

JENNIFER WIGGINS MOORE FAMILY LAW

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PROSPECTIVE CLIENT INFORMATION MODIFICATION/ENFORCEMENT

Petitioner [
Respondent		Today's Date / /			
Full Legal N	ame				
		Social Security #			
Address					
City		County		State	Zip
Phone #'s:	Home		Business		ext
	Cell		Fax		
Email Addre	ess				
			State		
Driver's Lice	ense#			State	
Employer_			Y	ears	
Occupation _			Title		
Days You Work		Your hours			
Employer A	ddress				
			ch is your monthly rent		
Your Annua	l Income \$		Your Monthly Take-H	Iome Pay \$_	

Other Parent's Information

Other Parent's Full Legal N	ame			
Date of Birth	_ Age	Social Security #		
Address				
City	_County		State	Zip
Phone #'s: Home		Business		ext
Place of Birth: City		State	Ethnicity	<i></i>
Driver's License #			State	
Employer Years				
Occupation		Title		
Their Annual Income \$		Their Monthly Take	e-Home Pay \$_	
Is any member of your fami	ly, including y	ourself, Native Americ	can Indian? yes	s no
Have you lived in Texas for In what county have you res				
Prior Order Information				
Date the prior order was ent	ered/	/		
Where was the prior order entered? County State				
Cause Number				
Who was appointed primary	custodian? _			
Who do the children live wi	th?			
Who was ordered to pay chi	ld support?			
How much?	Is o	child support curren	t?	
Has the Attorney General ev	ver been invol	ved? yes no	_	

Has CPS ever been involved? yes no
Do your children own any property? (e.g. bank accounts, trust funds, real estate, etc.)
yes no If yes, please explain
Pending Litigation
Have you been served with legal papers? yes no
If yes, on what date were you served?//
Is this your first visit with an attorney regarding this matter? yes no
If no, please give attorney's name
If the other party has consulted an attorney on this matter, please give attorney's name (if known
Have you been in contact with the other party's attorney? yes no
Are you or your children's other parent currently in a bankruptcy proceeding? yes no
If yes, who and what type?
<u>Children</u>
Please provide the following information for each child the subject of this suit:
Name Birthday SSN Place of Birth Age Gender
If any of the children have physical or mental disabilities to the point that he or she requires special
care, give the child's name, disability, and the current arrangements for care.

For the past five (5) years, the child/children has/have lived at the following address(es) with the following adult person(s) during the following dates: (start with present)

Pers	on Lived With/Ad	ddress	Lived there from		to
			//	PR	ESENT
			//	/	/
			//	/	/
			//	/	/
			//		
Name	Birthday	SSN	Place of Birth Age		Living With
Name	Birthday	SSN	Place of Birth Age		_
o you currently pay	or rec	eivechild	support for these child	dren?	
yes, please explain					

Does the other parent have a child(ren) from a former relat	ionship? yes	no
If yes, please provide the following information for each cl	hild:	
Name	Age	Living With
Does the other parent currently pay or receive	child support f	for these children?
If yes, please explain		
Have you remarried? yes no		
If yes, what is your current spouse's name?		
Does your current spouse have a child(ren) from a former	relationship? yes _	no
If yes, please provide the following information for each cl	hild:	
Name	Age	Living With
Does your current spouse currently pay or receive _	child support	for these children?
If yes, please explain		

What aspects of the prior order would you like to change and/or enforce?			
In case of emergency, please notify:			
Name			
Address			
Phone			
How were you referred to this firm? Check all to Yelp Lawyers.com Yellowpages.com Friend Other Attorney Internet Search Engine Google Yahoo! Bing Other Other			