

MODIFICATION INFORMATION SHEET

Date:	File No.
CLIENT PERSONAL INFORMATION	
Name	Birthdate
Maiden Name	Work Phone
Address	Email Address Home Phone Cellular Phone
Birthplace	Social Security No.
Length of Residence in Current County	Driver's License No.
Employer	Occupation
Salary \$ _____ per _____	Business Address
Highest Grade Level	Religion
MARRIAGE TO OTHER PARENT (If Applicable)	
Place of Marriage	Date of Marriage
Was Marriage Valid?	Your age at marriage
Other Parent's age at marriage	Living with other parent now?
Date of Separation	Date of Divorce
DIVORCE FROM OTHER PARENT	
Court and Cause No.	Modifications to date:
PERSONAL INFORMATION CONCERNING OTHER PARENT	
Name	Birthdate
Maiden Name	Work Phone
Address	Home Phone Cellular Phone
Birthplace	Social Security No.
Length of Residence in Current County	Driver's License No.

Occupation	Business Address
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Employer	Salary \$ _____ per _____
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Highest Grade Level	Religion
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CHILDREN

Name	Place of Birth	Birthdate	Social Security No.

RESIDENCES OF CHILDREN

Name	Person Living With	Address	Since

Custody desired of which children?

Amount of child support expected to receive/pay \$ _____ per _____
 Is child support currently in arrears? If so, indicate amount owed and parent owing: \$ _____
 Has the Attorney General's office been contacted or filed any action: _____

Are there children not of this marriage?

Father's children: (number) _____ Now living with:	Names and Ages:
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Mother's children: (number) _____ Now living with:	Names and Ages:
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Is Mother pregnant now? _____ If yes, expected date of birth: _____

Do any of the children have special needs?

INSURANCE

Child and Type	Cost and Who is Paying

TAXES

Who currently claims the children for tax purposes:

PROPERTY

If the children own property, please describe:

EXPENSES

If medical expenses are pending for the children, please identify:

Name and Address of Creditor	Date and reason incurred	Balance in \$	Monthly Payment