

MODIFICATION INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security Number.
 - a. Name: _____
(first) (middle) (last)
 - b. Date of birth: _____ / Age: _____
 - c. Place of birth: _____
 - d. Social Security Number: _____
 - e. Driver's License Number: _____

2. Where are you living now and do you want to receive mail at this address? Yes _____ or No _____.

- a. Address: _____
- b. City, state, zip: _____

****MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS:****

- a. Address: _____
- b. City, state, zip: _____

Please remember:

It is often important for us to talk to you on short notice. Due to the nature of divorce, many times our clients move, change jobs, and/or obtain unlisted telephone numbers. Please keep us informed of any change in the above information. Any charges incurred or time expended for forwarding and address correction and telephone correction will be charged to the client's account.

3. Please give your residence telephone number _____
Beeper or cellular phone _____
E-Mail Address _____

4. Please complete the following concerning your employment.
- Employer: _____
 - Job title: _____
 - Street address: _____
 - City, state, zip: _____
 - Telephone number: _____
 - Gross salary per month or annually: \$ _____
 - Net (take home) salary per month or annually: \$ _____
 - Length of employment: _____
 - Education: _____
5. Please give your former spouse's full name, date and place of birth, and Social Security Number.
- Name: _____
(first) (middle) (last) (maiden)
 - Date of birth: _____ / Age: _____
 - Place of birth: _____
 - Social Security Number: _____
 - Driver's License Number: _____
6. Where is your former spouse living and what is your spouse's telephone number?
- Address: _____
 - City, state, zip: _____
 - Residence telephone number: _____
7. Complete the following concerning your former spouse's employment.
- Employer: _____
 - Job title: _____
 - Street address: _____
 - City, state, zip: _____
 - Telephone number: _____
 - Gross salary per month or annually: \$ _____
 - Net (take home) salary per month or annually: \$ _____
 - Length of spouse's employment: _____
 - Education of spouse: _____
8. Date of Divorce _____ County of Divorce _____
Any post divorce modifications? _____

Is your former spouse remarried? _____ If yes, please complete the following:

Date of marriage _____

Place of marriage _____

Name of new spouse _____

Are there any children born of this marriage? _____

Does your former spouse's new spouse have any children by a previous marriage?

___ Yes ___ No

With whom do these children reside? _____

If so, please provide the following information:

Name and Sex (M/F)

Date and Place of Birth

a. _____
b. _____
c. _____

9. Please give full name, date and place of birth, sex, Social Security number and current residence of each child of this marriage.

FULL NAME _____ SEX (M/F) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOC. SEC. NO. _____ CURRENT RESIDENCE _____

SPECIAL NEEDS: _____

NAME OF SCHOOL: _____

GRADE IN SCHOOL: _____

NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOC. SEC. NO. _____ CURRENT RESIDENCE _____

SPECIAL NEEDS: _____

NAME OF SCHOOL: _____

GRADE IN SCHOOL: _____

NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOC. SEC. NO. _____ CURRENT RESIDENCE _____

SPECIAL NEEDS: _____

NAME OF SCHOOL: _____

GRADE IN SCHOOL: _____

NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SOC. SEC. NO. _____ CURRENT RESIDENCE _____
SPECIAL NEEDS: _____

NAME OF SCHOOL: _____
GRADE IN SCHOOL: _____
NAME OF DAYCARE PROVIDER: _____

10. Have you ever been married before? Yes No
If so, how many times? _____

Do you have any children by a previous marriage? Yes No
If so, please provide the following information:

	Name and Sex (M/F)	Date and Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____

With whom do these children reside? _____
Amount of child support received by you: \$ _____/month
Amount of child support paid by you: \$ _____/month

Has your former spouse been married before? Yes No
If so, how many times? _____

Does your former spouse have children by a previous marriage? Yes No
If so, please provide the following information:

	Name and Sex (M/F)	Date and Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____

With whom do these children reside? _____
Amount of child support received by spouse: \$ _____/month
Amount of child support paid by spouse: \$ _____/month

11. Will there be a dispute over custody of the children? _____
If not, custody will be with whom? _____

12. Where are the children living at this time? _____
13. List all property (other than furniture and clothing) owned by the children. _____

14. How long have you lived in Texas? _____
15. What county do you reside in? _____
17. How long have you resided in that county? _____
18. Does your spouse now have an attorney? ____ If so, whom? _____

MEDICAL AND DENTAL INSURANCE:

1. Name of Company _____ Policy No. _____
Persons Insured _____
Type of Coverage _____
Amt. of mthly. premium \$ _____ Employer Provided __ Yes __ No
2. Name of Company _____ Policy No. _____
Persons Insured _____
Type of Coverage _____
Amt. of mthly. premium \$ _____ Employer Provided __ Yes __ No
3. The insurance coverage is provided through mother's/father's place of employment?

LAST WILL AND TESTAMENT:

1. Do you have a will? ____ If so, prepared by whom? _____

2. Does your spouse have a will? ____ If so, prepared by whom? _____

EMERGENCY CONTACT:

Name, relationship, address and telephone number of person who can be reached in case of an emergency: _____

Please state your expectations regarding this litigation:

REFERRAL:

Who referred you to this office? _____

I understand that there will be a \$250.00/hour fee, regardless of whether I decide to take any legal action or not. I also understand that no legal action will be undertaken prior to a signed employment contract, which contains provisions for a retainer fee.
