



TARRANT COUNTY
DOMESTIC RELATIONS OFFICE

APPLICATION TO ENFORCE VISITATION RIGHTS

CAUSE NO: _____

CHILD SUPPORT ACCOUNT NO: _____

Applicant Information (person filing this complaint)

Name: _____

Social Security No: _____

Address: _____

Driver's License No: _____

Apt. No: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Respondent Information (person against whom this complaint is made)

Name: _____

Social Security No: _____

Address: _____

Driver's License No: _____

Name of apartment complex: _____ Apt. No: _____

City: _____ State: _____ Zip: _____ How long at address: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____

Employer: _____ Work Phone: _____ Work Hours: _____

Address: _____ City: _____ State: _____ Zip: _____

Aliases/Nicknames: _____ Hair Color: _____ Eye Color: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Respondent's Physical Description: (tattoos, mustache, beard, scars, glasses, birthmarks, freckles, etc.)

Respondent's Criminal History: (include protective and/or restraining orders and any probation/community supervision/parole orders)

Automobile Make: _____ Model: _____ Year: _____

Color: _____ Tag No: _____ Other Information: _____

Additional Information/Other Locations where service may be attempted: _____

Children Information

- When the children reside outside of Tarrant County, the DRO will be unable to commence legal action.

Name: _____ Social Security: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of School and School District Child Currently Attends: _____ Grade Level: _____

Name: _____ Social Security: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of School and School District Child Currently Attends: _____ Grade Level: _____

Name: _____ Social Security: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of School and School District Child Currently Attends: _____ Grade Level: _____

Information On Dates Visitation Was Denied

NOTE: ALL attempts to exercise visitation rights must be made *in person* at the *location* where the parties are ordered to exchange the child(ren). **NO EXCEPTIONS.**

NOTE: ALL attempts to exercise visitation rights must be made on the *day* the period of possession is ordered to begin. **NO EXCEPTIONS.**

NOTE: ALL attempts to exercise visitation rights must be made at the *time* the period of possession is ordered to begin. **NO EXCEPTIONS.**

List the *three (3) most recent* dates when attempts to visit the child(ren) were denied. DO NOT omit any information requested in this section.

1. Date Attempt was Made: _____

Time Attempt was Made: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness's Name: _____

Phone No: _____

Address: _____

Relationship: _____

2. Date Attempt was Made: _____

Time Attempt was Made: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness's Name: _____

Phone No: _____

Address: _____

Relationship: _____

3. Date Attempt was Made: _____

Time Attempt was Made: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness's Name: _____

Phone No: _____

Address: _____

Relationship: _____

General Information

When was your last visit with the child(ren)?: _____ How long was the visit?: _____

Has/Have the child(ren) lived continuously with *Respondent*? **YES** **NO**

If the child(ren) has/have lived with someone other than the *Respondent*, please complete the following:

Child's Name: _____ With whom the child lived: _____

Address: _____ Phone No: _____

Relationship to Child: _____

Child lived with person beginning: _____ Ending: _____

Has either **Applicant** or **Respondent** been the subject of an investigation by Child Protective Services? **YES** **NO**

If "YES" enclose a copy of the Protective Order, Restraining Order or Trespass Order with your application.

The Domestic Relations office utilizes Access Coordination with Family Court Services as part of its Access and Visitation Enforcement Program. You will receive a letter referring you to Access Coordination with Family Court Services. The Custodial Parent will receive a letter referring him/her to Access Coordination Family Court Services as well as informing him/her that a complaint has been received. The letter from the enforcement program will further advise the Custodial Parent to comply with the court's order or further legal action may be taken. Family Court Services will work with both parties in an attempt to resolve visitation issues and avoid litigation. Access Coordination with Family Court Services is a free service that you may use absent whether or not you continue in the Access and Visitation Enforcement Program.

Have you and Respondent ever participated in Access Coordination through Family Court Services? **YES** **NO**

Applicant's Authorization

I swear or affirm that I have read both the Domestic Relations Office Legal Enforcement Visitation Information Sheet and the Application to Enforce Visitation Rights. I understand the information contained therein and the information I have written on this application is true and correct to the best of my knowledge.

Applicant's Signature

Date