

APPLICATION FOR LEGAL SERVICES ENFORCEMENT/MODIFICATION ORDER

File No.: _____ [office use only]

PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. IF YOU FAIL TO ANSWER THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY REJECTED. THE FOLLOWING INFORMATION IS FOR OUR USE ONLY. WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN ACCEPTED WITHIN FOUR WEEKS.

Applicant Name: _____
First Name Middle Name Last Name

Do you have a pending case in court? Yes: _____ No: _____

If you answered "yes," what is the cause number? _____

When was the case filed? _____ What county is your case filed in? _____

Was the case filed by you or the adverse party? _____

If the case was filed by the adverse party, when were you served? _____

If the case was filed by the adverse party and you were served, did you file an answer? Yes _____ No _____

If the case was filed by you, did you have an attorney? _____

What date is your next court hearing? _____

PLEASE PROVIDE A COPY OF YOUR PLEADINGS AND COURT ORDERS WHEN YOU TURN IN THIS APPLICATION.

Do you have copies of the following EVIDENCE?

| | Yes | No | | Yes | No |
|---------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Pictures? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them? | <input type="checkbox"/> | <input type="checkbox"/> |
| Police reports? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them with this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical records? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them? | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone calls/text messages? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them? | <input type="checkbox"/> | <input type="checkbox"/> |
| Court orders for child support? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them? | <input type="checkbox"/> | <input type="checkbox"/> |
| Witnesses? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide names and contact info? | <input type="checkbox"/> | <input type="checkbox"/> |
| Screenshots of social media? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, can you provide them? | <input type="checkbox"/> | <input type="checkbox"/> |

*Return completed application to Family Violence Prevention Services, Inc. Attn: Legal Services Dept.
7911 Broadway, San Antonio, Texas 78209, Fax: (210) 314-1016, Email: Natalie.Pruitt@fyps.org*

YOUR INFORMATION

1.

First Name **Middle Name** **Last Name**

Maiden Name

2. **Your Address:**

Street **Apartment/Building**

City **State** **Zip code**

Is it safe to receive mail at the above address? _____

Alternate Safe Mailing Address (in the event you move from your current address):

| | | |
|--------|-------|--------------------|
| Street | | Apartment/Building |
| City | State | Zip code |

County of Residence: _____

How long have you lived in your county of residence? _____

How long have you lived in Texas? _____

3. Please record the contact information where our agency can reach you in the spaces below.

Home Phone: _____ **Is this number safe? Yes** _____ **No** _____

Work Phone: _____ **Is this number safe? Yes** _____ **No** _____

Cell Phone: _____ **Is this number safe?** Yes _____ No _____

Email Address: _____

Is this email address safe? Yes_____No_____

Person to contact in case of emergency: _____

Relationship: _____ Phone: _____

4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

Social Security Number: _____ - _____ - _____

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Driver's License: _____ **State of License:** _____

Age: _____ **Date of Birth:** _____ **Race:** _____

Sex (female/male): _____

Place of birth: _____
City _____ State _____ Country _____

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

Are you a U.S. Citizen? Yes: _____ No: _____

If not, do you have a VISA? _____ **Work Pass?** _____ **Other?** _____

Are you a Permanent Resident? _____ **Undocumented?** _____

6. Are you currently in the military? Yes: _____ No: _____

If yes, what branch? _____ Current rank? _____ Number of years? _____

Active duty? _____ Reserves? _____ Base: _____

Are you retired or separated from the military? Yes: _____ No: _____

If yes, how long ago? _____ Were you honorably discharged? _____

7. Who are you living with and what is their relationship to you?

8. Are you employed? _____ Full time or Part time? _____ How long? _____

Employer Name

Address

ADVERSE PARTY INFORMATION

Below, please provide some information about the adverse party (spouse, former partner, other parent, etc.) If you do not have a Social Security Number or Driver's License number available for the adverse party, please write "N/A" in the appropriate space(s).

9. _____
First Name **Middle Name** **Last Name**

10. **Address:** _____
 Street **Apartment/Building**

City

State

Zip Code

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11. Can adverse party be served at the above address? _____ If not, at what address can adverse party be served?

12. Date of Birth: _____ Age: _____ Place of Birth: _____
Social Security Number: _____ - _____ - _____
Driver's License: _____ State of License: _____
Race: _____ Height: _____ Weight: _____ Sex: _____
Hair Color: _____ Eye Color: _____ Skin Color: _____
13. Home Phone: _____ Work Phone: _____
14. Is the Adverse Party currently in the military? Yes: _____ No: _____
If yes, what branch? _____ Current rank? _____ Number of years? _____
Active Duty or Reserves? _____ Which Base? _____
Is the Adverse Party retired or separated from the military? Yes: _____ No: _____
If yes, how long ago? _____ Was he/she honorably discharged? _____
15. Adverse Party's Employer: _____
Work Address: _____
Street City State Zip
16. Is the Adverse Party a U.S. Citizen? Yes: ___ No: _____
17. Does the Adverse Party have a mental or physical condition? Yes: _____ No: _____
If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:

18. Did you ever reside with the Adverse Party? Yes: _____ No: _____
If you answered "yes," when did you separate? _____
19. What is your relationship to the Adverse Party? _____

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INFORMATION ABOUT CHILDREN

20. List all of your minor children, even if they have different parents or are not living with you:

Child #1 Sex: _____

Child's Full Name

Name of Child's Other Parent

Child's Social Security Number

Child's Date of Birth

Child's Place of Birth

Child's Present Address

Child #2 Sex: _____

Child's Full Name

Name of Child's Other Parent

Child's Social Security Number

Child's Date of Birth

Child's Place of Birth

Child's Present Address

Child #3 Sex: _____

Child's Full Name

Name of Child's Other Parent

Child's Social Security Number

Child's Date of Birth

Child's Place of Birth

Child's Present Address

Child #4 Sex: _____

Child's Full Name

Name of Child's Other Parent

Child's Social Security Number

Child's Date of Birth

Child's Place of Birth

Child's Present Address

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Child #5 Sex: _____

Child #6 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Residence

Child's Present Residence

CASE INFORMATION

21. What are the current court orders (e.g. Protective Order, Divorce Decree, Custody Agreement, Child Support Order, etc.) in your case and when were the orders signed?

