

**SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP/  
MODIFICATION INTERVIEW SHEET  
(NO DIVORCE)**

---

---

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.

- a. Employer: \_\_\_\_\_
- b. Job title: \_\_\_\_\_
- c. Street address: \_\_\_\_\_
- d. City, state, zip: \_\_\_\_\_
- e. Telephone number: \_\_\_\_\_
- f. Gross salary per month or annually: \$ \_\_\_\_\_
- g. Net (take home) salary per month or annually: \$ \_\_\_\_\_
- h. Length of employment: \_\_\_\_\_
- i. Education: \_\_\_\_\_

5. Please give your former spouse's full name, date and place of birth, and Social Security Number.

- a. Name: \_\_\_\_\_

- b. Date of birth: \_\_\_\_\_ (first) (middle) (last) (maiden) / Age: \_\_\_\_\_  
 c. Place of birth: \_\_\_\_\_  
 d. Social Security Number: \_\_\_\_\_  
 e. Driver's License Number: \_\_\_\_\_

6. Where is your former spouse living and what is your spouse's telephone number?

- a. Address: \_\_\_\_\_  
 b. City, state, zip: \_\_\_\_\_  
 c. Residence telephone number: \_\_\_\_\_

7. Complete the following concerning your former spouse's employment.

- a. Employer: \_\_\_\_\_  
 b. Job title: \_\_\_\_\_  
 c. Street address: \_\_\_\_\_  
 d. City, state, zip: \_\_\_\_\_  
 e. Telephone number: \_\_\_\_\_  
 f. Gross salary per month or annually: \$ \_\_\_\_\_  
 g. Net (take home) salary per month or annually: \$ \_\_\_\_\_  
 h. Length of spouse's employment: \_\_\_\_\_  
 i. 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

If so, 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:** \_\_\_\_\_

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

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. In what county/state does your former spouse reside? \_\_\_\_\_
  19. Does your former spouse now have an attorney? \_\_\_\_ If so, who? \_\_\_\_\_

**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?  
 \_\_\_\_\_

**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? \_\_\_\_\_