



TYRONE WATSON LAW, P.A.

MODIFICATION INTAKE FORM

Date: _____

CLIENT: Full Name: _____ Male _____ Fem _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

OPPOSING PARTY INFORMATION:

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City County State Country

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Pager No: (____) _____

Mobile No(____) _____ Home E-mail Address: _____

CHILDREN:

1. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

2. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

3. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

4. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

Where do/does the child(ren) reside? _____ How long in this county? _____

County State

With whom do/does the child(ren) live: _____

Who presently provides health insurance for the child (ren)? Client or Opposing Party

Monthly Fee: \$ _____

Date and State of Marriage: _____ / _____

Date and State of Divorce: _____ / _____ County where Divorce granted: _____

Date and State of Separation: _____ / _____

Date of last Order Modification _____ Do you have a copy of the last Order? Yes or No

Monthly court ordered child support: \$ _____

Arrearage: \$ _____

Medical Arrearage: \$ _____

Does the other party have regular visitation? Yes or No If no, why not? _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? If so, please explain fully when, where, and why. _____

Do you have an A/G case number? Yes or No If yes, please enter case number: _____

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition. _____

Is Child Protective Services currently involved, or has CPS ever been involved with the child(ren)? Yes or No If yes, please explain. _____

Have you or any one associated with this case been the subject of a: (check any applicable)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare or Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If any checked, please explain:

FOR ENFORCEMENT:

What do you want enforced?	Visitation	Yes or No
	Child Support	Yes or No
	Medical	Yes or No

Please list to the best of your ability the exact dates you did not receive child support: _____

Please list to the best of your ability the exact dates visitation was not exercised: _____

Please list to the best of your ability the exact dates you were not reimbursed for medical: _____

OFFICE USE ONLY

Agreed Modification: _____
Contested Modification/Enforcement: _____
Citation: _____
Temporary Restraining Order: _____
Cross-Action: _____
Modify/Enforce Custody: _____
Modify/Enforce Rights & Duties: _____
Modify/Enforce Child Support: _____
Appearance: _____
Affidavit: _____
AG a party: _____
Other: _____
No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Uncontested Retainer:	\$ _____	Contested Retainer:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment	\$ _____

Payments \$ _____ Weekly / Bi-weekly / Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/ investigators/ deposition

COMMENTS: _____

