

Duane L. Coker & Associates, P. C.

Attorneys at Law

Confidential Modification Questionnaire

This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as fully as possible.

Your Personal Information

Date: _____

Legal Name: _____
First Last Middle

List any other names used: _____

Social Security Number: _____ Driver's License Number & State: _____

Birth Date: _____ Birth Place: _____
City County State

Please specify preferred contact information.

Present Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Pager: _____ Fax: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____
Street City State Zip

Title: _____ Salary: _____ Employment Length: _____

Who referred you to this office? _____

Has the Attorney General ever been involved with your case? Yes _____ No _____

If so, how and when? _____

Other Parent Information

Legal Name: _____
First Last Middle

List any other names used: _____

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Other Parent Information (Continued)

Social Security Number: _____ Driver's License Number: _____

Birth Date: _____ Birth Place: _____
City County State

Please specify preferred contact information for the other parent.

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Pager: _____ Fax: _____

Employer: _____ Employer Telephone: _____

Employer Address: _____
Street City State Zip

Title: _____ Salary: _____ Employment Length: _____

Does this parent have an attorney? _____ Name? _____

Other Conservators Named in Order (Grandparents, etc.)

Legal Name: _____
First Last Middle

Social Security Number: _____ Drivers License Number & State: _____

Present Address: _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Child Information

Children: (Yours with your spouse.)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security Number: _____ Age: _____

Current Residence: _____

Child lives with: _____

Is there a dispute over custody: _____

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Child Information (Continued)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security Number: _____ Age: _____

Current Residence: _____

Child lives with: _____

Is there a dispute over custody: _____

Other Children: (Yours or hers from other relationship, please specify.)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____ Amount of Support \$: _____ Monthly: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____ Amount of Support \$ _____ Monthly: _____

With whom do these children live? _____

Child Support Information

Do you pay child support? Yes No \$ _____ per _____

Do you receive child support? Yes No \$ _____ per _____

Does the other parent pay child support? Yes No \$ _____ per _____

Does the other parent receive child support? Yes No \$ _____ per _____

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Child Support Information (Continued)

How many children are you paying child support for that are not in this case? _____

Who has obligation of Child Support in this case? _____

Monthly Amount: _____

Arrearages: _____

Who has obligation of:

Medical Support: _____

Arrearages: _____

Possession Information

Describe the possession schedule you are currently following:

Court Documents

Please Provide a Copy of the Last Order in this Case, Attach it to the back.

If you do not have one:

Cause Number: _____

County, State: _____

Has it been more than a year since the previous order was entered? _____

Is the child/ren still living in the county where the previous order was entered? _____

Briefly indicate what changes have occurred since the last order was entered that cause you to seek a change in possession or child support.

Additional Information

Please provide any additional information you feel is important in the space below.

Goals:

Urgent Issues:

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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. Please answer as fully as possible.

Alleged Information

Will anyone allege that you or your ex-spouse has done any of the following?
Please circle appropriate choices.

Committed a crime	You	Other Parent
Been arrested	You	Other Parent
Been in jail of prison	You	Other Parent
Been hospitalized for using illegal drugs	You	Other Parent
Abused prescription drugs	You	Other Parent
Been hospitalized for prescription drugs	You	Other Parent
Abused alcohol	You	Other Parent
Been hospitalized for abusing alcohol	You	Other Parent
Been arrested for convicted of driving while under the influence of alcohol (drunk driving)	You	Other Parent
Engaged in gambling activities (legal or illegal)	You	Other Parent
Engaged in other illegal activities	You	Other Parent
Attempted suicide	You	Other Parent
Been hospitalized for an emotional or psychiatric disorder	You	Other Parent
Suffered from or received treatment for an emotional or psychiatric condition	You	Other Parent
Abused own spouse	You	Other Parent
Been accused of child abuse	You	Other Parent
Has a sexual relationship during the marriage with someone other than the spouse	You	Other Parent
Had a sexual relationship (during or not during) the marriage with someone other than the spouse of which the children were aware	You	Other Parent

Describe the children's relationship and the children's feelings of the person(s) involved in the above-mentioned relationships.

Would anyone allege you or the other parent having drunk to excess? _____ What and how often? _____

Alleged Information (Continued)

If you or your ex-spouse have a relationship with a person whom the children see frequently and that person would answer yes to one or more of the preceding litigation questions, describe the situation.

Do you or the other parent suffer from any physical or mental disability that would interfere with being able to care for the children? Please describe.

Have you or your ex-spouse made any photographs, audio, or visual recordings of the other party? If so, describe the content.

Prior Offense Information

Type of Offense

Date of Offense

Outcome

Type of Offense	Date of Offense	Outcome
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I certify that the above information is correct to the best of my knowledge.

Name: _____ Date: _____