

Questionnaire for Modification in Suits Affecting Parent-Child Relationship

Today's date: _____

Have you been served in this matter? _____ If yes, what date? _____

(Please provide us with copies of all documents related to this matter.)

INFORMATION ABOUT YOURSELF

In relation to the children who are the subject of this suit, you are the:

mother father other: _____

Your full name: _____

Name you prefer to be called: _____ Date of birth: _____

Home phone: _____ wk #: _____ cell #: _____

Fax #: _____ E-mail address: _____

How would you prefer that we contact you? _____

Home address: _____
_____ County: _____

How long at this address? _____ Is this a temporary address? _____

Social security #: _____ DL # and State: _____

Occupation: _____ Employer: _____

Employer address: _____

How long at this job? _____ Your job is: full time part time temporary

Describe your work schedule (days and times of shifts): _____

Check all that apply regarding how you are paid: hourly salary commissions

Do you regularly receive overtime or bonuses? _____

List ALL other sources of income and amounts: _____

Professional licenses held by you: _____

Criminal History: _____

Do you have a history of alcohol or drug abuse? _____

Mental Illness? _____ Date of last diagnosis: _____

Medications you are currently taking: _____

Others living in same household with you: _____

Significant Others:

Please indicate whether you are [] married [] engaged [] involved in a serious relationship

If yes to any of the above, please answer the following questions regarding that person:

Name: _____ DOB: _____

Occupation: _____ Employer: _____

Criminal history: _____

History of alcohol or drug abuse? _____

History of mental illness? _____

Has he/she lost custody of his/her children or have supervised visitation? _____

CHILDREN WHO ARE THE SUBJECT OF THIS SUIT:

For each child that is the subject of this suit, please complete the information below:

1. Name: _____ Date of birth: _____

Place of Birth: _____

Male or female? _____ SS#: _____

Currently residing with: _____ County of residence: _____

Address: _____

School attending: _____ Grade: _____

2. Name: _____ Date of birth: _____

Place of Birth: _____

Male or female? _____ SS#: _____

Currently residing with: _____ County of residence: _____

Address: _____

School attending: _____ Grade: _____

3. Name: _____ Date of birth: _____

Place of Birth: _____

Male or female? _____ SS#: _____

Currently residing with:_____ County of residence:_____

Address:_____

School attending:_____ Grade:_____

4. Name:_____ Date of birth:_____

Place of Birth: _____

Male or female?_____ SS#:_____

Currently residing with:_____ County of residence:_____

Address:_____

School attending:_____ Grade:_____

Do any of the children listed above have a disability that would necessitate care beyond the age of 18? _____ If yes, please explain:_____

Health insurance:

Are the children currently covered by health insurance?_____

Name of insurance company:_____ Policy #:_____

Insurance is provided through: mother's employment father's employment

other:_____

Dental Insurance:

Are the children currently covered by dental insurance?_____

Name of insurance company:_____ Policy #:_____

Insurance is provided through: mother's employment father's employment

other:_____

OTHER CHILDREN NOT SUBJECT TO THIS SUIT:

If you have OTHER MINOR CHILDREN who are NOT the subject of this suit but that you have an obligation to support, please complete section immediately below:

1. Name:_____ Sex:_____

DOB:_____ Resides with:_____

2. Name:_____ Sex:_____

DOB:_____ Resides with:_____

3. Name:_____ Sex:_____

DOB: _____ Resides with: _____

INFORMATION ABOUT THE OPPOSING PARTY

In relation to the children who are the subject of this suit, the opposing party is the:

father mother other: _____

Were you ever married him/her? _____ If yes, date of divorce: _____

NAME: _____ **Date of birth:** _____

Address: _____

_____ **County:** _____

Home #: _____ **work #:** _____ **cell #:** _____

Fax #: _____ **email address:** _____

Occupation: _____ **employer:** _____

Work schedule (hours and days of shifts): _____

Monthly net income from job: _____ **From all sources:** _____

Professional licenses held : _____

Others living in same household: _____

Criminal history: _____

History of alcohol or drug abuse? _____

Psychiatric illnesses: _____ **date of last diagnosis:** _____

Medications: _____

Is he/she married engaged involved in a serious romantic relationship

If yes to any of above, **NAME** of that other person: _____

Info about that person that may be significant to this case: _____

Does he/she has other children that are NOT the subject of this suit? _____ How many? _____

Do those children reside with him/her? _____

Does he/she pay child support for those children? _____

Has he/she lost custody or have supervised visitation of those other children? _____

Other information about him/her that you feel may be significant to this case: _____

For purposes of service of process, give general physical description: _____

Type of vehicle driven:_____

Best time/place to serve him/her:_____

(Please provide us with a photograph of opposing party if possible for the process server.)

PREVIOUS COURT ORDERS:

(Please provide us with copies of ALL prior court orders.)

Date of last order:_____ Type of Order:_____

Order based upon: [] final trial [] mediated settlement agreement [] other negotiation

Custody: [] Joint managing conservators – Primary to:_____

[] Sole managing to:_____

Geographical restriction?_____

Visitation: [] Standard [] Standard Expanded [] Other:_____

Is the visitation schedule ordered by the court actually being followed? _____

If no, why not?_____

What schedule is actually being followed?_____

Was child support ordered? [] YES [] NO

If no, why not?_____

If yes, was it according to guidelines?_____

Obligor:_____ Obligee:_____

Amount: \$_____ per _____

Are the payments current?_____ Amt of back support owed:_____

Do you feel that modification is necessary?_____ Why or why not?_____

Has there been a substantial change since the rendition of the last court order? _____

If yes, please explain:_____

What would you like to accomplish in regard to this suit?_____

Have you consulted with other attorneys in this matter?_____

Outcome:_____

PLEASE SIGN BELOW, indicating that all information herein is correct:

Signature

Date

Attorney's notes:

CONSULTATION AGREEMENT

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$75.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given. This fee is due at the time the appointment is scheduled, and this fee reserves your appointment time. If you do not give at least 24 hours notice of cancellation, the \$75.00 is non-refundable.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form, then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: _____

Address: _____

Phone: _____

Signature

Date

How did you hear about our law firm? phone book internet magazine ad

I'm a past client referral from _____

other: _____