

Law Offices of **AR** Agatha L. Rode

***Board Certified in Family Law** by the *Texas Board of Legal Specialization*
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Client Name: _____ Date: _____

Modification Questionnaire

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question “N/A.” If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your Response to these questions will help to organize your case and will save you money on 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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES at The Law Offices of Agatha L. Rode, P.L.L.C.

HOW DID YOU HEAR ABOUT US?

- I am a former client
- A friend by the name of _____
- Another attorney by the name of _____

- The internet (please specify the website: _____)
- Other: _____

ABOUT YOU:

Full Legal Name: _____
 Nickname: _____ Social Security No.: _____
 Date of Birth: _____ Maiden Name: _____
 Drivers License No.: _____ State: _____
 Address: _____
 City _____ State: _____ Zip Code: _____
 County of residence: _____ Length of time in county: _____
 Telephone: _____ Cell: _____ Work No.: _____
 Email: _____ U. S. Citizen?: ____ Yes ____ No
 Employer: _____ Position: _____
 Employer Address: _____
 Business Phone: _____ Business Fax: _____

Are you a Veteran? _____
 Date of Entry: _____
 Date of Discharge: _____

CURRENT SPOUSE'S INFORMATION

Full Legal Name: _____
 Nickname: _____ Social Security No.: _____
 Date of Birth: _____ Maiden Name: _____
 Drivers License No.: _____ State: _____
 Address: _____
 City _____ State: _____ Zip Code: _____
 County of residence: _____ Length of time in county: _____
 Telephone: _____ Cell: _____ Work No.: _____
 Email: _____ U. S. Citizen?: ____ Yes ____ No
 Employer: _____ Position: _____
 Employer Address: _____
 Business Phone: _____ Business Fax: _____

Date of Marriage to Current Spouse: _____

EX- SPOUSE'S / OTHER PARENTS INFORMATION

Full Legal Name: _____
Nickname: _____ Social Security No.: _____
Date of Birth: _____ Maiden Name: _____
Drivers License No.: _____ State: _____
Address: _____
City _____ State: _____ Zip Code: _____
County of residence: _____ Length of time in county: _____
Telephone: _____ Cell: _____ Work No.: _____
Email: _____ U. S. Citizen?: ____ Yes ____ No
Employer: _____ Position: _____
Employer Address: _____
Business Phone: _____ Business Fax: _____

CHILDREN

Please list all children:

Name: _____ DOB: _____
Address: _____ Phone: _____
Parents' Names: _____

Name: _____ DOB: _____
Address: _____ Phone: _____
Parents' Names: _____

Name: _____ DOB: _____
Address: _____ Phone: _____
Parents' Names: _____

Name: _____ DOB: _____
Address: _____ Phone: _____
Parents' Names: _____

Name: _____ DOB: _____
Address: _____ Phone: _____
Parents' Names: _____

HEALTH INSURANCE

Is private health insurance in effect for the children? _____

If so, please giving the following information:

1. Name of insurance company: _____

2. Policy Number: _____

3. Party responsible for premium: _____

4. Monthly Cost for Premium _____

5. Is the insurance coverage provided through a parent's employment? _____

6. If so, which parent? _____

LITIGATION INFORMATION

A. Date of Last Court Hearing: _____

B. Were you represented by an attorney, if so, who? (If so, describe the injuries) _____

What was the purpose of your last court hearing? _____

C. What is the title of your last court order? _____

D. Do you have a copy of your court pleadings? _____

Information Regarding Modification

A. Will you be seeking to modify custody, if so, why? _____

B. What is the Cause Number for your lawsuit? _____

C. Will you be seeking to modify child support? _____

D. If you are seeking to modify child support, how long has it been since an order was put into place regarding child support? _____
