



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 ENFORCEMENT CASE BY
THE DOMESTIC RELATIONS OFFICE (DRO)**

The El Paso County Domestic Relations Office may enforce court orders for parenting time (Access and Possession) through the “Friend of the Court” program. As a “Friend of the Court,” the DRO does **NOT** represent the applicant or the respondent, it represents the interest 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.

The DRO reserves the right to **accept or deny** the enforcement of any case.

To apply for services through the Friend of the Court program, the following criteria must be met:

- 1) The order to be enforced was issued by an El Paso Court, or was transferred to El Paso if it was originally issued by a Court outside of El Paso.
- 2) There is no pending litigation.
- 3) There is no open Child Protective Services (CPS) investigation.
- 4) There is no active Protective Order in place.
- 5) A FINAL access and possession order is in place (included in: divorce decrees, modification orders, paternity decrees and orders establishing the parent-child relationship, but not temporary orders).
- 6) A copy of the most recent court order must be attached to this application (one can be obtained from the District Clerk, Rm 103 El Paso County Courthouse, 500 E. San Antonio, El Paso, Texas 79901).
- 7) **Three** (3) alleged violations of the parenting schedule within the previous **ninety** (90) days, with supporting documentation in the form of police reports or witness statements included with the application (if available).
- 8) The applicant **MUST**:
 - a. be following the possession schedule as ordered by the court and continue to follow it after submission of this application.
 - b. attend a court-order orientation prior to submittal of application.
 - c. agree to participate in all activities recommended by the El Paso County DRO staff.

If warranted, referral to Cooperative Parenting Class, supervised exchanges or visitation may be recommended.

Every reasonable effort will be made to resolve the parenting time dispute without court action. **The DRO reserves the right to make the ultimate determination as to the filing of litigation to enforce access and possession orders.**

APPLICATION TO ENFORCE ACCESS & POSSESSION RIGHTS

Cause No.: _____

Date of Application _____

Information About Applicant – (please print)

Name of Applicant: _____

Social Security No.: _____

Address: _____

Driver's License No.: _____ State _____

City _____

State: _____ Zip: _____

Home phone :(____) _____

Date of birth: _____

E-mail address: _____

Employer: _____

Work phone :(____) _____ Hours: _____

Address: _____

City: _____ State: _____ Zip: _____

How were you referred to this office?

- Self Court IVD/AG Office Other

Marital status of the parents at the time service is provided:

- Not married to the other parent
 Married to the other parent
 Separated from the other parent
 Divorced from the other parent

Are you currently married? __ Yes __ No

If yes, how many children from the current marriage? _____

Ethnicity

- Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Two or more

Income

- Less than \$10,000
 \$10,000 to \$19,000
 \$20,000 to \$29,000
 \$30,000 to \$39,000
 \$40,000 & above

Military Status (for either party):

- Active duty
 Veteran

Name of other parent: _____

Social Security No.: _____

Address: _____

Driver's License No.: _____ State _____

City _____

State: _____ Zip: _____

Home phone :(____) _____

Date of birth: _____

E-mail address: _____

Employer: _____

Work phone :(____) _____ Hours: _____

Address: _____

City: _____ State: _____ Zip: _____

Aliases/nicknames: _____

Hair color: _____ Eye color: _____

Height: _____ Weight: _____

A. Criminal history of both parties (note: disclosure of this information **will not** result in the denial of an application for services, but is necessary to evaluate the level of services needed):

1. Has there ever been domestic violence with the other parent? Yes _____ No _____
2. _____ Protective order against applicant? Expiration date: _____
3. _____ Protective order against non-applicant? Expiration date: _____
4. _____ Family violence/assault arrest? _____ Applicant _____ Non-applicant
5. _____ DWI? _____ Applicant _____ Non-applicant
6. _____ Arrests for drug offenses _____ Applicant _____ Non-applicant

7. Are you currently on probation for criminal offenses? ____ Yes ____ No
8. Are you currently on probation for failure to pay child support?
(this will not affect review of your application but must be disclosed) ____ Yes ____ No

Applicant's other criminal history:

Non-applicant's other criminal history:

9. Has child protective services contacted you with regard to the children? ____ Yes ____ No

- a. If yes, date of last contact: _____
- b. What was the allegation? _____
- c. Who was the alleged perpetrator of abuse/neglect? _____
- d. What was the outcome of the investigation/findings? _____
-

B. Information on the other party

Physical description of the other parent: (tattoos, scars, glasses, etc.) _____

Automobile make: _____ Model: _____ Year: _____

Color: _____ License Plate no . _____ Other information: _____

Additional information/other locations where service may be attempted: _____

Information about the Child(ren)

1. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____
2. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____
3. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____
4. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____
5. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____

History of Court Ordered Parenting Time

C. List the **three** most recent dates within the past **90** days when parenting time was denied. These dates **MUST** coincide with dates and times in the most recent court order entitling you to parenting time with your child(ren). The denial must have occurred at the place where the order requires you to pick-up of the child(ren).

