



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 A MODIFICATION CASE BY THE DOMESTIC RELATIONS OFFICE (DRO)

The El Paso County Domestic Relations Office may modify court orders for access and possession (parenting time) through the “Friend of the Court” Program as “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 modification 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 modified 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 are no substantiated findings with a Child Protective Services (CPS) investigation.
- 4) A FINAL access and possession order is in place for at least one year (included in: divorce decrees, modification orders, paternity decrees and orders establishing the parent-child relationship, but not temporary orders).
- 5) A copy of the most recent court order must be attached to this application (one can be obtained from the El Paso County Courthouse District Clerk, 500 E. San Antonio, Rm. 103, El Paso, Texas 79901).
- 6) Applicant must be current in payment of the annual service fee and any other DRO fees.
- 7) The applicant **MUST**:
 - a. Participate in mediation if deemed appropriate by the Domestic Relations Office.
 - b. Must attend Court-Order Orientation.
 - c. Agree to participate in all activities recommended by the El Paso County DRO staff.

NOTICE: To be eligible for this service, the parties’ combined annual income should be \$75,000 or less a year.
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 modify an access and possession order. Cases with protective orders will be reviewed on a case by case basis.

APPLICATION TO MODIFY 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 Code: _____

Date of Birth: _____

Home Phone: (____) _____

E-mail Address: _____

Employer: _____

Address: _____

Work Phone: (____) _____ Hours: _____

City: _____ State: _____ Zip Code: _____

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 \$15,000
 \$16,000 to \$30,000
 \$31,000 to \$45,000
 \$46,000 to \$60,000
 \$61,000 to \$75,000
 \$76,000 & 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 Code: _____

Date of Birth: _____

Home Phone: (____) _____

E-mail Address: _____

Employer: _____

Address: _____

Work Phone: (____) _____ Hours: _____

City: _____ State: _____ Zip Code: _____

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 the 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

A. Why are you seeking a modification of your access and possession schedule? _____

B. Last date there was parenting time by you? _____
Last date there was parenting time by the other parent? _____

C. How much time did you spend with your child(ren)? _____

D. 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? _____

D. Prior to your last parenting time, did you consistently follow the parenting time schedule in the court order?
_____ Yes _____ No _____ Sometimes

If no, what schedule did you follow? _____

E. Has there been any parenting time denied, if so, why? _____

ACKNOWLEDGEMENT

The El Paso County **Domestic Relations Office**, as “Friend of the Court,” represents the interest of the Court which 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 modification 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 including, but not limited to mediation and a court-order orientation seminar.

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

_____ Supervised exchanges or visitation may be recommended.

_____ 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.

_____ I understand that the Domestic Relations Office may assist in the modification of access and possession schedules, but will not change conservatorship.

_____ **The El Paso County Domestic Relations Office reserves the right to make the ultimate determination as to the filing of litigation to modify 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: _____