

**FAMILY LAW:
MODIFICATION OR ENFORCEMENT
QUESTIONNAIRE**

Cramp
Law Firm, PLLC

901 N.E. Loop 410, Suite 800

San Antonio, Texas 78209

(210) 832-8064

APPLICANT'S INFORMATION

1. Name (First-MI-LAST) _____

2. Current address:

Address	Apt #	City	State	Zip
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a. Current county of residence (circle one): Bexar — Comal — Guadalupe — Kendall

3. Contact information:

a. Your home phone: _____

b. Your cell phone: _____

c. Your email: _____

d. Best person to contact if you cannot be reached: (name) _____,

(relationship to you) _____, (their phone) _____

4. Information about you:

a. Date of birth: _____

b. Place of birth: (city) _____ (state): _____

c. Social Security Number: _____

d. Driver's license: (number) _____ (state) _____

e. Employer:

i. Company name _____

ii. Address _____

Address	City	State	Zip
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iii. Work phone _____

iv. Job title _____

v. How long employed there _____

vi. Income from employment) _____ per _____

f. Income other than from employment:

i. Yes / no (circle one)

ii. If yes, please describe amounts and sources _____

OPPOSING PARTY'S INFORMATION

1. Name (First-MI-LAST) _____

2. Current address:

Address	Apt #	City	State	Zip
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Who does the opposing party live with: _____

3. Information about the opposing party:

a. Date of birth: _____

b. Place of birth: (city) _____ (state): _____

c. Social Security Number: _____

d. Driver's license: (number) _____ (state) _____

e. Employer:

i. Company name _____

ii. Address _____

Address	City	State	Zip
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iii. Work phone _____

iv. Job title _____

v. How long employed there _____

vi. Income from employment _____ per _____

g. Income other than from employment:

i. yes / no (circle one)

Name of school/daycare	City	State	Zip
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g. Disabilities, if any, child #1 has: _____

2. Child #2:

h. Full name: _____

i. Soc. Sec. No. _____

j. Date of birth: _____

k. Place of birth (city, county, state): _____

l. Current address:

Address	Apt #	City	State	Zip
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m. School/daycare:

Name of school/daycare	City	State	Zip
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n. Disabilities, if any, child #2 has: _____

3. Child #3:

o. Full name: _____

p. Soc. Sec. No. _____

q. Date of birth: _____

r. Place of birth (city, county, state): _____

s. Current address:

Address	Apt #	City	State	Zip
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t. School/daycare:

EXISTING 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. 155th District Court, etc.): _____
4. What is the cause number of the order (e.g. 2005-CI-5555, etc.): _____

EXTERNAL 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:

3. Have the Police been involved in your case: Yes / No If yes, please briefly describe the Police's involvement:

YOUR CONCERNS AND OBJECTIVES

- 1. 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:

3. Brief Description of the Outcome You Are Seeking:

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.