

LAW OFFICES OF
LANDRITH & KULESZ, L.L.P.
A REGISTERED LIMITED LIABILITY PARTNERSHIP

601 W. Abram
Arlington, TX 76010
(817) 226-1100
(817) 226-2727/Facsimile

Legal Assistant: _____

Please answer the following questions to the best of your ability. The information and answers will be kept confidential and will aid the firm in more efficiently and quickly helping you with your legal problem. Thank you for your assistance.

MODIFICATION AND/OR ENFORCEMENT INFORMATION SHEET

Please answer the following questions to the best of your ability. The information and answers will be kept confidential and will aid the firm in more efficiently and quickly helping you with your legal problem. Thank you for your assistance.

QUESTIONS

I. PERSONAL INFORMATION:

1. About YOU:

Full Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Mobile Phone: _____ Pager: _____

E-Mail Address: _____

Social Security No.: _____

Driver's License No.: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Education: _____ High School Diploma? _____

College? _____ (Yrs) Degree? _____

Employer: _____

Address: _____

Work Phone: _____

Gross Annual wages: \$ _____

Monthly wages: \$ _____

Deductions withheld: WH \$ _____
Insurance: \$ _____
Retirement: \$ _____
Other: \$ _____
NET wages: \$ _____ per mo.

Former jobs: _____

2. ABOUT YOUR PREVIOUS SPOUSE:

Full Name: _____
Maiden Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Social Security No.: _____
Driver's License No.: _____
Age: _____ Date of Birth: _____
Place of Birth: _____
Education: _____ High School Diploma? _____
College? _____ (Yrs) Degree? _____

Employer: _____
Address: _____
Work Phone: _____
Gross Annual wages: \$ _____
Monthly wages: \$ _____
Deductions withheld: WH \$ _____
Insurance: \$ _____
Retirement: \$ _____
Other: \$ _____
NET wages: \$ _____ per mo.

Former jobs: _____

II. MODIFICATION/ENFORCEMENT INFORMATION:

1. When were you divorced from your former spouse? _____
2. What was the county where you filed the divorce? _____ State _____
3. Do you have a copy of your divorce decree with you or which you can supply to us?

4. Has a modification or enforcement action previously been filed by either party?

III. MODIFICATION OF CHILD SUPPORT SOUGHT:

1. If decrease in support is requested, please state amount you desire your child support decreased to: _____
2. If increase in support is requested, please state amount you desire your child support increased to: _____
3. Amount of child support presently being paid: _____
4. Reason for seeking/denying increase/decrease (If you prior spouse has filed a modification, please attach and explain your position here):

IV. MODIFICATION OF VISITATION SOUGHT:

1. If increase of visitation requested, please state what you would like to have ordered:

2. If decrease of ex-spouses visitation is requested, please state what you would like to have ordered:

3. If present visitation not working, please state reasons not working and what you would like to have ordered:

V. MODIFICATION OF CONSERVATORSHIP SOUGHT:

1. Who presently has conservatorship of the children at this time?

2. Have you discussed change with your ex-spouse and if so, what was reaction?

3. Do you anticipate your ex-spouse will be agreeable to a change of conservatorship?

4. Are you presently a sole managing conservator, joint managing conservator with primary possession or without primary possession?

5. What are the reasons for your desire to have custody changed?

6. Children's Information:

CHILD #1:

Full Name: _____
Male/Female: _____
Date of Birth: _____
Place of Birth: _____
Date of Adoption: _____
Social Security Number: _____
Residing at: _____

CHILD #2:

Full Name: _____
Male/Female: _____
Date of Birth: _____
Place of Birth: _____
Date of Adoption: _____
Social Security Number: _____
Residing at: _____

CHILD #3:

Full Name: _____
Male/Female: _____
Date of Birth: _____
Place of Birth: _____
Date of Adoption: _____
Social Security Number: _____

Residing at: _____

CHILD #4:

Full Name: _____

Male/Female: _____

Date of Birth: _____

Place of Birth: _____

Date of Adoption: _____

Social Security Number: _____

Residing at: _____

7. Do you feel it would be in the best interest of the children if conservatorship is changed? _____

If so, please state your reasons: _____

8. What do you desire as periods of possession of the children to each of you?

You _____

Your ex-spouse: _____

9. Have you attended any parenting classes or seminars and if so, when and describe same: _____

10. Please state anything else attorney should be aware of here:

VI. ENFORCEMENT SOUGHT:

1. Are you seeking to enforce child support, visitation, payment of medical costs or other? _____ If other, please describe.

2. If you are seeking to enforce child support, how much is owed? When was the last payment received? _____

3. Have you kept a written record of amounts received and dates received of each child support payment due? _____ If so, please attach.

4. Was a child support account established? _____

5. If you are seeking reimbursement for medical expenses paid by you, did you keep receipts? _____ If so, please attach.

6. Please state anything else attorney should be aware of here: _____

REFERRAL INFORMATION

By whom were you referred to our firm?

_____ Friend
 Name: _____
 _____ Yellow pages: Mansfield _____ Arlington _____ Fort Worth _____
 _____ I am a present client
 _____ Arlington Bar Association
 _____ Internet - If so, what
 site? _____
 _____ Other: _____

LAWYERS USE ONLY

INSTRUCTIONS TO ASSISTANT: _____

AGREED MODIFICATION _____
 WAIVER _____
 SERVICE _____
 BY SHERIFF _____
 BY FORD _____
 BY ALLEN _____
 BY OTHER _____

MODIFICATION C/SUPPORT:
 DECREASE _____
 INCREASE _____
 THRU SCHOOL _____
 MODIFICATION VISITATION:
 INCREASE TO STANDARD _____
 SUPERVISED _____
 TERMS OF ACCESS _____

MODIFICATION CONSERVATORSHIP

SOLE _____

JOINTW/PRIMARY _____

W/O PRIMARY _____

ENFORCEMENT
SERVICE

BY SHERIFF _____

BY FORD _____

BY ALLEN _____

BY OTHER _____

ENFORCEMENT CHILD SUPPORT, MEDICALS OR BOTH:

AMOUNT: _____

OTHER: _____
