

**BEXAR COUNTY DOMESTIC RELATIONS OFFICE
SHARED PARENTING PROGRAM APPLICATION**

(Solicitud para el programa de cumplimiento de Crianza Compartida)

**** A Motion to Enforce an Order by Contempt may result in a person being incarcerated in the Bexar County Jail.**

**** La Peticion para hacer cumplir una orden de desacato a la corte podria resultar que una persona pueda ser encarcelada en la carcel del Condado de Bexar.**

This program is supported with federal funds provided by the administration for Children and Families – Department of Health and Human Services as part of the Texas Office of the Attorney General Access and Visitation Program.

For DRO Use only:

Date: _____ DRO #: _____
 Re-applicant New Applicant
 Paternity-Child Support (Paternidad) Divorce (Divorcio) Other (Otro) _____
 Joint Managing Possessory Cause No: _____ Date of Order: _____
Standard Possession Order (*Orden estandar de posesion*): YES (*si*) NO (*no*) Exchange location: _____
 NON DISCLOSURE

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

INCOMPLETE INFORMATION MAY CAUSE DELAYS IN THE SCREENING OF YOU APPLICATION.

INFORMATION ABOUT THE PARTIES

Please Print (Favor de escribir en letra de molde)

NON-CUSTODIAL PARENT/ VISITING PARENT:

YOUR NAME: _____
ALIASES/OTHER NAMES USED: _____
DATE OF BIRTH: _____
SOCIAL SECURITY #: _____
ADDRESS: _____ APT# _____
CITY: _____ ZIP: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____
LANGUAGES: English Spanish Bilingual
MARITAL STATUS: _____
EMPLOYER: _____
WORK PHONE: _____
WORK ADDRESS: _____
WORK HOURS: _____

Does your work schedule permit you to exercise your court ordered visitation: YES NO

(Horario de Trabajo le Permite las visitas ordenadas por la corte)

Can text messages be sent to your phone? YES NO

WHO IS YOUR CELL PHONE CARRIER? _____

CUSTODIAL PARENT / OTHER PARENT:

OTHER PARENT NAME: _____
ALIASES/OTHER NAMES USED: _____
DATE OF BIRTH: _____ APPROX AGE: _____
SOCIAL SECURITY #: _____
ADDRESS: _____ APT# _____
CITY: _____ ZIP: _____
LAST KNOWN ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____
LANGUAGES: English Spanish Bilingual
RACE: _____
MARITAL STATUS: _____
EMPLOYER: _____
WORK PHONE: _____
WORK ADDRESS: _____

INFORMATION ABOUT YOUR CHILDREN

Number of Children you have with the Custodial Parent (*Cuantos Ninos tiene con el otro padre?*): _____

| Name (<i>Nombre</i>) | DOB (<i>FDN</i>) | AGE (<i>edad</i>) | School |
|------------------------|--------------------|---------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

INFORMATION ABOUT YOUR VISITS

Have you had contact with your children in the past? YES NO
(ha tenido contacto con sus hijo(s) en el pasado?) *(Si)* *(no)*

How Frequently? (*Con que frecuencia?*) _____

Have you been denied/missed three visits in the last 60 days? YES NO
(Se le ha denegado tres visitas en los ultimos 60 days?)

What date did you last attempt to visit your child in person? _____
(¿En qué fecha intentó por última vez visitar a su hijo en persona?)

WHY DID CONTACT STOP? (*¿Por qué paro el contacto?*) Did something happen? Was there a new event? Any police reports?

When did you last see your children according to the court order? (*¿Cuándo fue la última vez que vio a sus hijos según la orden judicial?*) _____

LIST THE THREE (3) MOST RECENT DENIED VISITS

Valid denied visits are required to build an enforcement case. A Valid denied visit is you attempting to visit in person on the court ordered day, time and location.

Denied Visit #1

| | |
|--|---|
| Date: | Month: _____ Day: _____ Year: _____ |
| Day: (check one) | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |
| Time: | _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Place: (mom's house, McDonalds, etc.....) | |
| Address: | Street Address: : _____ City: _____ Zip Code: _____ |
| Witnesses: | |
| What Happened: | |

| Denied Visit #2 | |
|--|---|
| Date: | Month: _____ Day: _____ Year: _____ |
| Day: (check one) | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |
| Time: | _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Place: (mom's house, McDonalds, etc.....) | |
| Address: | Street Address: : _____ City: _____ Zip Code: _____ |
| Witnesses: | |
| What Happened: | |

| Denied Visit #3 | |
|--|---|
| Date: | Month: _____ Day: _____ Year: _____ |
| Day: (check one) | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |
| Time: | _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Place: (mom's house, McDonalds, etc.....) | |
| Address: | Street Address: : _____ City: _____ Zip Code: _____ |
| Witnesses: | |
| What Happened: | |

| CPS HISTORY |
|--------------------|
|--------------------|

Has there ever been any allegations of child abuse involving YOU or any of you children?..... YES NO
¿Alguna vez ha habido denuncias de abuso infantil que involucre a USTED o alguno de sus hijos?

