



## COUNTY OF EL PASO Domestic Relations Office

**Jim Fashing**  
Interim Executive Director

500 E. SAN ANTONIO • RM. LL-108  
EL PASO, TX 79901  
☎ (915) 834-8200 📠 (915) 834-8299

**Kristina Voorhies Legan**, Board Certified –  
Family Law, Chief – Enforcement Division  
**Edna Telles**, Chief – Family Court Services Division  
**Flor Galvan**, Chief – Child Support Monitoring and  
Customer Service Division  
**Ouisa Davis**, Chief – Friend of Court Division

### **CRITERIA FOR ACCEPTANCE OF AN ENFORCEMENT CASE BY THE DRO**

The El Paso County Domestic Relations Office will enforce court orders for child support and visitation through the “Friend of the Court” program. When the DRO accepts an application for enforcement, the DRO does not represent the applicant, nor the respondent. 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 enforced 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;
- 2) There is no litigation pending;
- 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 is a FINAL order for either child support or visitation in place (this includes divorce decrees, modification orders, paternity decrees or orders establishing the parent-child relationship, and protective orders, but not temporary orders) attached to this order;
- 5) Applicant is current in payment of the annual service fee, in cases where that is owed

If you wish to apply for services with the Enforcement 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 the \$30.00 nonrefundable application fee and 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.

#### NOTICE:

If the respondent lives out of town, the applicant will be required to pay the costs of serving the respondent (usually about \$150.00, but it varies with location). If the applicant lives out of town, they may be required to attend a hearing or hearings in El Paso.

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

\_\_\_\_\_  
APPLICANT SIGNATURE

EL PASO COUNTY DOMESTIC RELATIONS OFFICE  
500 E. SAN ANTONIO STREET, ROOM LL108  
EL PASO, TEXAS 79901  
(915)834-8200 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 TO ENFORCE CHILD SUPPORT AND/OR MEDICAL SUPPORT**

**APPLICATION FEE \$30.00 (Orders entered on or before 10/15/00)**

**NO APPLICATION FEE (Orders entered on or after 10/16/2000)**

**NOTE: A MOTION TO ENFORCE AN ORDER BY CONTEMPT MAY RESULT IN THE PAYOR BEING INCARCERATED IN THE EL PASO COUNTY JAIL.**

PLEASE READ THE "**CRITERIA FOR ACCEPTANCE OF A CASE BY THE DRO**" ATTACHED TO THIS APPLICATION BEFORE SUBMITTING THE APPLICATION. THE APPLICATION FEE IS **NOT REFUNDABLE**.

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

**GENERAL INFORMATION**

IT IS THE POLICY OF THIS OFFICE TO ATTEMPT TO RESOLVE CHILD SUPPORT DISPUTES BY SENDING TO THE PAYOR A COMPLAINT LETTER. THE LETTER ADVISES THE PAYOR THAT A COMPLAINT HAS BEEN RECEIVED BY THE **DOMESTIC RELATIONS OFFICE** THAT CHILD SUPPORT IS NOT BEING PAID AS ORDERED. THE PAYOR IS ADVISED FURTHER THAT UNLESS THE PAYOR CONTACTS THE **DOMESTIC RELATIONS OFFICE** WITHIN **THIRTY (30)** DAYS OF RECEIPT OF THE COMPLAINT LETTER AND THE DISPUTE IS SOLVED, A MOTION TO ENFORCE CHILD SUPPORT BY CONTEMPT AND WITHHOLD FROM EARNINGS MAY BE FILED.

EVERY REASONABLE EFFORT WILL BE MADE TO RESOLVE THE CHILD SUPPORT DISPUTE WITHOUT COURT ACTION. IF COURT ACTION IS NECESSARY, BE ADVISED THAT EL PASO COUNTY CANNOT PAY THE COST OF OUT OF TOWN SERVICE. THE APPLICANT WILL BE RESPONSIBLE FOR THE COSTS OF SERVICE (which can be recovered in the enforcement case) AND MUST SUBMIT A \$150 SERVICE DEPOSIT WITH THIS APPLICATION.

