



**FRIEND OF THE COURT
INTERVENTION SERVICES APPLICATION**

1010 Lavaca Street, P.O. Box 1495
Austin, TX 78767
512-854-9924 fax 512-854-9819

Any Non-Custodial and/or Custodial Parent may apply for services as long as the following criteria are met:

- 1) Must have a **final** Court Order (this includes Divorce Decrees, Modification Orders, Paternity Decrees or Orders Establishing the Parent-Child Relationship, and Protective Orders)
- 2) Must be willing to abide by all program rules and recommendations of staff
- 3) Must be willing to participate in a Conflict Resolution Meeting
- 4) Must complete all 6 Cooperative Parenting Forums
- 5) At least one of the parties must reside in Travis or contiguous counties

To apply for Intervention Services with the Access and Visitation Program, please complete an application (currently available at the DRO offices and on the DRO website: <http://www.co.travis.tx.us/dro/visit.asp>). Return the application along with a copy of each pertinent court order. (Once you submit an application you will be scheduled for an appointment.) You will be notified in writing of DRO's acceptance and/or rejection of your case within 5 working days.

I certify that I have read, understood and agree to abide by the terms of the criteria for acceptance in the Intervention Services by the Domestic Relations Office Access and Visitation Program

APPLICANT SIGNATURE

IMPORTANT INFORMATION
PLEASE READ BEFORE YOU PROCEED

INTERVENTION SERVICE CASES DO NOT QUALIFY FOR LEGAL INTERVENTION THROUGH OUR OFFICE. IF AT ANY TIME YOU FEEL THE ONLY RECOURSE IS LITIGATION YOU WILL NEED TO CONSULT AND/OR HIRE AN ATTORNEY TO FILE THE APPROPRIATE LEGAL DOCUMENTS WITH THE COURT.

In order for us to process your application, we ask that you complete the entire application and acquire and keep in your possession all required documents. Without the required information, we will be unable to process your application.

A copy of the most recent court order must be attached to this application. If you do not have one, you may obtain one from the District Clerks Office in the County your order was issued

FRIEND OF THE COURT
ACCESS AND VISITATION-INTERVENTION SERVICES
CASE HISTORY

Name: _____ CAUSE#: _____ DATE: _____

1. Why did you contact us? _____

2. Are you a Custodial Parent? YES NO
3. Do you have a final Travis County Court Order? YES NO If no what County/State _____
4. Do you have an attorney or agency helping you with your visitation case? YES NO
If yes, list the name, address and phone number of the attorney or agency

5. What is the visitation schedule outlined in your order?
 - 1st, 3rd and 5th weekend starting at 6:00 pm on Friday through 6:00 pm Sunday
 - 2nd and 4th weekend starting at 6:00 pm Friday through 6:00 pm Sunday
 - Other
 - I don't know
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. Has the other parent given you any reason or excuse why the visitation schedule outlined in your order is not being followed? YES NO If yes, please explain _____

8. How long ago was the last visit with your child(ren)
 - 1 week or less
 - 1 month or less
 - 6 months or less
 - 1 year or less
 - More than 1 year
 - Never had any visits
9. Have the police been called during exchanges? YES NO If yes, please explain _____

10. Has the other parent ever alleged he/she is afraid of you? YES NO If yes, please explain _____

11. Has there ever been a physical altercation between you and the other parent. YES NO
If yes, please explain _____

12. Is there now or has there ever been a restraining order, protective order, or trespass warrant in effect against you, the other parent or anyone else in either household? YES NO If yes, please explain _____

13. Has Child Protective Services ever contacted you or the other parent? YES NO If yes, please explain _____

14. Have you ever been accused, charged or convicted of sexual assault, indecency, injury or endangerment of a child? YES NO If yes, please explain _____

15. How long have you lived at your current address?

- Less than 6 months
- 6 months – 1 year
- More than 1 year

16. Are you currently in a relationship? YES NO If yes, how does the other party get along with your current Partner?

- Ok
- Does not like my current partner
- Likes my partner
- Does not want my partner to be around our child(ren)
- Does not know my partner

17. How does your child get along with your current partner?

- Ok
- Does not like my current partner
- Likes my partner
- Does not want to be around my partner
- Does not know my partner

