



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 FOR CHILD SUPPORT, MEDICAL SUPPORT AND/OR ARREARS**

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 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.

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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: \_\_\_\_\_

**APPLICATION FOR PREPARATION AND ISSUANCE OF ADMINISTRATIVE WRIT OF WITHHOLDING FOR  
CHILD SUPPORT, MEDICAL SUPPORT, AND/OR ARREARS**

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURT-ORDERED CHILD SUPPORT INFORMATION**

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

DATE ORDER WAS SIGNED: \_\_\_\_\_ IS ORDER AN EL PASO COUNTY ORDER? \_\_\_\_\_

IF OTHER THAN EL PASO COUNTY WHERE? \_\_\_\_\_ IF OTHER THAN EL PASO COUNTY ORDER, HAS ORDER  
BEEN TRANSFERRED TO EL PASO COUNTY? \_\_\_\_\_

ADDITIONAL INFORMATION:

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADMONISHMENTS**

**BY SUBMITTING THIS APPLICATION, YOU ARE REQUESTING THAT THE EL PASO COUNTY DOMESTIC RELATIONS OFFICE PREPARE AND ISSUE AN 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