EL PASO COUNTY, TEXAS

AND IN THE INTEREST OF:	:	}	
		} } CAUSE NO	
MINOR CHILD(REN)		} }	
	INGS AND RECOMMENTAFFECTING PARENT-C		
On	_ the above cause came on	to be heard for final hearing.	
	APPEARANC	ES	
	::		
	:		
OTHER:			
	RECORD		
A record was			
After reviewing the	pleadings,	·	the following
findings and recommended ord interest of the child(ren).	lers are made to the referring	g Court having found that they a	are in the best
	CONSERVATOR	<u>SHIP</u>	
The following child(rer	n) is/are the subject of this su	uit:	
Petitioner is appointed			
Respondent is appointe	d		 -
Residency Restrictions:	:		

POSSESSION / ACCESS

For purpose of access only, the is	named Possessory Conservator who
shall have the right of possession / access at reasonable times agr	reed by the parties, and failing that
agreement:	
As provided by local guidelines for child(ren) under 3.	
As follows:	
As follows.	
CHILD SUPPORT	
IT IS ORDERED that shall pay child so	apport to in the
amount of \$ with the first	
and a like payment due and payable on ea	
further order of the Court.	
Thereafter, \$; thereafter \$; thereafter	\$; until the named
minor(s) attain(s) the age of 18 years, or after the minor's 18th birth	day, if the minor is fully enrolled in
an accredited secondary school in a program leading to a high school	ol diploma, dies, marries; has his/her
disabilities removed; is emancipated for general purposes; or until fu	orther order of this Court.
CHILD SUPPORT ARREARAGE REDUCED	ΓΟ JUDGMENT
That recover judgment against	in the amount of
\$ for past-due child support /retroactive child supp	
installments of \$ each, with the first payment due and pa	
payment due and payable on each thereafter.	
payments shall be paid through the Texas Child Support Disburs	
Antonio, Texas 78265 or as further instructed by the El Paso County	Domestic Relations Office
and/or the State Disbursement Unit.	
WITHHOLDING AND PLACE OF PAYMENT	Γ PROVISIONS
An Order for Withholding from Earnings for Child Support i	

All child and medical support payments are to be made to the Texas Child Support Disbursement Unit, P.O. Box 659791, San Antonio, Texas 78265 or as further instructed by the El Paso County Domestic Relations Office and/or the State Disbursement Unit.

The parties shall pay the sum of \$36 to the El Paso County Domestic Relations Office for child support services beginning on _____ and a like payment due and payable on the same day of each year thereafter. The parties are ORDERED to deliver a copy of this Order to the El Paso County Domestic Relations Office, 500 E. San Antonio, Room LL108, El Paso County Courthouse, El Paso, Texas, 79901 to open and/or verify the child support account.

MEDICAL/DENTAL INSURANCE SUPPORT

insuran	ce for the child(re	n) shall be provided	l by	
are ORDERED to p	ay% o	f all uninsured heal	th care costs of the chi	ld(ren)
so long as support is required to be paid	d under this Order			
shall reimburs	se	for the cost of h	ealth insurance in the c	current
amount of \$				
If the child(ren) qualify for and are en	rolled in	,	is ordered to pay o	ash
medical support of \$	as addi	itional child suppor	t, with the first payme	nt
due and payable on				
IT IS ORDERED that all cash med	lical support sha	ll be paid through	n the Texas Child S	upport
Disbursement Unit, P.O. Box 659791,	San Antonio, Tex	as 78265 or as furth	ner instructed by the E	l Paso
County Domestic Relations Office and	l/or the State Dish	oursement Unit. IT	IS ORDERED that all	ll cash
medical support paid herein shall be us	ed for CHIP prem	iums and uninsured	l medical expenses and	d shall
serve as a credit toward satisfaction of a	any claim for reim	bursement of unins	ured medical expenses	s.
The court finds that health insurance/	Medicaid/CHIP is	not available for th	e parties.	
is ordered to pay, in addition to periodic	child support, the	sum of \$	as cash medical s	upport
for the child(ren) with the first payment	due and payable of	on	and a like payment of	due on
each thereafter	r. IT IS ORDERI	ED that all cash me	edical support shall b	e paid
through the Texas Child Support Disbu	ırsement Unit, P.C	D. Box 659791, San	Antonio, Texas 7826	5 or as
further instructed by the El Paso Count	ty Domestic Relati	ions Office and/or t	he State Disbursemen	t Unit.
IT IS ORDERED that all cash medical	support paid here	in shall be used for	uninsured medical exp	penses
and shall serve as a credit toward sat	isfaction of any o	claim for reimburse	ement of uninsured m	iedical
expenses.				

INJUNCTIONS

	The _	be enjoined from:
	(1)	Harming, annoying, molesting, threatening or injuring each other or a child of either party.
	(2)	Making derogatory or disparaging remarks about the other party to the child(ren) or in the presence of the child(ren) or allowing any person to do so.
	(3)	Arguing with the other party in the presence of the child(ren) or allowing any other person to do so.
	(4)	Passing messages to the other party through the child(ren).
	(5)	Other:
		ATTORNEY'S FEES / COURT COSTS
	That _	in the sum of \$ in monthly
payme	nts of	\$ with the first payment due and like payment due and payable on each until paid
in full.		
		ADDITIONAL FINDINGS AND OPDERS

PURSUANT TO RULE 11, T. R. C. P., Attorney on agreed orders.	s' or parties' signatures of approval are required
PETITIONER	ATTORNEY FOR PETITIONER
RESPONDENT	ATTORNEY FOR RESPONDENT
RECOMMENDED BY:	
ASSOCIATE JUDGE Date of Recommendation:	_
PURSUANT TO SEC. 201.015, Texas Family Code referring court.	e, a party may request a DeNovo hearing before the
ENTRY OF JUDGMENT: PURSUANT TO Tex. R submit a proposed judgment for signature. The attor proposed judgment and appear ontemporary orders in this case. Attorney for	rneys in this case are hereby directed to prepare the