



HARRIS COUNTY DOMESTIC RELATIONS OFFICE

1310 Prairie, Houston, Texas 77002

Legal Enforcement Division, Suite 700
Phone: 713-755-6757, Fax: 713-755-8856

Family Court Services Division, Suite 620
Phone: 713-755-5706, Fax: 713-755-7150

Alternative Dispute Resolution Division, Suite 780
Phone: 713-755-2900, Fax: 713-755-2904

Community Supervision Unit, Suite 600
Phone: 713-755-5210, Fax: 713-755-4448

DAVID W. SIMPSON, J.D.
Executive Director
Board Certified Family Law

www.dro.hctx.net

REQUEST FOR SERVICES

I, \_\_\_\_\_, hereby request that the Harris County Domestic Relations Office (DRO) take the appropriate legal actions to:

- Establish Parentage
Establish/Enforce Child Support
Establish/Enforce Possession/Access (Visitation)
Establish/Termination of Income Withholding
Conduct a Child Support Accounting

I agree to pay the Domestic Relations Office an application fee of \$25.00, all court costs necessary for this legal action, and attorney's fees. I understand that attorney time is billed at \$150.00 per hour and legal staff time is billed at \$20.00 per hour. I also understand that I am responsible for the payment of all court costs and attorney's fees to the Domestic Relations Office.

I agree to cooperate fully with the Domestic Relations Office, sign any necessary Court papers and attend all Court date(s). I understand that if I terminate this service, or the Domestic Relations Office finds it necessary to withdraw from this case, I am fully responsible for the payment of attorney's fees for work performed.

I understand that if I file to establish/enforce child support, establish/enforce visitation, or establish parentage, I agree to pay court costs and attorney's fees to the Domestic Relations Office until all fees are paid in full. I understand that if I file to terminate income withholding, an accounting will be done first to determine if all child support and any accrued interest has been paid.

The Domestic Relations Office will provide only those service authorized by law. The case shall then be closed upon those services being finalized. I understand that if my case has been closed and I wish to reapply for service, my case will not be reopened until all outstanding fees are paid. I understand that any refund due me will not be released until my case is finalized.

I AFFIRM THAT ALL THE INFORMATION IN MY COMPLETED APPLICATION IS TRUE, CORRECT, AND COMPLETE.

APPLICANT SIGNATURE

Sworn to and subscribed before me by said \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public in and for the State of Texas
My Commission Expires: \_\_\_\_\_