Was a report filed with CHILD PROTECTION SERVICES?..... YES NO
¿Se presentó un informe con CHILD PROTECTION SERVICES?

Who reported it? (¿Quién lo reportó?) You (*Usted*) Other Parent (*Otro Padre*) School (*escuela*)
 Other (*Otro*) _____

What were the allegations, according to your understanding? abuse / neglect? Drugs, family violence, discipline, sexual abuse? _____

Name of the investigator: _____ **Phone #:** _____
(nombre de investigador) # de telefono

Status of the case: Pending (*pendiente*) Closed (*Cerrado*) Unknown (*se desconoce*)
(estado de el caso)

Results of the Investigation (resultados de la investigacion): _____

DOMESTIC VIOLENCE / CRIMINAL HISTORY

Has there ever been any allegations of domestic violence? YES NO
¿Alguna vez ha habido denuncias de violencia doméstica?

Have there been any incidents in the past six months that may result in a protective order or criminal charges? (¿Ha habido incidentes en los últimos seis meses que pueden dar como resultado una orden de protección o cargos penales?)
 YES NO

Is there a protective order in place now or in the past? YES NO
(¿Hay una orden de protección en el lugar ahora o en el pasado?)

Date Issued (Fecha de la Orden) _____ Expiration Date (fecha de vencimiento): _____

Is there a NO CONTACT ORDER in place OR has there been one in the past? YES NO
(¿No hay una ORDEN DE CONTACTO en su lugar o ha habido una en el pasado?)

Have you **EVER** been arrested for ANY OF THE FOLLOWING OFFENSES (ASSAULT, THREATS, STALKING, TRESSPASSING, HARRASSMENT, MISCHIEF, ETC...?) ¿Alguna vez ha sido arrestado por VIOLENCIA FAMILIAR / ASALTO?
 YES NO

Do you have any charges pending? (¿Tiene algún cargo pendiente?) YES NO

If yes, TO ANY OF THE ABOVE QUESTIONS - what is the offense/who is the "victim"? (Si es así, ¿cuál es el delito?)

Are you out on bond? ¿Esta libre bajo fianza? YES NO

Are you on probation or parole? (¿Esta bajo libertad condicional?) YES NO

Name & phone # of the probation officer? (Nombre y número de teléfono del oficial de libertad condicional?)

Do you have any arrests for drug offenses? YES NO
¿Tiene arrestos por delitos de drogas?

Have you used or are you currently using illegal drugs? (¿Has usado o estás usando drogas ilegales actualmente?)
 YES NO

If YES explain (En caso afirmativo explicar) _____

DAD'S OTHER ARREST AND/OR CRIMINAL HISTORY (include dismissed charges): _____

MOM'S OTHER ARREST AND/OR CRIMINAL HISTORY: _____

List any physical, mental impairments, medical problems, etc (liste cualquier impedimento físico, mental, problemas médicos, etc.) _____

OTHER INFORMATION

Is there anything you like to add?

**PLEASE CHECK BOX APPLICABLE TO YOU FOR EACH OF THE FOLLOWING QUESTIONS
POR FAVOR MARQUE LA CASILLA APLICABLE A USTED POR CADA UNA DE LAS SIGUIENTES**

How did you hear about the program? *¿Cómo se enteró del programa?*

- Child Support Office / OAG Child Protection Agency Court (*Corte*)
 Other (*otro*) Self (*uno mismo*)

Number of OTHER children you pay child support for? *(¿# de otros hijos paga la manutención infantil?5*

Marital Status in Relation to Custodial Parent *(estado civil en lo referente al otro padre):*

- Never Married to each other. (*Nunca casados el uno al otro*)
 Married to each other. (*Casado uno con el otro*).
 Separated from each other. (*Separado el uno del otro*).
 Divorced from each other. (*Divorciados el uno del otro*).

