



HARRIS COUNTY DOMESTIC RELATIONS OFFICE
APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

I. INFORMATION ABOUT YOU (CUSTODIAL PARENT)
(Please Print All Information)

In order for us to process your application you must complete this entire application and submit all requested documents. Without the required information, we are unable to process your application.

PRIVACY ACT NOTICE: Disclosure of your social security number, and the social security numbers of your children, is required by Section 105.006, Texas Family Code. Failure to disclose this information may result in the denial of legal services. The Legal Enforcement Division will use these social security numbers for the purpose of establishing and enforcing support and/or visitation for you and your family.

1. Your full legal name: Last First Middle Initial Your maiden name:

2. What is your relationship to the children?

3. Your home address/telephone number: Street City

State Zip Code County Telephone Number

4. Your employer's name/telephone number/address: Name Telephone Number

Address City State Zip Code

5. Please provide the following information about yourself:

Table with 4 columns: Date of Birth, Social Security Number, Drive License or ID Number (include state), Sex (M or F)

6. Give information where we can contact you other than home:

Name Relationship to you Telephone Number

Address City State Zip Code

7. Have you ever applied for services with the Texas Attorney General's Office? YES NO

8. Have you ever received TANF (welfare) benefits? YES NO If yes, list dates:

9. Are you or the children receiving Medicaid Benefits? YES NO Medicaid Number

10. Do you have another attorney or private child support agency helping you with your child support case? YES NO

If yes, list the name of the attorney or agency and address:

11. Please list all marriages (current and previous):

Spouse's Name Date of Marriage Common-law marriage or marriage certificate? Date of separation Date of Divorce

Spouse's Name Date of Marriage Common-law marriage or marriage certificate? Date of separation Date of Divorce

12. Do you have any outstanding warrants for your arrest? YES NO If yes, please explain:

**II. INFORMATION ABOUT THE OTHER PARENT (NONCUSTODIAL PARENT)**

1. Name: \_\_\_\_\_ Alias/Nicknames \_\_\_\_\_  
Last First Middle Initial

2. Other parent's address/telephone number \_\_\_\_\_  
Address City  
 \_\_\_\_\_  
State Zip Code Telephone Number

3. What is the address status?  Present  Last Known

4. What is the other parent's e-mail address? \_\_\_\_\_

5. What is the noncustodial parent's relationship to the child?  Father  Mother  Presumed Father

6. Is the other parent a U.S. Citizen?  YES  NO If no, please explain: \_\_\_\_\_

7. Current employer's name/telephone number/address: \_\_\_\_\_  
Name Telephone Number  
 \_\_\_\_\_  
Address City State Zip Code

8. Employment Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Monthly Wages: \_\_\_\_\_

9. Previous employer's name: \_\_\_\_\_

10. What was the date you last knew the other parent worked for this employer? \_\_\_\_\_

11. If the other parent is now unemployed, what does he/she usually earn? \$\_\_\_\_\_ When employed, what type of work (plumber, mechanic, fast food, etc.) does he/she usually do? \_\_\_\_\_

12. Other Parent's Description:

Date of Birth	Birthplace (City and State)		Social Security Number
Driver License or ID number (include state)		Sex	Race
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.			
List identifying information (for example: glasses, scars, tattoos, marks, etc.)			

13. Do you have a photograph of the other parent?  YES  NO If yes, you may be asked to provide a photograph.

14. Has the other parent ever been arrested?  YES  NO If yes, for what offense: \_\_\_\_\_

15. Has the other parent ever been in jail or prison?  YES  NO If yes, Date \_\_\_\_\_ Location \_\_\_\_\_  
City State

16. Has the other parent ever been on probation, parole or received deferred adjudication?  YES  NO If yes, please provide the offense, name of parole or probation officer and location. \_\_\_\_\_  
Offense  
 \_\_\_\_\_  
Name City State

17. Has the other parent used or is currently using illegal drugs?  YES  NO If yes, when? \_\_\_\_\_

18. Does the other parent attend any rehabilitation program (Alcoholics Anonymous, Pivot, etc.)?  YES  NO  
If yes, which program? \_\_\_\_\_
19. Has the other parent served in the military?  YES  NO If yes, what branch? \_\_\_\_\_  
Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Did the other parent retire?  YES  NO
20. Does the other parent receive any benefits (food stamps, AFDC, retirement, Worker's Compensation, Social Security, etc.)  
 YES  NO If yes, what type of benefits: \_\_\_\_\_
21. List information about the other parent's vehicle:  
Year of car/truck \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate Number \_\_\_\_\_ State \_\_\_\_\_
22. Does the other parent own any land or other property or assets?  YES  NO If yes, list below:  
Real Estate \_\_\_\_\_ Registered vehicles (other than the one listed above) \_\_\_\_\_  
Financial (bank accounts, stocks, etc.) \_\_\_\_\_ Other \_\_\_\_\_
23. Please provide information about the other parent's relatives:

