

Confidential Client History

MODIFICATION PROCEEDINGS

The following questionnaire is designed to help you more accurately provide information that will help counsel to prepare the proper court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

Name: _____

Mailing Address: _____

Telephone: (_____) _____ - _____

Mobile: (_____) _____ - _____

Work: (_____) _____ - _____

Email: _____

Other Party's Attorney: _____

Other Party's Attorney Telephone: (_____) _____ - _____

FOR OFFICE USE ONLY

Client #: _____

Docket #: _____

ABOUT YOU

Full Name _____
(maiden name, if applicable)

Date of Birth: ____/____/ 19____ Social Security Number: _____-____-_____

Place of Birth: _____ Citizenship: _____

Home Address _____
(if different from _____
mailing address) _____

Lived at present address since _____

All home addresses for past two years:

_____ From _____ To _____

_____ From _____ To _____

Educational Background _____

Who referred you to us? _____

EMPLOYMENT

Employer _____ Telephone: (____) _____

Address _____

Job Title _____ Employed since _____

Nature of job _____

Monthly Salary:

Base _____

Gross _____

Net _____

Monthly Deductions:

FICA _____

State _____

Federal _____

Other _____

Overtime and Bonuses:

Gross _____

Net _____

Previous Employment and Dates:

FORMER SPOUSE/ OTHER PARENT INFORMATION

Spouse's Full Name _____
(maiden name, if applicable)

Date of Birth: ____/____/19____

Social Security Number: _____-_____-_____

Spouse's Home Address _____

Home Telephone _____

Spouse's Business Telephone _____

Employer _____ Telephone: (____) _____

Address _____

Job Title _____ Employed since _____

Gross Salary _____ Overtime/ Bonus _____

CHILDREN AT ISSUE

Full Name

Date of Birth

Grade

Living With

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of your children has special education needs please explain:

ACTION FOR MODIFICATION

Date of Divorce/ Paternity Judgment: _____ / _____ / _____ Place of Judgment: _____

Name of Court: _____ Name of Judge: _____

Name of Your Attorney: _____

Name of Your Spouse's Attorney: _____

Custody and Visitation Agreement: _____

Child Support Order: _____ Alimony Award: _____

Have there been any modifications of custody, visitation or support – formally or informally? _____

Was the Order that is now under dispute entered by agreement of after a contested trial? _____

****Please attach a copy of your Separation Agreement/
Judgment of Divorce/ Judgment of Paternity with this form.****