FAMILY LAW:

MODIFICATION OR ENFORCEMENT QUESTIONNAIRE



901 N.E. Loop 410, Suite 800 San Antonio, Texas 78209 (210) 832-8064

Revised: November 2013

APPLICANT'S INFORMATION

| L. | Name | ne (First-MI-LAST) | | | | | |
|----|-------------------------------|-------------------------|-----------------------|---------------|------------------|--------|-----|
| 2. | Curren | t address: | | | | | |
| | | Address | Apt # | City | | State | Zip |
| | a. | Current county of resid | ence (circle one): | Bexar — Comal | — Guadalupe — Ке | endall | |
| 3. | Contac | t information: | | | | | |
| | a. | Your home phone: | | | | | |
| | b. | Your cell phone: | | | | | |
| | C. | Your email: | | | | | |
| | d. | Best person to contact | if you cannot be read | ched: (name) | | | |
| | | (relationship to you) | | , (their pl | hone) | | |
| 4. | Inform | ation about you: | | | | | |
| | a. | Date of birth: | | | | | |
| | b. | Place of birth: (city) | | | (state): | | |
| | C. | Social Security Number | : | | | | |
| | d. Driver's license: (number) | | er) | (state) _ | | | |
| | e. | Employer: | | | | | |
| | | i. Company name | e | | | | |
| | | ii. Address | | | | | |
| | | Addr | ess | City | State | Zip | |
| | | iii. Work phone | | | | | |
| | | iv. Job title | | | | | |
| | | v. How long empl | loyed there | | | | |
| | | vi Income from e | mnlovment) | | ner | | |

| | f. Incom | e other than from em | ployment: | | | | |
|------|---------------|------------------------|----------------|-----------|----------|-----|-----|
| | i. | Yes / no (circle one |) | | | | |
| | ii. | If yes, please descril | be amounts and | d sources | | | |
| | | | | | | | - |
| OPPO | SING PARTY'S | INFORMATION | | | | | |
| 1. | Name (First-M | II-LAST) | | | | | |
| 2. | Current addre | SS: | | | | | |
| | Addre | SS | Apt # | City | Sta | ate | Zip |
| | Who does the | opposing party live w | ith: | | | | |
| 3. | | bout the opposing par | | | | | |
| | b. Place | of birth: (city) | | | (state): | | |
| | c. Social | Security Number: | | | | | |
| | d. Driver | 's license: (number) _ | | | (state) | _ | |
| | e. Emplo | yer: | | | | | |
| | i. | Company name | | | | | |
| | ii. | Address | | | | | |
| | | Address | | City | State | Zip | |
| | iii. | Work phone | | | | | |
| | iv. | Job title | | | | | _ |
| | V. | How long employed | there | | | | |
| | vi. | Income from emplo | yment | | per | | |
| | g. Incom | e other than from em | ployment: | | | | |
| | i. | yes / no (circle one) | | | | | |

| | | ii. If yes, please | describe amounts and | sources) | | |
|--------|---------|-----------------------------------|------------------------|--------------------|-----------------------------------|--------|
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| MARRI | IAGE O | R RELATIONSHIP IN | ORMATION | | | |
| 1. | Date o | of Marriage (month/o | day/year): | | | |
| 2. | Place | of Marriage: | | | | |
| | | City | | County | State | |
| 3. | Metho | od of Marriage (circle | e one): Religious cere | mony / Civil Cere | nony / Common Law | |
| 4. | - | and the opposing pa ing party: | rty were never marri | ed, please briefly | describe your relationship to the | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CHILDE | REN FR | OM THIS MARRIAGE | OR RELATIONSHIP (| BORN OR ADOPT | ED) | |
| 1. | Child # | 1: | | | | |
| | | | | | | |
| | a. | Full name: | | | | |
| | b. | Soc. Sec. No | | | | |
| | C. | Date of birth: | | | | |
| | d. | Place of birth (city, co | ounty, state): | | | |
| | e. | Current address: | | | | |
| | | Address | Apt # | City | State Z | — р |
| | f. | School/daycare: | | | | |