**IF YOUR CHILD SUPPORT ORDER WAS ENTERED ON OR BEFORE OCTOBER 15, 2000**, THE APPLICATION FEE (**\$30.00**) MUST ACCOMPANY THIS APPLICATION, AS WELL AS A COPY OF THE ORDER TO BE ENFORCED. **IF YOUR CHILD SUPPORT ORDER WAS ENTERED ON OR AFTER OCTOBER 16, 2000**, THE CHILD SUPPORT SERVICE FEE ACCOUNT (\$36.00 P/Y) MUST BE CURRENT AND A COPY OF THE ORDER TO BE ENFORCED MUST ACCOMPANY THIS APPLICATION.

COURT COSTS MUST BE PAID BY THE APPLICANT **BEFORE** A MOTION TO ENFORCE CHILD SUPPORT ORDER BY CONTEMPT AND WITHHOLD FROM EARNINGS WILL BE FILED. A COST LIST IS ENCLOSED WITH THIS APPLICATION. COURT COSTS INCLUDE THE ANNUAL CHILD SUPPORT SERVICE FEE OF THE EL PASO COUNTY **DOMESTIC RELATIONS OFFICE**, AND IF APPLICABLE, THE FILING FEE FOR THE MOTION TO LIFT STAY. EVERY REASONABLE EFFORT WILL BE MADE TO RESOLVE THE CHILD SUPPORT DISPUTE WITHOUT COURT ACTION.

**INFORMATION ABOUT PARTIES – (PLEASE PRINT)**

**INFORMATION ON PERSON APPLYING FOR SERVICES – (PAYEE):**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
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 \_\_\_\_\_  
HOME PHONE:(\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK PHONE:(\_\_\_\_) \_\_\_\_\_ HOURS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ALIASES/NICKNAMES : \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
RACE : \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CRIMINAL HISTORY OF BOTH PARTIES: (INCLUDE PROTECTIVE AND/OR RESTRAINING ORDERS AND ANY PROBATION ORDERS)

PHYSICAL DESCRIPTION OF PAYOR: (TATOOS, BEARD, SCARS, GLASSES, ETC.) \_\_\_\_\_

AUTOMOBILE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ TAG NO. \_\_\_\_\_ OTHER INFORMATION: \_\_\_\_\_