22. If you have a Protective Order against the Adverse Party, has the Adverse Party violated your Protective Order? (e.g. continued abuse, harassment, stalking, contact with a protected person, coming to or near a protected location, possession of a firearm, etc.) Yes:_____ No:_____

23. Is the Adverse Party keeping your children in violation of a court order? Yes:_____ No:_____

24. Is the Adverse Party failing to pay child support in violation of a court order? Yes:_____ No:_____

25. Is the Adverse Party failing to return your personal property in violation of a court order? Yes:____
No:____

26. Have you reported any violations to the police? Yes:_____ No:_____

27. Do you want to change the existing orders? Yes:_____ No:_____

28. If you answered "yes," what do you want to change and why do you want the order changed?

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29. If you are seeking a modification, have there been any INCIDENTS OF DOMESTIC VIOLENCE since your last court order? Yes:_____ No:_____

To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and give the case numbers, if so. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of incidents of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long period of time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and explain the frequency with which it happened. You can use additional paper if needed.

Date of Incident: _____ **or Frequency of Abuse:** _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes_____ **No**_____

If the police were contacted, was your spouse arrested? Yes_____ **No**_____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes_____ No_____

If the police were contacted, was your spouse arrested? Yes_____ No_____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes_____ No_____

If the police were contacted, was your spouse arrested? Yes_____ No_____

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30. Please state the nature of the VIOLATIONS OF YOUR CURRENT COURT ORDER by the Adverse Party towards you and/or your children. Give the month, day, and year of each incident and explain what the Adverse Party did. Please note if there are police reports and give the case numbers. You can use additional paper, if needed.

DATE of VIOLATION: Month_____ Day_____ Year_____

Explain the violation:_____

Was law enforcement contacted? Yes___ No___ Was Adverse Party arrested? Yes___ No___

DATE of VIOLATION: Month_____ Day_____ Year_____

Explain the violation:_____

Was law enforcement contacted? Yes___ No___ Was Adverse Party arrested? Yes___ No___

DATE of VIOLATION: Month_____ Day_____ Year_____

Explain the violation:_____

Was law enforcement contacted? Yes___ No___ Was Adverse Party arrested? Yes___ No___

31. Are there any negative facts that the Adverse Party can/will use against you? (e.g. criminal history, alcohol/drug abuse, physical abuse, etc.)

32. Have you ever been arrested? If so, for what and when?

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33. Have you been sanctioned for violating a court order? If so, for what violation?

34. Has anyone from CHILD PROTECTIVE SERVICES ever contacted you? Yes_____ No_____

If you answered "yes," please provide the case worker's name, phone number, and the circumstances:

35. If the Adverse Party is currently on probation or parole, what is the name and address of the probation or parole officer? _____

36. Do you understand that your case may be refused if you do not provide an accurate address for the Adverse Party so that he/she may be served? Yes _____ No _____

PROPERTY INFORMATION

If you or the other parent own any of the following property, please check all that applies:

| | You | Adverse Party | Joint Ownership | Value |
|-----------------------------|--------------------------|--------------------------|--------------------------|----------|
| House | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Retirement Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Saving Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Certificate of Deposit (CD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Thrift Savings Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Rental Property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

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YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information **MUST** be accurate.

Monthly Income

Amount

- | | |
|--|----------|
| a) Gross Income from Employment | \$ _____ |
| b) Child Support | \$ _____ |
| c) Retirement | \$ _____ |
| d) SSI/Social Security | \$ _____ |
| e) TANF | \$ _____ |
| f) Food Stamps | \$ _____ |
| g) Unemployment Benefits | \$ _____ |
| h) Military Housing Allowance | \$ _____ |
| i) Military Food Allowance | \$ _____ |
| j) Other income | \$ _____ |
| Source of other income: _____ | |
| k) Current Partner's Income | \$ _____ |
| (if your current partner is NOT the Adverse Party) | |

Number of Dependents: _____

(Dependents include any children under age 18, including children NOT of the marriage)

Are you receiving services from Family Violence Prevention Services? Yes: _____ No: _____

If you answered "yes," what services are you receiving? _____

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Your email address or phone number:

How did you access this application for legal services?

☐ Walk-in ☐ Phone ☐ Our Website ☐ Referral

If you were referred to our agency, how did you find out about our services?

| | |
|--|--|
| <input type="checkbox"/> Battered Women and Children's Shelter | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Homeless Shelter _____ | <input type="checkbox"/> Counselor _____ |
| <input type="checkbox"/> Family Justice Center | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Court | <input type="checkbox"/> Attorney _____ |
| <input type="checkbox"/> County Clerk | <input type="checkbox"/> Sheriff |
| <input type="checkbox"/> District Clerk | <input type="checkbox"/> St. Mary's University Clinical Programs |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Social Worker _____ |
| <input type="checkbox"/> TV Advertisement | <input type="checkbox"/> Texas RioGrande Legal Aid |
| <input type="checkbox"/> Radio Advertisement | <input type="checkbox"/> Catholic Charities |
| <input type="checkbox"/> Previous Client | <input type="checkbox"/> Website |
| <input type="checkbox"/> Health and Human Services | <input type="checkbox"/> Other _____ |

"The information provided herein is true and correct to the best of my knowledge."

Signature

Date

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