

MODIFICATION CLIENT INFORMATION

IF YOU DO NOT LIVE IN TRAVIS COUNTY; OR, IF YOU ARE NOT CERTAIN IF YOU HAVE RESIDED IN YOUR COUNTY FOR THE PAST THREE (3) CONSECUTIVE MONTHS, PLEASE ADVISE THE ATTORNEY.

Referred by: _____ Today's Date _____

SECTION I - PERSONAL INFORMATION

YOUR INFORMATION

Full Name _____ Age _____

Birth date _____

Birthplace (city) _____ State _____

Social Security Number _____ Driver's License Number _____

Home Street Address _____

City, State and Zip _____ Phone _____

E-mail address _____

COUNTY OF RESIDENCE _____ Mobile No. _____ Fax No. _____

Employer _____ Hours _____

Business Street Address _____

City, State and Zip _____ Phone _____

Salary/income: _____

Please put an asterisk (*) at which address you prefer to receive mail.

OPPOSING PARTY

Full Name _____ Age _____

Birth date _____ Birthplace (city) _____ State _____

Social Security No. _____ Driver's License Number _____

Home Street Address _____

City, State and Zip _____ Phone _____

COUNTY OF RESIDENCE _____ Mobile No. _____ Fax No. _____

E-mail address _____

Employer _____ Hours _____

Business Street Address _____

City, State and Zip _____ Phone _____

Salary/income: _____

THERE WILL BE A CONSULTATION FEE PAYABLE AT THE END OF YOUR APPOINTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CHECK WITH THE RECEPTIONIST AT THE FRONT DESK.

SECTION II - DIVORCE INFORMATION

Date of Divorce _____ Place of Divorce _____
(City, State and County)
Cause No. of Case (if known) _____
Date last order entered _____ State/County of last order _____
Attorney for opposing party (if known) _____

SECTION III - CHILD(REN) INFORMATION

Child (ren)

Full Name	Sex	Birthplace COUNTY, City, State	Birth Date	Social Security #	Driver's License # (if applicable)
------------------	------------	--	----------------------	-----------------------------	---

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Present Residence Address _____

If your child has lived at another address or addresses in the last five years, please list child's name, address, person with whom child lived and their current address, and dates child lived at that address. If more paper is needed, please ask receptionist.

<u>Name</u>	<u>Past address</u>	<u>Dates at that address</u>	<u>Person child lived with</u> <u>and that person's</u> <u>current address</u>
--------------------	----------------------------	-------------------------------------	---

Name of person providing insurance for children: _____

Name of Insurance Company: _____

Group/Policy/ID No: _____

Amount of Monthly Premiums: _____

Is this coverage provided through the party's employment? Yes _____ No _____

If the coverage is provided through CHIP or other state or federal program, please state the name of the program: _____

[If possible, please allow receptionist to make a copy of the insurance card related to the children's coverage.]