
MODIFICATION OF CHILD SUPPORT QUESTIONNAIRE

CUSTODY SUPPORT VISITATION
UNCONTESTED CONTESTED

CLIENT: MOVANT / RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

HOME ADDRESS: _____

_____ EMAIL: _____

WORK ADDRESS: _____

_____ EMAIL: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

NEXT OF KIN: NAME: _____ PHONE: () _____

ADDRESS: _____

EMAIL ADDRESS(ES): _____

ADVERSE PARTY: MOVANT / RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

HOME ADDRESS: _____

_____ EMAIL: _____

WORK ADDRESS: _____

_____ EMAIL: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

NEXT OF KIN: NAME: _____ PHONE: () _____
ADDRESS: _____
EMAIL ADDRESS(ES): _____

ORIGINAL ORDER & DATE OF ENTRY: _____

CHILD(REN):

NO 1. - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 2 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 3 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

NO. 4 - NAME: _____
GENDER: FEMALE / MALE
BIRTHPLACE: STATE: _____ TOWN: _____ COUNTY: _____
BIRTH DATE: _____ SOC. SEC. NO.: _____
DRIVER'S LICENSE NO.: _____ STATE: _____
PRESENT ADDRESS: WITH MOVANT / WITH RESPONDENT

CUSTODY: MOVANT - Primary JMC / Possessory JMC / Sole / Possessory
RESPONDENT - Primary JMC / Possessory JMC / Sole / Possessory

VISITATION: STANDARD / SUPERVISED / OTHER:

NOTE: _____

CHILD SUPPORT: INCREASE / DECREASE
STANDARD / AGREED AMOUNT: \$ _____
MONTHLY / BI-MONTHLY / BI-WEEKLY / WEEKLY

SERVICE: YES / NO
PLACE: WORK / HOME
SERVER: PRIVATE / SHERIFF

ADVERSE PARTY'S VEHICLE: _____

DESCRIPTION OF RESPONDENT TO BE SERVED:

Hair Color: _____ Eye color: _____ Glasses: Yes No

Facial Hair (describe): _____

Scars or other defining traits: _____

MISCELLANEOUS INFORMATION:

SPECIAL PLEADINGS:

ESTIMATED FEES:

FILING FEES: \$ _____ ATTORNEY FEES: \$ _____

TOTAL RETAINER FEE: \$ _____

FEE ARRANGEMENT: _____

(PLEASE UNDERSTAND THAT CLIENTS ARE RESPONSIBLE FOR FEES INCURRED EVEN IF WE SEEK FEES FROM THE ADVERSE PARTY.)

FILE INFORMATION:

SERVICE DATE: _____

DEFAULT DATE: _____

COURT DATE(S): _____

**TEMPORARY ORDERS - FINANCIAL INFORMATION
(EXPENSE) STATEMENT**

CAUSE NO. _____

DATE OF INFORMATION: _____

PETITIONER/RESPONDENT

STEPHEN C. BREWER
ATTORNEY FOR PETITIONER/RESPONDENT

I certify that the following answers to the questions as listed are true and correct:

