



HARRIS COUNTY DOMESTIC RELATIONS OFFICE
APPLICATION FOR PARENTING TIME ENFORCEMENT SERVICES

I. INFORMATION ABOUT YOU
(Please Print All Information)

In order for us to process your application, we ask that you complete the entire application and ensure you are in possession of all requested documents. Without the required information, we will be 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

2. What is your relationship to the child(ren)?

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. Do you have another attorney or agency helping you with your visitation case? YES NO

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

8. 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

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9. Have you ever been arrested? YES NO If yes, for what offense:

10. Have you ever been in jail or prison? YES NO If yes, Date Location

11. Have you 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

12. Have you used or are you currently using illegal drugs? YES NO If yes, please explain:

IV. INFORMATION ABOUT THE VISITATION OBLIGATION

1. What is your relationship with the other parent of the children?

- Never Married Divorced

2. Are there any legal actions pending that affect the children? YES NO If yes, please provide the following information:

Date of filing	Case/Cause number	County	State	Court
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3. Provide the following visitation denial information:

Date(s)	Place	Time Arrived	Name of Witness to Each Denial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. On each of the above dates, what was the reason given for denial of visitation? Be specific.

5. List the name(s) of your witness(es) who will appear in court with you.

6. Have you made any “out-of-court” agreements with the other parent in regard to visitation with your children? YES NO
If yes, please explain: _____

7. Are the agreements in writing? YES NO If yes, please explain: _____

8. What reason will the other parent give for not allowing visitation? _____

9. What action do you believe should be taken against the other parent? _____

V. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION

1. Have you paid all the child support as ordered by the court? YES NO If no, please explain: _____

2. Do you pay through the Texas State Disbursement Unit? YES NO If no, what proof of payment do you have? _____

3. Has a court action ever been filed against you for failure to pay child support? YES NO If yes, please explain: _____

VI. Has there been any family violence or child abuse involving the other parent or yourself? YES NO If yes, was there a formal complaint filed with the police or a protective order? please explain: _____

VII. COMMENTS - Please write any additional comments you may have.

VII. How were you referred to the Harris County Domestic Relations Office? _____

VIII. 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)