



COUNTY OF EL PASO
DOMESTIC RELATIONS OFFICE
500 E. SAN ANTONIO • RM. LL-108
EL PASO, TEXAS 79901
PHONE: (915) 834-8200

**APPLICATION FOR ENFORCEMENT OF INTERFERENCE WITH ACCESS
AND POSSESSION**

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. **This application requires a \$15-dollar non-refundable payment.**

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) An access and possession order is in place (included in: divorce decrees, modification orders, paternity decrees and orders establishing the parent-child relationship). Orders must be final, or a temporary order must be in place for more than one year.
- 6) Alleged violation of the parenting schedule within the previous **thirty** (30) days, with supporting documentation in the form of police reports or witness statements included with the application (if available).
- 7) 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.
 - d. not represented be an attorney.

- e. complete and notarize affidavit in the application (notarization may be obtained at no charge at the Domestic Relations Office).

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 FOR ENFORCEMENT OF INTERFERENCE WITH ACCESS
AND POSSESSION**

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: _____

Information about the Child(ren)

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: _____

6. Name: _____ Social Security No.: _____
Address: _____ Date of birth: _____ City: _____
Sex: _____ Graduation date: _____

History of Court Ordered Parenting Time

C. List the **most** recent date within the past **30** 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. 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.

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 **alleged** violations of the parenting schedule within the previous **thirty** (30) 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: _____
DRO Staff

Date: _____

Cause Number
Número de Causa

Print cause number and other court information exactly as it appears on the petition filed in this case.
Escriba el número de causa y otra información del tribunal exactamente como aparece en la petición sometida en el caso.

Court Number
Número de Juzgado

In the: (check one):
En el: (seleccione una):

- District Court**
Tribunal de Distrito
- County Court at Law –**
Tribunal de Condado
- Justice Court (JP) –**
Tribunal de Justicia

County, Texas
Condado, Texas

Affidavit
Declaración Jurada

THE STATE OF TEXAS – ESTADO DE TEXAS

COUNTY OF _____

CONDADO DE *Print name of county where this affidavit is being notarized.*
Escriba el nombre del condado donde se está notariando esta declaración.

Today _____ appeared in person

Print the full name of the person signing this affidavit.
Escriba el nombre completo de la persona que está firmando esta declaración.

before me and stated under oath:

En este día [-] apareció en persona ante mí y declaró bajo juramento:

“My full legal name is: _____.”

“Mi nombre legal completo es: *Print the full name of the person signing this affidavit.*
Escriba el nombre completo de la persona que está firmando esta declaración.”

“I am over 18 years of age, of sound mind and capable of making affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.”Tengo más de 18 años de edad. Soy de mente sana y capaz de hacer esta declaración jurada. Los hechos establecidos en esta declaración son de mi conocimiento personal y son verdaderos y correctos.

“

_____”



Your Signature – Su Firma

DO NOT SIGN until you are in front of a notary.

NO FIRME hasta que esté en frente de un *notary public*.

Sworn under oath before me, the undersigned notary, on this date: _____/_____/_____

Jurada ante mí, el *notary* suscrito, el [fecha]:

by: _____

Por: *Print the full name of the person signing this affidavit. NOT the notary's name*

Escriba el nombre completo de la persona firmando esta declaración jurada. **No** el nombre del *notary*.

[Notary Stamps Here] [El sello del Notary Aquí]



Notary's Signature – Firma del notary