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FOR OFFICE USE ONLY: \_\_\_\_\_  
JIM \_\_\_\_\_ No. \_\_\_\_\_

# TARRANT COUNTY DOMESTIC RELATIONS OFFICE

## ACCESS AND VISITATION INTAKE FORM FOR LEGAL ENFORCEMENT

**NOTE:** *If you do not have a final order in Tarrant County, please ask the Clerk at the window for alternative resources that may be of assistance to you. The Domestic Relations Office provides information to assist you in understanding, complying with or enforcing court orders. The Domestic Relations Office does not represent you, the other parent, or the child. No attorney client relationship or privileges is created or implied between you and the attorneys serving the Domestic Relations Office. You are free at any time during your participation with this program to hire an attorney of your choosing to represent your interests.*

DATE: \_\_\_\_\_  
(Fecha)

### INFORMATION FOR THE PERSON SEEKING ACCESS

How are you related to the child(ren)?: \_\_\_\_\_  
(Como se relaciona con sus hijos)?:

(Informacion de la person que pide acceso)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Nombre): (Fecha de Nacimiento):

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Direccion) (Apt. #) (Ciudad) (Estado) (Codigo)

Telephone: Best number to reach you \_\_\_\_\_ Email: \_\_\_\_\_  
(Numero de Telefono de dia): (Correo Electronico):

*\*Follow-up information concerning next steps will be sent to you using the information you provide above.*

### OTHER PARTY'S INFORMATION

What is his/her relationship to the child(ren)?: \_\_\_\_\_  
(Como se relaciona con sus hijos)?:

(Informacion del persona reside con sus hijos)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Nombre) (Fecha de Nacimiento)

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Calle) (Apt #) (Ciudad) (Estado) (Codigo)

*\* If unknown, please enter last known address. If the child no longer resides in Tarrant County, DRO services may be limited in scope.*

Telephone: best number to reach him/her \_\_\_\_\_ Email: \_\_\_\_\_  
(Numero de Telefono de dia): (Correo Electronico):

| CHILD(REN)'S FULL NAME      | BIRTHDATE           | SEX    | DATE OF LAST VISIT         |
|-----------------------------|---------------------|--------|----------------------------|
| Nombre Completo del Niño(a) | Fecha de Nacimiento | (Sexo) | (Fecha de Visita Reciente) |
| _____                       | _____               | _____  | _____                      |
| _____                       | _____               | _____  | _____                      |

**DO YOU HAVE A COURT ORDER:** \_\_\_\_\_ County of Origin: \_\_\_\_\_ Date: \_\_\_\_\_  
(Hay una Orden de Corte)? (Condado de Origen) (Fecha)

Title of Latest Order: \_\_\_\_\_ Cause No. \_\_\_\_\_  
(Titulo de la Order Tribunal) (Numero De Causa)

Our goal is to optimize the development of a close and continuing relationship between each parent and child. Below is a brief survey that will enable the Domestic Relations Office to better assist you and your family. It is important to be honest and disclose any relevant information. The Domestic Relation Office respects your privacy and will not disclose your information to the Court, a state agency or a third party unless required to do so by law or for the protection of another individual.

**Is there a current or past history of Family violence?** (If yes please explain.) Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hay historial o actual Violencia en la Familia?) (Si, Por favor Explique)

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

**Is there currently a Protective Order in effect?** (If yes please explain.) Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hay una orden de Protection Vigente?) (Si, Por favor Explique)

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

**Is there a current or past Criminal and/or Arrest history?** (If yes please explain.) Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hay un historial o actual actividad de Crimen or Arresto?) (Si, Por favor Explique)

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

**Is there a current or past history of Drug or Alcohol use?** (If yes please explain.) Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hay un historial or Actual Abuso de Droga y/o Alcohol?) (Si, Por favor Explique)

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

**Is CPS currently involved with your family?** (If yes give dates and allegations.) Yes \_\_\_\_\_ No \_\_\_\_\_  
(Se encuentra involucrado la Agencia de Proteccion de Menores con su Familia)?  
(Si, provea fecha de allegaciones).

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

**Are there any additional details of which you would like the DRO to be aware?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(Hay alguno otro detalla que desea divulgar con nuestra oficina DRO)?

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

Thank you for your interest in the Domestic Relations Office's Access and Visitation Enforcement Program. You will have the opportunity to participate in the Orientation session within the coming weeks. Remember it is important to continue to follow the court orders directly when attempting to exercise your rights to access visitation.