ADDITIONAL INFORMATION/OTHER LOCATIONS WHERE SERVICE MAY BE ATTEMPTED: \_\_\_\_\_

**CHILDREN INFORMATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE \_\_\_\_\_

SEX: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

**COURT-ORDERED CHILD SUPPORT INFORMATION**

NAME OF FINAL ORDER IN WHICH CURRENT CHILD SUPPORT WAS ESTABLISHED – **DO NOT INCLUDE TEMPORARY ORDERS:**

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? \_\_\_\_\_

HAS AN ORDER TO WITHHOLD CHILD SUPPORT FROM EARNINGS BEEN SENT TO PAYOR'S EMPLOYER? \_\_\_\_\_

IS CHILD SUPPORT CURRENTLY BEING DEDUCTED FROM THE PAYOR'S EARNINGS? \_\_\_\_\_

IS PAYOR CURRENTLY ON PROBATION IN EL PASO COUNTY FOR FAILURE TO PAY CHILD SUPPORT? \_\_\_\_\_

HAS AID FOR DEPENDENT CHILDREN (AFDC) OR (TANR) EVER BEEN PAID FOR THE SUBJECT CHILDREN? \_\_\_\_\_

HAS PAYOR PREVIOUSLY BEEN HELD IN CONTEMPT FOR FAILURE TO PAY CHILD SUPPORT? \_\_\_\_\_

HAS PAYOR FILED BANKRUPTCY SINCE THE FINAL ORDER WAS SIGNED? \_\_\_\_\_

**IF YES, A COPY OF THE BANKRUPTCY PETITION MUST BE PROVIDED.**

NOTE: IF A BANKRUPTCY PETITION IS CURRENTLY PENDING, A MOTION TO ENFORCE CHILD SUPPORT BY CONTEMPT MAY NOT BE FILED UNTIL PERMISSION IS OBTAINED FROM THE BANKRUPTCY COURT. A MOTION TO LIFT STAY MUST BE FILED WITH THE BANKRUPTCY COURT TO BE ABLE TO ENFORCE YOUR CHILD SUPPORT ORDER. IF A BANKRUPTCY PETITION IS FILED AFTER A MOTION TO ENFORCE CHILD SUPPORT IS FILED, A MOTION TO LIFT STAY MUST BE FILED WITH THE BANKRUPTCY COURT IN ORDER TO CONTINUE.

HAS THE BANKRUPTCY BEEN DISCHARGED? \_\_\_\_\_ IF YES, A COPY OF THE DISCHARGE MUST BE PROVIDED.

HAS ANY SUBJECT CHILD BEEN WITH THE PAYOR FOR ANY LENGTH OF TIME THAT EXCEEDS COURT-ORDERED VISITATION? \_\_\_\_\_

IF YES, LIST EACH CHILD'S NAME AND SPECIFIC DATES:

CHILD'S NAME	BEGINNING DATE	ENDING DATE

**CHILD SUPPORT ARREARAGE INFORMATION**

HAVE CHILD SUPPORT PAYMENTS BEEN PAID THAT WERE NOT PAID THROUGH THE EL PASO COUNTY CHILD SUPPORT OFFICE ? \_\_\_\_\_ IF YES, LIST EACH PAYMENT RECEIVED, THE DATE RECEIVED AND WHETHER THE PAYMENT WAS CASH, CASHIER'S CHECK, PERSONAL CHECK OR MONEY ORDER. USE BACK OF APPLICATION IF MORE SPACE IS NEEDED.

<u>DATE PAID</u>	<u>AMOUNT PAID</u>	<u>PAYMENT TYPE</u>	<u>DATE PAID</u>	<u>AMOUNT PAID</u>	<u>PAYMENT TYPE</u>

STATE TOTAL AMOUNT DUE:\$ \_\_\_\_\_ AS OF \_\_\_\_\_  
(DATE APPLICATION SIGNED)

(DEDUCT ALL DIRECT PAYMENTS AND AMOUNTS PAID THROUGH THE EL PASO COUNTY CHILD SUPPORT OFFICE TO DETERMINE AMOUNT DUE).

**APPLICATION FOR ENFORCEMENT OF  
INSURANCE/UNPAID MEDICAL BILLS  
AS CHILD SUPPORT**

**HEALTH INSURANCE**

Does the court order require the Obligor to maintain health insurance coverage for the above-named child(ren)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Does the Obligor currently maintain health insurance for the above-named child(ren)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Does the court order require the Obligor to reimburse you for health insurance premiums paid on behalf of the above-name child(ren)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

How much is the Obligor required to reimburse to you for health insurance premiums?

\_\_\_\_\_ ALL \_\_\_\_\_ ONE-HALF \_\_\_\_\_ OTHER

On a separate sheet of paper, use the following format to list any **reimbursement of insurance premiums**. Be sure to list only the amount you pay for coverage for the subject child(ren). **DO NOT** include any amounts you pay for yourself or any other household member who is not a subject child of this suit. (You can calculate this by deducting the amount you would pay to insure yourself alone from the amount you pay to insure yourself and the child(ren)).

