

**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: \_\_\_\_\_

\_\_\_\_\_