Mother's name	Mother's maiden name	Telephone Number
Address	City	State
		ZIP Code
Father's name		Telephone Number
Address	City	State
		ZIP Code
Friend or other relative		Telephone Number
Address	City	State
		ZIP Code

24. Provide any information about the other parent's whereabouts (stays with friends, frequents bars, etc.): \_\_\_\_\_
25. Is the other parent buying/renting a house or apartment?  YES  NO  
If you know the monthly mortgage/rent payment, please state: \$ \_\_\_\_\_
26. Does the other parent make monthly car/truck payments?  YES  NO If you know the amount, please state: \$ \_\_\_\_\_
27. Does the other parent have parents, relatives, or friends who could loan money to the other parent to pay child support owed?  
 YES  NO If yes, who? \_\_\_\_\_
28. Marital Status: Is the other parent currently married?  YES  NO
29. Does the other parent have other child(ren) under 18 years of age?  YES  NO If yes, how many? \_\_\_\_\_

### III. INFORMATION ABOUT THE CHILD(REN)

Please provide information about your child(ren):

1.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		
	Full legal name of child	Date of birth	Place of birth (city and state)	

2.	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		
3.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		
4.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		

**IV. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION**

1. What is your relationship with the other parent of the child(ren)?

- Never Married                       Married/living apart                       Divorced

2. Are there any legal actions pending that affect the child(ren)?     YES     NO

If yes, please provide the following information:

Date of filing	Case/Cause number	County	State	Court
Name of attorney		Address		Phone Number

3. What is the amount of child support that the other parent is ordered to pay? \$ \_\_\_\_\_ How often? \_\_\_\_\_

4. Since the court order for child support, has any court modified (changed) the amount of child support due?     YES     NO  
If yes, please explain: \_\_\_\_\_

5. Since the last court order that set the amount of child support, have you and the other parent lived together?     YES     NO  
If yes, please explain and list dates: \_\_\_\_\_

6. Has the other parent given any money directly to you (instead of through the court registry)?                       YES     NO  
If yes, how much? \_\_\_\_\_

7. Will the other parent claim that there should be credits, offsets, or reductions in the amount of child support owed to you?  
 YES             NO            If yes, answer the following:  
a. Have you made any "out-of-court" agreements with the other parent in regard to reducing, increasing, or permitting non-payment of child support?     YES     NO    If yes, please explain: \_\_\_\_\_  
b. Did you promise the other parent any credits or reductions in child support payments in exchange for making repairs to your house or car, paying medical or dental bills, paying rent or making house payments for you, etc.     YES             NO  
If yes, please provide details: \_\_\_\_\_

8. Has the other parent made any gifts or cash payments directly to you or your child(ren)?                       YES             NO  
If yes, please provide details: \_\_\_\_\_

9. What reason will the other parent give for not paying the support? \_\_\_\_\_

10. Does the other parent have a reason for not paying child support? (physical or mental disability, injury)  YES  NO  
If yes, please explain: \_\_\_\_\_

11. How much do you believe the other parent is behind on child support payments? \_\_\_\_\_

12. What action do you believe should be taken against the other parent? \_\_\_\_\_

13. Have the children lived with the other parent longer than the possession periods set out in the court order?  YES  NO  
If yes, please provide details: \_\_\_\_\_

14. Have the children lived continually with you since the last court order?  YES  NO  
If no, please provide details: \_\_\_\_\_

15. Are you allowing possession as ordered by the court?  YES  NO  
If no, please explain: \_\_\_\_\_

16. Has a court action ever been filed against you for denial of possession and access?  YES  NO  
If yes, please explain: \_\_\_\_\_

17. Has there been any family violence or child abuse involving the other parent or yourself?  YES  NO  
If yes, please explain: \_\_\_\_\_

18. Would disclosure of your identifying information in any way affect the health and safety of you or your children?  
(For example, has a protective order been filed with the court and law enforcement agencies or explain how the release of your  
address may result in physical or emotional harm.)  YES  NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Do you have a copy of the protective order, police reports or other supporting documents?  YES  NO

**V. COMMENTS - Please write any additional comments you may have.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. How were you referred to the Harris County Domestic Relations Office?** \_\_\_\_\_

**VII. SIGNATURE**

I declare all information provided in this form is true and correct. I am aware that should there be any falsification or failure to fully disclose information requested, my application may be rejected or the Domestic Relations Office may subsequently withdraw as my attorney of record.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)