

TRAVIS COUNTY DOMESTIC RELATIONS OFFICE
1010 Lavaca Street
P.O. BOX 1495
AUSTIN, TEXAS 78767
(512) 854-9696
FAX (512) 854-9819
www.traviscountydro.com

APPLICATION FOR ENFORCEMENT

Your name: _____ Date of Birth _____ or SSN XXX-XX- _____

Address: _____ City _____ State _____ Zip Code _____

Phone: _____ e-mail _____

The person responsible for paying child support is:

Name : _____ Date of Birth _____ or SSN XXX-XX- _____

Address: _____ City _____ State _____ Zip Code _____

Unknown

Relationship to Child: Father Mother Other _____

Which type of Court Order do you have? **CAUSE NUMBER** _____ **Date of Order** _____

- Paternity Decree
- Divorce Decree
- Modification Order
- Protective Order

What Enforcement Action are you requesting?

- Child Support Enforcement
- Medical Insurance Reimbursement Enforcement * **Provide detailed documentation from provider**
- Reimbursement for Medical Expenses not paid by Insurance * **please attach Spreadsheet**
- Arrears What Type? Medical Child Support * **if children are emancipated please provide copy of High School Diploma**

Have the children subject to this Court Order lived with the NCP in excess of the visitation period defined by the court order?

- Yes.....Please provide dates _____
- No

Who is providing Health Insurance Coverage for the children You NCP Other (specify) _____

Is the NCP ordered to provide Health Insurance coverage for the children? Yes No

Information about you (The Custodial Parent or Person with Custody)	
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What is your Relationship to the Children?	Father Mother Other
Your full name	
Date of birth/ City & State of Birth	
Driver's License and/or ID Number/State	
Your Employer's Name	
Your Employer Address	
Employer Phone Number	
Your Mailing address	
Your Physical address	
Phone/Fax Number and/or E-mail	
Gender	
Race	
Height/ Weight	
Primary Language	
Alternate contact name/number	
Alternate contact's relationship to you?	

INFORMATION ABOUT THE CHILD/REN	
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NAME	
Date of Birth	HS Graduation Date:
Name	
Date of Birth	HS Graduation Date:
Name	
Date of Birth	HS Graduation Date:
Name	
Date of Birth	HS Graduation Date:
Name	
Date of Birth	HS Graduation Date:

Information about the Non-Custodial Parent (parent without Custody)	
Relationship to children?	Father Mother Other
Full Legal Name	
Alias-Nickname's	
Date of birth	
City & State or Country of Birth	
Driver's License and/or ID Number/State	
Mailing address	
<input type="text" value="UNKNOWN"/>	
Physical address	
<input type="text" value="SAME AS ABOVE"/> <input type="text" value="UNKNOWN"/>	
Phone/Fax Number and /or E-mail	
Gender	
Race	
Height/ Weight	
Primary Language	
List any distinctive tattoos, marks or scars on the NCP	
NCP Alternate Contact Name	
Address/Phone number	
Alternate contact's relationship to NCP	

PLEASE PROVIDE A PICTURE OF THE PERSON ORDERED BY THE COURT TO PAY CHILD SUPPORT



Information about the Non-Custodial Parent (parent without Custody) Continued				
Does NCP own a Vehicle? Yes No Unknown	Year	Make	Model	Color
Car Truck Van Motorcycle Boat Plane				
License Plate Number and State	#	Unknown		
Does NCP own property/assets	No	Unknown	Yes - Please describe	
Vehicles (other than the one listed above)				
Financial, IRA's etc	No	Unknown	Yes - Please list	
Real Estate	No	Unknown	Yes - Please provide location, description etc.	
Home, Rental Property	No	Unknown	Yes - Please provide location, description etc.	
Current Employer Name	Unemployed	Unknown		
Employer Address	Unemployed	Unknown		
Corporate Office Address	Unemployed	Unknown		
Phone/Fax Number and or E-mail	Unknown			
What kind of work does NCP do?	Unknown			
What hours does NCP work?	Unknown			
Does NCP have specialized License i.e. Plumbers, Electrician, CDL etc Yes No Unknown	If Yes License ID/Number? _____ Type of License? _____			
Does NCP receive any other income? Yes No Unknown	Retirement Disability Other	Social Security Unemployment Benefits Don't Know		
Has NCP been in Jail and or Prison Yes No Unknown	If Yes Date _____ Location _____ Offense _____ Length of Sentence _____ Release Date _____			
Was or is NCP currently on Probation and or Parole? Yes No Unknown	If Yes Parole/Probation Officer Name _____ Location _____ Phone Number _____			
Does NCP own a Weapon? Yes No Unknown	If Yes Type of weapon _____			
Does NCP have any documented Mental Health Issues?	Yes	No	Unknown	If yes please explain
Does NCP have any documented substance abuse issues?	Yes	No	Unknown	If yes please explain

I affirm that the information I provided in this application is true and correct to the best of my knowledge and ability.

Your Signature

Date Signed

