

MODIFICATION OF CUSTODY, SUPPORT AND PARENTING TIME

(PLEASE WRITE CLEARLY)

TODAY'S DATE: _____ REFERRED TO THIS LAW OFFICE BY _____

CLIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NUMBER: Home _____ Work _____
Cell/car _____ Pager _____ Fax _____ (call first?) yes no
E-mail address: _____
Can receive private communication at above e-mail: yes no

SS#: _____ DATE OF BIRTH: _____

EMPLOYER: _____ DATE OF HIRE: _____

COMPLETE ADDRESS, CITY, STATE, ZIP: _____

GROSS PAY: \$ _____ (Circle One: Weekly/Bi-Weekly/Monthly)

MEDICAL INSURANCE PROVIDED FOR CHILDREN: _____
AVAILABLE TO YOU: _____

OTHER PARTY'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: Home _____ Work _____
Cell/car _____ Pager _____

SS#: _____ DATE OF BIRTH: _____

EMPLOYER: _____ DATE OF HIRE: _____

COMPLETE ADDRESS, CITY, STATE, ZIP: _____

GROSS PAY: \$ _____ (Circle One: Weekly/Bi-Weekly/Monthly)

MEDICAL INSURANCE PROVIDED FOR CHILDREN: _____
AVAILABLE FOR THE CHILDREN: _____

FOR ATTORNEY USE ONLY:

Fee Agreement Given: _____ Financial Declaration Given: _____
Hourly Rate: \$ _____ Retainer Quoted: \$ _____ Paid: \$ _____

PLEASE BRIEFLY DESCRIBE THE NATURE OF YOUR LEGAL PROBLEM:

MARITAL INFORMATION

DATE OF MARRIAGE: _____ DISSOLUTION PETITION FILED: _____

DATE DECREE FINAL: _____ CAUSE NO. _____
(DATE PATERNITY ESTABLISHED, IF APPLICABLE) _____

HAVE THERE BEEN ANY MODIFICATIONS OF CUSTODY, PARENTING TIME OR SUPPORT?
 YES NO IF YES, DATE THE LAST MODIFICATION ORDERED: _____

CHILD(REN) OF **THIS** RELATIONSHIP:

NAME: _____ DOB: _____ SS#: _____ Sex M F

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NAME: _____ DOB: _____ SS#: _____ Sex M F

NAME: _____ DOB: _____ SS#: _____ Sex M F

DO EITHER OF YOU HAVE OTHER MINOR CHILDREN NOT OF THIS RELATIONSHIP? YES NO
IF SO, **LIST NAME(S), DOB AND SS#** FOR EACH: _____

SPECIAL NEEDS/EMANCIPATION: _____ WEEKLY DAYCARE COSTS: \$ _____

CURRENT SUPPORT AMOUNT: \$ _____ SUPPORT REQUESTED: \$ _____

ARE THERE **ANY** OTHER CASES PENDING INVOLVING YOU, THE OTHER PARTY AND/OR THE CHILDREN? YES NO IF SO, STATE CASE TYPE, CAUSE NUMBER, NAME(S) OF PARTY(IES) INVOLVED AND THE COURT WHERE THE CASE IS PENDING:

DISPOSITION: (attorney use only)
