

MODIFICATION QUESTIONNAIRE

YOUR PERSONAL INFORMATION:	Date you co	mpleted this form:
Full Name		
Maiden Name (if applicable)		
Date of Birth	Place of Birth	
Full Home Address Street		
City	State	Zip
County of Home Address		
Lived at address since		
Full Work Address		
City	State	Zip
Work Phone	Home Phone	
Mobile Number		
E-Mail		
Is your email password protected?		
Please indicate any directions/restrictions in		

2. INFORMATION ABOUT YOUR EX:

3.

4.

Street		
State	Zip	
(if applicable):		
	/	
	0	
State	Count	.y
		·
HILDKEN:		
<u>birth</u> Living	With Male/	Femal
	Street State (if applicable): State HILDREN:	State Zip d (if applicable): State Count

Do any of your children have any specialized medical or educational needs that may be a factor in this case? If so, please explain:

EMPLOYMENT:
Nature of job
_ Annual Salary
EX'S EMPLOYMENT:
EX'S EMPLOYMENT:

7. **PRIOR PROCEEDINGS:**

5.

6.

Have there been any past legal proceedings conducted between you and your ex-partner such as legitimation, establishment and/or modification of child support, custody, alimony, or visitation?

If so, describe:_____

Who represented you?_____

8.

Who represented your ex?_____

Have there been any other contempt actions? If so, please describe (e.g. child support, interference with parenting time):______

 Who represented you?

 Who represented your ex?

 OTHER:

 Has your ex consulted an attorney regarding this matter?

 If yes, please state who she/he has seen and when.

 Have you consulted other attorneys about this situation?

 If yes, please state who you have seen and when.

 Who referred you to our office?