| | | Name of school/daycare | | City | State | Zip |
|----|---------|----------------------------------|----------|------|-------|-----|
| | g. | Disabilities, if any, child #1 h | nas: | | | |
| | | | | | | |
| 2. | Child # | 2: | | | | |
| | h. | Full name: | | | | |
| | i. | Soc. Sec. No. | | | | |
| | j. | Date of birth: | | | | |
| | k. | Place of birth (city, county, s | state): | | | |
| | l. | Current address: | | | | |
| | | | | | | |
| | | Address | Apt # | City | State | Zip |
| | m. | School/daycare: | | | | |
| | | Name of school/daycare | | City | State | Zip |
| | n. | Disabilities, if any, child #2 h | nas: | | | |
| 3. | Child # | 3: | | | | |
| | 0. | Full name: | | | | |
| | p. | Soc. Sec. No. | <u>-</u> | | | |
| | q. | Date of birth: | | | | |
| | r. | Place of birth (city, county, s | state): | | | |
| | s. | Current address: | | | | |
| | | | | | | |
| | | Address | Apt # | City | State | Zip |
| | t. | School/daycare: | | | | |

| | | Name of school/dayo | are | City | State | Zip |
|-----|---------|---|-------------------|--------------------------|------------------------------|-----------|
| | u. | Disabilities, if any, ch | ild #3 has: | | | |
| 4. | Child # | 4: | | | | |
| | v. | Full name: | | | | |
| | w. | Soc. Sec. No | | | | |
| | х. | Date of birth: | | | | |
| | у. | Place of birth (city, co | ounty, state): | | | |
| | Z. | Current address: | | | | |
| | | Address | Apt # | City | State | Zip |
| | aa. | School/daycare: | | | | |
| | | Name of school/dayo | are | City | State | Zip |
| | bb. | Disabilities, if any, ch | ild #4 has: | | | |
| 5. | Pregna | nt now (circle one): | Yes / No / NA | If yes, due date: _ | | |
| | | | | | | |
| СНІ | LDREN | NOT FROM THIS M | ARRIAGE OR RELATI | ONSHIP | | |
| | | ner you or the opposing is legally obligated to s | | ldren from a previous r | marriage or relationship tha | at either |
| | | please briefly list how in the details of si | | ne and date of birth), w | hose children they are, wh | o they |
| | | | | | | |
| | | | | | | |

| EXISTI | NG COURT ORDER |
|--------|--|
| Please | provide a copy of the existing court order or fill-in the information below. |
| 1. | Where was the existing court order rendered (County, State): |
| 2. | On what date was the order rendered: |
| 3. | In what court was the order rendered (e.g. 155 th District Court, etc.): |
| 4. | What is the cause number of the order (e.g. 2005-CI-5555, etc.): |
| | |
| EXTER | NAL AGENCY INVOLVEMENT |
| 1. | Is there an Office of the Attorney General (OAG) file number for this order: Yes / No |
| | If yes, please list the OAG file number: |
| | |
| 2. | Has Child Protective Service been involved in your case: Yes / No If yes, please briefly describe CPS' |
| | involvement: |
| | |
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| | |

| 3. | Have the Police been involved in your case: Yes / No If yes, please briefly describe the Police's involvement: | | | | | |
|----------------|--|--|--|--|--|--|
| | | | | | | |
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| | | | | | | |
| V 0.115 | | | | | | |
| | CONCERNS AND OBJECTIVES Subject matter of your concern (please circle the appropriate item). | | | | | |
| | a. Modification of: Custody / Visitation / Child Support / Medical Support | | | | | |
| | b. Enforcement of: Custody / Visitation / Child Support / Medical Support | | | | | |
| | c. Other issue (briefly describe only the topic of your concern): | | | | | |
| 2. | Brief statement of the reasons for your concern and other relevant information that you believe is important for the attorney to know: | | | | | |
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| 3. | Brief Descr | iption of the Outo | come You Are Se | eking: | | |
|----|-------------|--------------------|-----------------|--------|------|--|
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Thank you for providing this information to get us started in helping you. Additional information may be required. The attorney will let you know after discussing your objectives.