES** and **Notice Regarding Petitions to Change Name of Child or Adult.**

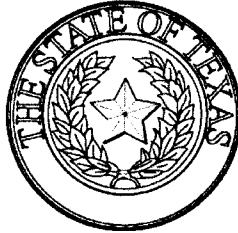
This rule sets out your responsibility in this case.

Filed an Original Petition \_\_\_\_\_ Initials

Filed an Original Answer \_\_\_\_\_

The clerk filing this case will put this notice in the file, as the case is filed or as the answer is filed in this office. If either is received by mail, a copy of the notice sent by mail will be placed in the file.

**CLOCK IN AND RECORD IN THE SYSTEM THAT NOTICES HAVE BEEN GIVEN OR SENT**



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In The District Court Of El Paso County Texas

CAUSE NO. : \_\_\_\_\_

\_\_\_\_\_ Judicial District

**NOTICE**

**TO ALL PERSONS FILING A DIVORCE OR OTHER LAW SUIT USING DOCUMENTS THAT ARE NOT PREPARED BY AN ATTORNEY**

1. Deputy Clerks in this office are prohibited from giving advice, answering legal questions or giving instructions with regard to divorce or any other Court proceedings. We can not answer questions you may have about correctness of papers you wish to file or procedures to obtain a Court decision
2. For the above stated reason, we advise you to consult an attorney or seek legal counsel if you have any questions or are unsure as to what you need to do.
3. If you pursue a legal action without an attorney representation, we will file documents you present to us and collect the filing fee at the time of filing. Regardless of the outcome of your court hearing, fees are not refundable. The Judge at your court hearing may reject your papers. Pauper's Oaths may be contested by the defendant.
4. We do not comply with instructions or information you may have read or obtained. We perform our clerk duties in accordance with the laws of the State of Texas. Directives in divorce "kits" are not binding on the Clerk and we do not process documents in accordance with any rules or instructions other than the governing laws and signed Court Orders.

**I have read and understand the above information. I understand that the District Clerk or deputies in the District Clerk's office are prohibited from answering questions, advising or giving legal opinions.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTACT #

**IN THE DISTRICT COURT OF EL PASO COUNTY**  
**\_\_\_\_\_ JUDICIAL DISTRICT COURT**

In the Matter of \_\_\_\_\_ §  
 \_\_\_\_\_ §  
 And \_\_\_\_\_ §  
 \_\_\_\_\_ § Cause No.: \_\_\_\_\_  
 And in the Interest of: \_\_\_\_\_ §  
 \_\_\_\_\_ §  
 \_\_\_\_\_ §

**CASE SCREENING INSTRUMENT**

**Instructions:**

**This form MUST be completed in its entirety and filed with any Initial Pleading in the Family District Courts.**

**Failure to comply with completing this Instrument will prevent the case from receiving a hearing date from the Court Coordinator.**

**CHECK ALL THAT APPLY:**

**1. PRIOR RELATED CASES:**

	<b>Pending</b>	<b>Yes</b>	<b>No</b>
<input type="checkbox"/> Marriage Dissolution	Cause No.: _____	_____	_____
<input type="checkbox"/> Child Support (AG)	Cause No.: _____	_____	_____
<input type="checkbox"/> Protective Orders	Cause No.: _____	_____	_____
<input type="checkbox"/> SAPCR	Cause No.: _____	_____	_____
<input type="checkbox"/> Writs	Cause No.: _____	_____	_____
<input type="checkbox"/> CPS	Cause No.: _____	_____	_____
<input type="checkbox"/> Other _____	Cause No.: _____	_____	_____

**CHECK ALL THAT APPLY TO THE CURRENT FILING:**

**2. TYPE OF PROCEEDING:**

<input type="checkbox"/> Dissolution of Marriage	<input type="checkbox"/> SAPCR	<input type="checkbox"/> Child Abuse/Neglect
<input type="checkbox"/> Divorce	<input type="checkbox"/> Paternity	
<input type="checkbox"/> Annulment	<input type="checkbox"/> Child Support	<input type="checkbox"/> IVD Child Support
<input type="checkbox"/> Post-Decree Proceedings	<input type="checkbox"/> Modification	
<input type="checkbox"/> Protective Order	<input type="checkbox"/> Grandparent Access	
<input type="checkbox"/> Change of Name	<input type="checkbox"/> Enforcement	
<input type="checkbox"/> Other	<input type="checkbox"/> Access/Visitation	
	<input type="checkbox"/> TPR/Adoption	

**CHECK ALL THAT APPLY:**

**3. DISPUTED ISSUES:**

- |  |  |
|--|--|
| <input type="checkbox"/> Custody             | <input type="checkbox"/> Property                  |
| <input type="checkbox"/> Access/Visitation   | <input type="checkbox"/> Tracing                   |
| <input type="checkbox"/> Child Support       | <input type="checkbox"/> Reimbursement             |
| <input type="checkbox"/> Torts               | <input type="checkbox"/> Disproportionate Division |
| <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Sale of Real Estate       |
| <input type="checkbox"/> Spousal Maintenance | <input type="checkbox"/> Business Valuation        |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Division of Property/Debt |
|  | <input type="checkbox"/> Separate Property         |

4.  CASE IS EXPECTED TO BE UNCONTESTED AND WILL BE PRESENTED ON THE UNCONTESTED DOCKET.

**5. INTERPRETER/SPECIAL ACCOMODATIONS REQUEST**

Will an interpreter be required for hearings scheduled in this matter: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other accommodations: \_\_\_\_\_

6. **MILITARY SERVICE** \_\_\_\_\_ Yes \_\_\_\_\_ No

- |                                      |   |                                    |                                       |
|--------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Veteran        |                                    |                                       |
| <input type="checkbox"/> U.S. Army   | <input type="checkbox"/> U.S. Air Force | <input type="checkbox"/> U.S. Navy | <input type="checkbox"/> U.S. Marines |

**7. CERTIFICATION**

I hereby certify that the aforementioned information is true and correct to the best of my knowledge.

Signed the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Attorney for Petitioner / Pro Se

\_\_\_\_\_  
Print Name

**FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE IMPOSITION OF SANCTIONS BY THE COURT.**