Date Premium Paid

Amount Paid

Date Notice of Premium Paid Delivered to Obligor

Total Premiums paid: \$ \_\_\_\_\_ as of \_\_\_\_\_, 200\_\_

Total reimbursement owed by Obligor: \$ \_\_\_\_\_ as of \_\_\_\_\_, 200\_\_

**“OUT OF POCKET” MEDICAL EXPENSES**

Does the court order require the Obligor to pay for medical expenses not paid by insurance that are incurred on behalf of the above-named child(ren)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

What portion of uninsured medical expenses is the Obligor required to pay?

\_\_\_\_\_ ALL \_\_\_\_\_ ONE-HALF \_\_\_\_\_ OTHER

Most court orders require both parents to pay half of any medical expenses for the children that are not paid by insurance. Most court orders also require the parent who incurs that expense to then send a copy of the bill, receipt, etc. to the other parent within a certain time period. If this is not done, the other parent may not be responsible for a share of the medical bill after all. Before we can help you enforce this part of your court order, you **MUST** provide us with the following information with respect to **EACH AND EVERY** medical bill for which you want to be reimbursed. You also **MUST** provide a copy of each receipt, bill, invoice, or other proof of the medical expense. **WE WILL ONLY ENFORCE FOR EXPENSES THAT ARE SUBMITTED WITH THIS APPLICATION. IF YOU DO NOT SUBMIT THE REQUIRED INFORMATION AND COPIES WITH THIS APPLICATION, WE WILL NOT BE ABLE TO ENFORCE THEM FOR YOU.**

On a separate sheet of paper, use the following format to list any **unpaid medical expenses:**

<u>DATE BILL INCURRED</u>	<u>PURPOSE</u> EX: FLU SHOT	<u>CHILD</u>	<u>AMOUNT NOT PAID BY INSURANCE</u>	<u>DATE COPY OF BILL GIVEN TO OBLIGOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total amount not paid by insurance: \$ \_\_\_\_\_ as of \_\_\_\_\_, 200\_\_

Total amount owed by Obligor: \$ \_\_\_\_\_ as of \_\_\_\_\_, 200\_\_

**NOTICE**

**YOU MUST FORWARD COPIES OF ALL MEDICAL BILLS AND INSURANCE STATEMENTS TO OBLIGOR VIA CERTIFIED MAIL.**

**THE ABOVE INFORMATION MUST BE SUBMITTED IN THE EXACT FORMAT (COLUMNS) REQUIRED. FURTHER, COPIES OF ALL INSURANCE PAYMENTS AND MEDICAL BILLS MUST ACCOMPANY YOUR APPLICATION.**

**FAILURE TO SUBMIT THE INFORMATION IN THE MANNER REQUESTED WILL CAUSE A DELAY IN PROCESSING YOUR CASE.**

**ADMONISHMENTS**

THE EL PASO COUNTY **DOMESTIC RELATIONS OFFICE** ENFORCEMENT DIVISION REPRESENTS ONLY THE COURT THAT HAS RENDERED THE ORDER AS "FRIEND OF THE COURT". THE OFFICE REPRESENTS NEITHER THE APPLICANT NOR THE PAYOR. BOTH PARTIES HAVE THE RIGHT TO HIRE AN ATTORNEY TO REPRESENT THEM IN ANY COURT ACTION THAT MAY BE TAKEN BY THE **DOMESTIC RELATIONS OFFICE.**

THE EL PASO COUNTY **DOMESTIC RELATIONS OFFICE** ENFORCEMENT DIVISION IS LIMITED TO ENFORCEMENT OF THE CHILD SUPPORT ONLY, AND WILL NOT REPRESENT THE APPLICANT NOR ACCEPT SERVICE FOR THE APPLICANT IF A COUNTER MOTION IS FILED.

THE EL PASO COUNTY **DOMESTIC RELATIONS OFFICE** ENFORCEMENT DIVISION WILL NOT FILE AN ENFORCEMENT ACTION IF LITIGATION OF ANY KIND IS CURRENTLY PENDING IN YOUR CASE.

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 SIGNED