
PROSPECTIVE CLIENT INFORMATION MODIFICATION/ENFORCEMENT

Petitioner

Respondent

Today's Date ____ / ____ / ____

Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State ____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Cell _____ Fax _____

Email Address _____

Place of Birth: City _____ State _____ Ethnicity _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Days You Work _____ Your hours _____

Employer Address _____

Do you rent or own? _____ How much is your monthly rent or house payment? \$ _____

Your Annual Income \$ _____ Your Monthly Take-Home Pay \$ _____

Other Parent's Information

Other Parent's Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Place of Birth: City _____ State _____ Ethnicity _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Their Annual Income \$ _____ Their Monthly Take-Home Pay \$ _____

Is any member of your family, including yourself, Native American Indian? yes _____ no _____

Have you lived in Texas for the past 6 months? yes _____ no _____

In what county have you resided in for the past 90 days? _____

Prior Order Information

Date the prior order was entered _____ / _____ / _____

Where was the prior order entered? County _____ State _____

Cause Number _____

Who was appointed primary custodian? _____

Who do the children live with? _____

Who was ordered to pay child support? _____

How much? _____ Is child support current? _____

Has the Attorney General ever been involved? yes ____ no ____

Has CPS ever been involved? yes ____ no ____

Do your children own any property? (e.g. bank accounts, trust funds, real estate, etc.)

yes ____ no ____ If yes, please explain _____

Pending Litigation

Have you been served with legal papers? yes ____ no ____

If yes, on what date were you served? _____ / _____ / _____

Is this your first visit with an attorney regarding this matter? yes ____ no ____

If no, please give attorney's name _____

If the other party has consulted an attorney on this matter, please give attorney's name (if known) _____

Have you been in contact with the other party's attorney? yes ____ no ____

Are you or your children's other parent currently in a bankruptcy proceeding? yes ____ no ____

If yes, who and what type? _____

Children

Please provide the following information for each child the subject of this suit:

Name	Birthday	SSN	Place of Birth	Age	Gender

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and the current arrangements for care.

For the past five (5) years, the child/children has/have lived at the following address(es) with the following adult person(s) during the following dates: (start with present)

Person Lived With/Address	Lived there from	to
	___ / ___ / ___	PRESENT
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___

Do you have a child(ren) from another relationship? yes _____ no _____

If yes, please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age	Living With

Do you currently pay _____ or receive _____ child support for these children?

If yes, please explain _____

Does the other parent have a child(ren) from a former relationship? yes _____ no _____

If yes, please provide the following information for each child:

Name	Age	Living With

Does the other parent currently pay _____ or receive _____ child support for these children?

If yes, please explain _____

Have you remarried? yes _____ no _____

If yes, what is your current spouse's name? _____

Does your current spouse have a child(ren) from a former relationship? yes _____ no _____

If yes, please provide the following information for each child:

Name	Age	Living With

Does your current spouse currently pay _____ or receive _____ child support for these children?

If yes, please explain _____

What aspects of the prior order would you like to change and/or enforce? _____

In case of emergency, please notify:

Name _____

Address _____

Phone _____ Relationship _____

How were you referred to this firm? Check all that apply.

- AT&T Yellow Pages
- Everyday Yellow Pages
- Lawyers.com
- Yellowpages.com
- Friend _____
- Other Attorney _____

- Internet Search Engine
 - Google
 - Yahoo!
 - Bing
 - Other _____
- Other _____

HEALTH INSURANCE AVAILABILITY FORM

In every lawsuit affecting the parent-child relationship, the Texas Family Code requires all parties to submit a statement on health insurance availability for all children affected by the suit. Therefore, please complete this form and provide my firm with a copy of any and all insurance card(s) for your child(ren).

NAME OF CLIENT: _____

Beside the name of each child, check all types of health insurance or benefits currently covering that child. You may check more than one source.

Child's Name	Employer Provided						
	Father's	Mother's	Private	Medicaid	CHIP	Other	None

For each insurance source, please list:

1. Name of insurance carrier: _____
2. Group Policy number: _____
3. Policyholder name and ID number: _____
4. Name of each child covered: _____
5. Cost per month of coverage for child(ren) only: _____
To determine coverage for the child(ren), determine total cost for family coverage and subtract from this amount to insure all covered individuals except the children.
6. Are you paying the premiums for the listed medical benefits? YES ____ NO ____
 If NO, who pays the premiums? _____