Your Race/ Ethnicity *(Su Raza/ pertenencia ethnica):*

- American Indian / Alaskan Native Asian African American / Black
 Native Hawaiian / Other Pacific Islander Hispanic / Latino White
 Two or more races

Your Education *(Su educacion):*

- Can read & write (*Puede leer y escribir*) Completed up to grade____(*Numero grado termino?*)
 High School Diploma/GED Some College (*Alguna Universidad*)
 Bachelor's Degree (*Licenciatura*) Post Graduate Degree (*Licencia Secundaria*)

Your yearly income *(sus ingresos por ano)*

- Less than (Menos de) \$10,000
 \$10,000- \$19,000
 \$20,000- \$29,000
 \$30,000- \$39,000
 \$40,000 and above

Current Marital Status- Are you legally married with children? YES NO

(¿Estás casado legalmente con hijos?):

If yes, # of children from this marriage? *(Si es así, n. ° de hijos de este matrimonio)* _____

SCREENING INFORMATION AND POLICIES

If your application is declined, a letter indicating the basis of the decision will be sent to the parent seeking enforcement

YOUR APPLICATION MAY BE DECLINED IF

- Your application is incomplete
- You previously participated in the Shared Parenting Program and were uncooperative with the process or failed to comply with recommendations of Bexar County Domestic Relations Office.
- The allegations are more than ninety (90) days old
- The alleged visitation violations AKA denied visits occurred at times and dates not listed in the court order.
- Active Protective Order and/or No Contact Order on file
- Open Child Protective Services Case
- Pending Litigation and/or Temporary Orders
- Pending criminal matters
- Results on criminal background check and/or CPS records check
- Custodial parent does not reside in Bexar County
- Omission and/or falsification of information on the application
- Income guidelines
- Family Violence
- Other: THE DRO RESERVES THE RIGHT TO ACCEPT OR DECLINE THE ENFORCEMENT OF ANYCASE.

IF ACCEPTED, THE FOLLOWING SERVICES MAY BE PROVIDED

- Shared Parenting Resolution Conference to resolve parenting time conflicts
- Non-custodial parent free Shared Parenting Class at Guardian House
- Parties may be referred to a cooperative parenting class
- An Interim parenting plan will be developed, if appropriate
- Reunification services through Guardian House as needed
- Drug Testing, if appropriate
- Legal enforcement of child possession and access orders
- OTHER services

CERTIFICATION

IMPORTANT INFORMATION - PLEASE READ BEFORE YOU PROCEED

FALSIFICATION / OMISSION- With my signature below I attest and certify that all information given is accurate and true to the best of my knowledge. I understand that omission or falsification of information to the Domestic Relations Office (DRO) – Shared Parenting Program at any time can result in my case dismissal without further notice and/or other charges filed against me.

PLEASE INITIAL

CONFIDENTIALITY - I understand that information provided to the DRO, whether oral or written, is not confidential and is **NOT** protected by attorney Client Privilege or any other type of special relationship. By enrolling in the program, I consent to the DRO providing my information to the office staff and to such third parties the DRO determines necessary to accomplish the goals of the DRO program. I understand information gathered when addressing the relationship with the child(ren), excluding contact information, may be shared with the other parent as needed, unless I ask and specify what information is not to be shared.

PLEASE INITIAL

LEGAL ENFORCEMENT – I understand that cases not resolved through intervention services including the Shared Parenting Resolution Conference do not all qualify for a legal enforcement. Determination of legal criteria for enforcement is made on a case-by-case basis by the DRO Staff Attorney... ..

PLEASE INITIAL

LEGAL GUIDANCE AND REPRESENTATION IS NOT PROVIDED - I understand that if my case proceeds to the legal stage, I understand that the DRO staff attorney does not represent me or the other parent, but represents the DRO in bringing my dispute to the court’s attention. Any attorney employed by the DRO represents the DRO only and its programs and does not represent either parent.

PLEASE INITIAL

PROGRAM GUIDELINES - I agree to abide by the program guidelines and agree to follow the recommendations of the Program Coordinator and/or the Program Facilitator-Staff Attorney... ..

PLEASE INITIAL

ACT IN THE BEST INTEREST OF THE CHILD – I agree to act in the best interest of the child. I understand it is a program requirement. I will not contribute the deterioration of the co-parenting relationship. Specifically I will follow the visitation instructions, return the child on time, not abscond or threaten to abscond, return child belongings, not use the child as messenger, not speak poorly of the other parent and use healthy communication skills with the other parent as ordered, etc.

PLEASE INITIAL

FAMILY VIOLENCE – I understand new incidents of Family Violence will not be tolerated and will be addressed by program staff regardless if reported to law enforcement, CPS or meet the definition of a crime. Behavior characteristic of family violence may be a reason for the termination of services (current and/or future).

PLEASE INITIAL

INABILITY TO USE COURT ORDERED VISITS - I understand that any failure on my part to comply with current court ordered visitation might affect eligibility to remain in the DRO program... ..

PLEASE INITIAL

I understand that all actions of the DRO are oriented in the best interest of the child and the integrity of the court order.

I certify that I have provided information that is true and correct to the best of my knowledge, and read, understand and agree to abide by the terms of this application.

APPLICANT SIGNATURE

DATE

