

CLIENT INFORMATION FORM FOR
MODIFICATION OF CUSTODY, SUPPORT AND PARENTING TIME

Today's Date: _____ Referred by: _____

Please briefly describe the nature of your legal problem:

Client Name: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phone Numbers: Home _____ Work _____

Cell _____ Fax _____ (call first?) Yes No

E-Mail Address: _____

(Can you receive private communications at the above e-mail address?) Yes No

SS#: _____ Date of Birth: _____

Employer: _____ Date of Hire: _____

Complete Address, City, State, ZIP: _____

Gross Pay: \$ _____ (Circle One: Weekly / Bi-Weekly / Monthly)

Do you provide medical insurance for your children? Yes No

Is medical insurance for your children available to you? Yes No

Alternate Contact Name: _____ Phone Number: _____ E-Mail Address _____

.....
OTHER PARTY'S NAME: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phone Number: Home _____ Work _____ Cell _____

SS#: _____ Date of Birth: _____

Employer: _____ Date of Hire: _____

Complete Address, City, State, ZIP: _____

Gross Pay: \$ _____ (Circle One: Weekly / Bi-Weekly / Monthly)

Does other party provide medical insurance for your children? Yes No

Is medical insurance for your children available to the other party? Yes No

.....
FOR ATTORNEY USE ONLY:

New Client Letter Sent: _____ Financial Declaration Given: _____

Hourly Rate: _____ Retainer Quoted: _____ Paid: _____

MARITAL INFORMATION

Date of Marriage: _____ Dissolution Petition Filed: _____

Date of Final Decree: _____ Cause No. _____

(If applicable, date paternity established): _____

HAVE THERE BEEN ANY MODIFICATIONS OF CUSTODY, PARENTING TIME OR SUPPORT?

Yes No IF YES, SPECIFY THE DATE THE LAST MODIFICATION WAS ORDERED: _____

Child(ren) of THIS relationship:

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

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

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 CHILD.

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: _____