18. Has there ever been a physical altercation between you and your current partner? YES NO If yes, please Explain _____

19. Do you have other children? YES NO If so, how does your child get along with these children?

- Ok
- Does not like my child(ren)
- Likes my child(ren)
- Does not want my child(ren) to be in our home
- Does not know my child(ren)

20. Does (Do) your child(ren) have any special medical needs? YES I DON'T KNOW NO
If yes, please explain _____

21. How do you communicate with the other parent about your children?

- We don't communicate
- By phone, mail or e-mail
- In person
- Through our child(ren)
- Through family members

22. If I was to ask the other parent if you ever had any issues with drugs and/or alcohol what would they tell me?

INFORMATION ABOUT THE OTHER PARENT:

Full legal name: _____
Last First Middle

Current home address: _____
Street Apt. # City Zip **OR**

Last known home address: _____
Street Apt. # City Zip

Telephone number: (_____) (_____) (_____) _____
Home Cell Work

Email address _____ **other contact information** _____

Does He/She have an account on a social network site (i.e. facebook, MySpace etc.) YES NO If yes please provide detailed information

Marital status: Is the other parent currently married? YES NO

Please name all individuals who live with the other parent and identify their relationship _____

Has the other party ever been arrested? YES NO If yes, for what offense: _____

Has the other party been in jail or prison? YES NO If yes, Date _____ Release Date _____

Has the other party been on probation, parole or received deferred adjudication? YES NO If yes, please provide:

Offense	Term of Probation/Parole Date completed:	Parole/Probation Officer Name Address	Phone # ()

Has the other party used or is currently using illegal drugs? YES NO If yes, please explain: _____

Does the other party have any outstanding warrants for their arrest?

YES NO If yes, What County/State? _____ For what offense? _____

DEMOGRAPHIC INFORMATION

How did you find out about this office?

Self Court Child Support Office Domestic Violence Agency Child Protection Agency Law Enforcement Other

What is your relationship to these children?

Father Mother Grandparent Legal Guardian Other

How many children are involved in this case? _____

At the time that the children involved in this case were born you were:

- 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, do you have children from this marriage? YES NO

If yes, how many children do you have from your current marriage (do not include step-children) _____

How many other children are you responsible for? (does not include stepchildren or children with your new partner) _____

ETHNICITY

- AMERICAN INDIAN /ALASKA NATIVE
- ASIAN AMERICAN / PACIFIC ISLANDERS
- BLACK/AFRICAN AMERICAN
- WHITE
- HISPANIC
- MULTI-ETHNIC

INCOME (IN THOUSANDS)

- LESS THAN \$10,000
- \$10,000 – 19,000
- \$20,000 – 29,000
- \$30,000 – 39,000
- \$40,000 AND ABOVE

INFORMATION ABOUT THE CHILD(REN)

Name: _____ Name: _____

Address: _____ Address: _____

Date of Birth: _____ Sex: _____ Date of Birth: _____ Sex: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date of Birth: _____ Sex: _____ Date of Birth: _____ Sex: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date of Birth: _____ Sex: _____ Date of Birth: _____ Sex: _____

COURT-ORDERED POSSESSION INFORMATION

Name of final order in which current possession was established - **DO NOT INCLUDE TEMPORARY ORDERS**

Date order was signed: _____ Is the order a Travis County order? YES NO

If no what County/State _____

For Custodial Parent only:

Have you been or are you now on probation in Travis or another County for failure to allow possession? YES NO

If yes, please provide detailed information _____

For Non-Custodial Parent only:

Is the person with primary possession currently/or previously been placed on probation in Travis or another County for failure to allow possession? YES NO If yes, please provide detailed information _____

Has Child Protective Services (CPS) or any law enforcement authority contacted you with regard to the child(ren)? YES NO

If yes, please provide detailed information _____

I declare all the above information provided 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 close my case without further explanation. I understand that it is at the sole discretion of the Domestic Relations Office to accept or reject any application.

APPLICANT SIGNATURE

DATE SIGNED

For office use only Services provided by DRO:	<input type="checkbox"/> Mediation <input type="checkbox"/> Counseling / Access Facilitation <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Education / Cooperative Parenting Classes	<input type="checkbox"/> Guidelines/Ct order <input type="checkbox"/> Monitored visit <input type="checkbox"/> Supervised visit <input type="checkbox"/> Neutral drop-off
Parenting time increased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Opened _____ Date	Case Closed _____ Date