Signature

MONTHLY EXPENSES

- | | | | | |
|---|--|----|---|-------|
| 1. | <u>HOUSING:</u> | a. | Rent/House Payment | _____ |
| | | b. | Insurance (Homeowner or Tenant) | _____ |
| | | c. | Electric Utility | _____ |
| | | d. | Natural Gas Utility | _____ |
| | | e. | Water Utility | _____ |
| | | f. | House Telephone | _____ |
| | | g. | Cellular Telephone | _____ |
| | | h. | Maintenance and Repair | _____ |
| 2. | <u>AUTO and TRANSPOR- TATION:</u> | a. | Vehicle Loan or Lease Payments | _____ |
| | | b. | Vehicle Insurance | _____ |
| | | c. | Gasoline and oil | _____ |
| | | d. | Maintenance and repair | _____ |
| | | e. | Other transportation | _____ |
| 3. | <u>PERSONAL INSURANCE:</u> | a. | Medical, Dental & Health Insurance | _____ |
| | | b. | Life Insurance | _____ |
| | | c. | Other Insurance | _____ |
| 4. | <u>FOOD, CLOTHING, AND PERSONAL:</u> | a. | Groceries | _____ |
| | | b. | Restaurant Meals | _____ |
| | | c. | School Supplies, Fees & Other Costs | _____ |
| | | d. | Clothing | _____ |
| | | e. | Grooming (Barber, Stylist, Etc.) | _____ |
| | | f. | Cleaning and Laundry | _____ |
| | | g. | Work Uniforms | _____ |
| | | h. | Dues (Union, Professional, Etc.) | _____ |
| | | i. | Entertainment | _____ |
| 5. | <u>HEALTH CARE:</u> (Not covered by insurance) | a. | Physicians and Hospitals | _____ |
| | | b. | Dentists | _____ |
| | | c. | Prescription Drugs | _____ |
| 6. | <u>CHILD CARE:</u> | | | _____ |
| 7. | <u>CHARGE ACCTS and OTHER PAYMENTS:</u> (Specify) | a. | _____ | _____ |
| | | b. | _____ | _____ |
| | | c. | _____ | _____ |
| | | d. | _____ | _____ |
| | | e. | _____ | _____ |
| <u>TOTAL EXPENSES:</u> | | | | _____ |

**TEMPORARY ORDERS - FINANCIAL INFORMATION
(INCOME) STATEMENT**

CAUSE NO. _____

DATE OF INFORMATION: _____

PETITIONER/RESPONDENT

STEPHEN C. BREWER
ATTORNEY FOR PETITIONER/RESPONDENT

I certify that the following answers to the questions as listed are true and correct:

Signature

| | |
|--|-----------------|
| GROSS Income (Include Commissions, Tips & Bonuses) | \$ _____ |
| Withholding/FICA | _____ |
| _____ | _____ |
| Net Employee Income | _____ |
| Self Employment Income | _____ |
| Interest Income | _____ |
| Dividend Income | _____ |
| Royalty Income | _____ |
| Net Rental Income | _____ |
| Severance Pay | _____ |
| Pensions | _____ |
| Trust Income | _____ |
| Annuities | _____ |
| Capital Gains | _____ |
| Social Security Benefits | _____ |
| Unemployment Benefits | _____ |
| Disability and Worker's Compensation Benefits | _____ |
| Gifts and Prizes | _____ |
| Other Income | _____ |
| NET RESOURCES: | \$ _____ |

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

| | You | Your spouse or ex-spouse |
|--|-------|-----------------------------|
| 1. Committed a crime? | _____ | _____ |
| 2. Been arrested? | _____ | _____ |
| 3. Been in jail or prison? | _____ | _____ |
| 4. Used illegal drugs? | _____ | _____ |
| 5. Been hospitalized for using illegal drugs? | _____ | _____ |
| 6. Abused prescription drugs? | _____ | _____ |
| 7. Been hospitalized for abusing prescription drugs? | _____ | _____ |
| 8. Abused alcohol? | _____ | _____ |
| 9. Been hospitalized for abusing alcohol? | _____ | _____ |
| 10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? | _____ | _____ |
| 11. Engaged in gambling activities (legal or illegal)? | _____ | _____ |
| 12. Engaged in other illegal activities? | _____ | _____ |
| 13. Attempted suicide? | _____ | _____ |
| 14. Been hospitalized for an emotional or psychiatric disorder? | _____ | _____ |
| 15. Suffered from or received treatment for an emotional or psychiatric condition? | _____ | _____ |
| 16. Abused own spouse? | _____ | _____ |
| 17. Been accused of child abuse? | _____ | _____ |
| 18. Had a sexual relationship during the marriage with someone other than own spouse? | _____ | _____ |
| 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? | _____ | _____ |

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

| | You | Your spouse or ex-spouse |
|---|-------|--------------------------|
| 20. Had a homosexual/bisexual relationship? | _____ | _____ |
| 21. Engaged in unusual sexual practices? | _____ | _____ |
| 22. Had a pregnancy outside of marriage? | _____ | _____ |
| 23. Had a sexually transmitted disease? | _____ | _____ |
| 24. Drunk to excess? | _____ | _____ |

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation: _____

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? _____

29. If so, describe the content: _____