1. _____
(Month/Date/Year) (Day of week) (Time of Arrival) (Time of Departure)
Address of exchange: _____
City State Zip
Law enforcement agency: _____ Incident no. _____
(Attach a copy of the report to this application)
Name and phone number of witness (other than law enforcement officers) who observed the alleged denial of parenting time:
_____ (Attach a witness statement to this application)

2. _____
(Month/Date/Year) (Day of week) (Time of Arrival) (Time of Departure)
Address of exchange: _____
City State Zip
Law enforcement agency: _____ Incident no. _____
(Attach a copy of the report to this application)
Name and phone number of witness (other than law enforcement officers) who observed the alleged denial of parenting time:
_____ (Attach a witness statement to this application)

3. _____
(Month/Date/Year) (Day of week) (Time of Arrival) (Time of Departure)
Address of exchange: _____
City State Zip
Law enforcement agency: _____ Incident no. _____
(Attach a copy of the report to this application)
Name and phone number of witness (other than law enforcement officers) who observed the alleged denial of parenting time:
_____ (Attach a witness statement to this application)

4. At any other time when you have been denied parenting time, have the police been involved? If so, list the date and case number.

Please note additional information on a separate sheet of paper and attach it to your application.

A. When was the last date you had parenting time with the child(ren)? _____
B. How much time did you spend with your child(ren)? _____ Did you leave or return your child(ren) prior to the scheduled time?
_____ Yes _____ No If yes, why? _____
Did you pick the child(ren) up on time? _____ Yes _____ No If no, why not? _____
C. Prior to your last parenting time, did you consistently follow the parenting time schedule in the court order?
_____ Yes _____ No _____ Sometimes
If no or sometimes, why not? _____
D. Have you ever failed to pick up or return the child(ren) on time _____ Yes _____ No If yes, how many times? _____
E. Has the custodial parent given you any reason or excuse why parenting time has been denied? _____ Yes _____ No
If yes, what is/are the reason(s)? _____
F. Have the child(ren) lived continuously with the custodial parent since the date of the last court order? _____ Yes _____ No
If the child(ren) have lived with someone other than the custodial parent, please complete the following:
Name of child(ren): _____
With whom the child(ren) lived: _____ Relationship with child(ren): _____
Address: _____ Phone Number: (____) _____

ACKNOWLEDGEMENT

The El Paso County **Domestic Relations Office**, Enforcement Division represents, as “Friend of the Court,” the Court which has rendered the order. The office represents neither the applicant nor the responding party.

All cases will be scheduled for an informal negotiation prior to the filing of any litigation. Failure by the applicant to comply with the recommendations of the Domestic Relations Office staff may result in termination of services. The Domestic Relations Office reserves the right to discontinue enforcement services at any time.

Either or both parties have the right to hire an attorney to represent them in any court action. The Domestic Relations Office has an attorney referral list available.

Please initial next to every statement before turning in application:

_____ I agree to participate in all activities recommended by the El Paso County DRO staff.

_____ I understand I might be referred to a cooperative parenting class.

_____ Every reasonable effort will be made to resolve the parenting time disagreement without court action. If the problem is not solved, legal action may be taken.

_____ The application includes **three (3)** alleged violations of the parenting schedule within the previous **ninety (90)** days.

_____ There are no pending litigation, active Protective order, or open CPS investigations.

_____ I hereby understand and agree that by signing below and initialing here I acknowledge my application may be referred and reviewed for Modification of Access and Possession (i.e. visitation) if appropriate and may result in the appropriate court proceedings.

_____ **The El Paso County Domestic Relations Office reserves the right to make the ultimate determination as to the filing of litigation to enforce access and possession orders.**

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 complete, true and correct to the best of my belief and knowledge, and I agree with the terms set forth above.

Applicant signature

Date signed

For Official Use Only:

Reviewed by: _____

Date: _____

Social Worker/DRO Staff



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DOMESTIC RELATIONS OFFICE

500 E. SAN ANTONIO • RM. LL-108
EL PASO, TX 79901

915-834-8200 Main Number
915-834-8299 Facsimile Number
www.epcounty.com/dro

WITNESS STATEMENT FOR ACCESS AND POSSESSION

It is the responsibility of the Domestic Relations Office, as friend of the court, to provide access and possession services for this family. You can help the DRO in meeting this responsibility by being willing to witness an exchange attempt. Please confine your statements to what you have personally seen and answer each question as completely as possible. Use additional copies as needed.

NAME OF WITNESS: _____ CAUSE NO: _____

COMPLETE ADDRESS: _____

PHONE: Home _____ Alternate _____

EMAIL ADDRESS: _____

1. Name of the parent for whom you are completing this statement? _____

2. What is your relationship with the parent? _____

3. Name of the other parent? _____

4. What is your relationship with the other parent? _____

5. Date of Incident _____ Day of the Week _____

Time of Arrival _____ Time of Departure _____

6. Complete address for attempted exchange of the child _____

7. Describe the Incident? _____

Disclaimer: The witness statement does not constitute evidence in a court of law. The witness may be required to testify in person. Each situation will be evaluated separately.