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Today's Date: _____

How did you hear about us? _____

MODIFICATION AND CONTEMPT ACTIONS
CONFIDENTIAL CLIENT INTERVIEW SHEET

1. **YOUR FULL LEGAL NAME:**

(First) (Middle) (Last) (Maiden)

Nicknames used: _____ Race: _____

2. **Current Residential Address:**

(Street Number, Street Name, and Apartment Number)

(City) (County) (State) (Zip)

3. **Mailing Address for use by this office for confidential documents:**

4. **TELEPHONE NUMBERS WHERE YOU CAN BE REACHED:**

Home: _____ Work: _____

Cell: _____ Pager: _____

5. **How long have you lived in that county?** _____ **In Texas?** _____

6. **Social Security:** _____ **Driver's License:** _____

7. **Birth Date:** _____ **Age:** _____ **State of Birth:** _____

8. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____
 Subdivision in which home is located? _____
9. **Your Employer:** _____
10. Work Address: (Street, City, State, Zip)

11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____
12. Job Title: _____ Length of Employment: _____
13. Highest Level of Formal Education Attained: _____
14. Have you ever been convicted/indicted for any crimes: _____ Yes; _____ No.
 If so, explain: _____
15. Name of Present Spouse: _____

OPPOSING PARTY

Provide the following information about the opposing party:

1. **FULL LEGAL NAME OF OPPOSING PARTY:**

_____ (First) (Middle) (Last) (Maiden)

Nicknames: _____

2. **Current Residence:**

_____ (Street) (City) (County)

_____ (State) (Zip Code) (Residential Telephone Number)

Pager: _____ Cellular: _____

3. How long has he/she lived in that county? _____

4. How long has he/she lived in Texas? _____

5. Social Security: _____ Driver's License: _____

6. Birth Date: _____ Age: _____ State of Birth: _____

(Continuation of Information about Opposing Party)

7. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____
8. Name of Employer: _____
9. Work Address: (Street, City, State, Zip)

10. Work Telephone Number: _____
11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____
12. Job Title: _____ Length of Employment: _____
13. Highest Level of Formal Education Attained: _____
14. Has the person ever been convicted/indicted for any crimes: _____ Yes; _____ No.
If so, explain: _____
15. Name of his/her present spouse: _____

ORDER/DECREE SUBJECT OF MODIFICATION OR CONTEMPT ACTION

1. Date of last Court Order/Decree (if any): _____
2. Court in Which Order/Decree was Entered: _____
3. What type of conservatorship arrangement was set forth in that order:
_____ Joint Managing Conservator with _____ as primary parent.
_____ Sole Managing Conservator with _____ as primary parent.
_____ Other: _____
4. Is there presently a child support order in effect, and if so who is obligated to pay support?
Obligor: _____ \$ _____ per month
5. Are payments made through the court? _____ Yes; _____ No.

6. Are payments generally made by:

_____ directly by the obligor.

_____ through a wage withholding order.

7. Are there any past due child support obligations? ____ Yes; ____ No.

8. What issues will be raised by you in this action?

9. What issues will be raised by the opposing party in this action?

CHILDREN AFFECTED BY THIS ACTION

1. Provide the following information for each child affected by the modification or contempt action:

Full legal name of child: _____

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

With whom does the child reside: ____ me; _____.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

Full legal name of child: _____
Sex: _____ Date of Birth: _____ Age: _____
City, County, and State of Birth: _____
Social Security: _____ Driver's License: _____
With whom does the child reside: _____ me; _____
Does the child have special educational needs? If so describe: _____
Does the child have special medical needs? If so describe: _____
In what extracurricular events/activities does the child participate? _____

Full legal name of child: _____
Sex: _____ Date of Birth: _____ Age: _____
City, County, and State of Birth: _____
Social Security: _____ Driver's License: _____
With whom does the child reside: _____ me; _____
Does the child have special educational needs? If so describe: _____
Does the child have special medical needs? If so describe: _____
In what extracurricular events/activities does the child participate? _____

PROTECTIVE ORDER

Has there been a PROTECTIVE ORDER for family violence: _____ Yes; _____ No.

If so, when and why? _____

POTENTIAL CUSTODY DISPUTES

Will custody be disputed? _____ Yes; _____ No; _____ Uncertain.

If not, with whom will the children primarily reside? _____

If there will be disputes, what are the natures of those disputes? _____

Do the children own property, other than furniture and personal effects? If so, describe: _____

YOUR PRIOR MARRIAGES AND OTHER CHILDREN

How many times have you been married? _____

What are the names and ages of your other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you pay child support? _____ Yes; _____ No. Amount per month: \$ _____

Do you receive child support? _____ Yes; _____ No. Amount per month: \$ _____

OPPOSING PARTY'S PRIOR MARRIAGES AND OTHER CHILDREN

How many times has the opposing party been married? _____

What are the names and ages of his/her other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does he/she pay child support? _____ Yes; _____ No. Amount per month: \$ _____

Does he/she receive child support? _____ Yes; _____ No. Amount per month: \$ _____

GOALS AND CONCERNS AND QUESTIONS

What are your goals, concerns, or questions, which have brought you to this office?
