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**MODIFICATION AND CONTEMPT ACTIONS**  
**CONFIDENTIAL CLIENT INTERVIEW SHEET**

Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**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 do you post there? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPPOSING PARTY**

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

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Nicknames used: \_\_\_\_\_ Race: \_\_\_\_\_

**2. His/Her Current Residential Address:**

\_\_\_\_\_  
(Street Number, Street Name, and Apartment Number)

\_\_\_\_\_  
(City) (County) (State) (Zip)

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: \_\_\_\_\_

**Opposing Party Continued**

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/Payor: \_\_\_\_\_ \$ \_\_\_\_\_ 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.

**Order/Decree Continued**

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

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

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

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**PROTECTIVE ORDER**

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

If so, when and why?

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

2. 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: \_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_

3. 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: \_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_

ADD OTHER CHILDREN ON THE BACK OF THIS PAGE AND CHECK HERE: \_\_\_\_\_

**YOUR PRIOR MARRIAGES AND OTHER CHILDREN**

How many times have you been married and for how long each time? \_\_\_\_\_

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 he/she been married and for how long each time? \_\_\_\_\_

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: \$\_\_\_\_\_

**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**

Give the name and phone number of persons who will always know how to locate you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

