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[www.ongert.com](http://www.ongert.com)

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 AND PRIVATE/CONFIDENTIAL EMAIL ADDRESS WHERE YOU  
CAN BE REACHED BY OUR OFFICE:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

6. **Social Security:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_

7. **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_ **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: \_\_\_\_\_

16. Do you have any "blogs" such as MySpace, Facebook, Twitter, etc? \_\_\_\_\_

If so, generally, what type of data to you post there? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**City of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_

**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/medical needs? If so describe:  
\_\_\_\_\_

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/medical needs? If so describe:  
\_\_\_\_\_

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/medical needs? If so describe:  
\_\_\_\_\_

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/medical needs? If so describe:  
\_\_\_\_\_

**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?

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**LAST WILL AND TESTAMENT**

Do you presently have a last will and testament? \_\_\_\_\_

If so, when was it prepared? \_\_\_\_\_ In what state? \_\_\_\_\_

**RELATIVE OR FRIEND**

Please give the name, address, and telephone number of one or more persons who will always know how to locate you.

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**ATTORNEY NOTES:**

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