

**CLIENT INFORMATION
(MODIFICATION)**

***ALL INFORMATION IS NECESSARY. PLEASE READ CAREFULLY AND FILL OUT COMPLETELY.**

TODAY'S DATE: _____

REFERRED BY: _____

DOCUMENT BEING MODIFIED: _____

ISSUE BEING MODIFIED: _____

COUNTY OF COURT: _____

COURT NO.: _____

STYLE OF CASE: _____

CLIENT INFORMATION:

OPPOSING PARTY INFORMATION:

NAME _____

NAME: _____

RACE OR COLOR: _____

RACE OR COLOR: _____

PHYSICAL ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

COUNTY: _____ HOW LONG: _____

COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

HOME PHONE: (____) _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

WORK PHONE: (____) _____

EMAIL: _____

EMAIL: _____

EMPLOYMENT: _____

EMPLOYMENT: _____

BUSINESS ADDRESS: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

DL#: _____ STATE: _____

DL#: _____ STATE: _____

SS#: _____

SS#: _____

AGE: _____ DATE OF BIRTH: _____

AGE: _____ DATE OF BIRTH: _____

STATE OF BIRTH: _____

STATE OF BIRTH: _____

IF MODIFYING CHILD SUPPORT COMPLETE THE FOLLOWING:

CLIENT INFORMATION:

GROSS INCOME: _____ PER: _____

TAKE HOME INCOME: _____ PER: _____

PAID EVERY: _____

AMOUNT OF CHILD SUPPORT CURRENTLY
PAYING PER MONTH (IF APPLICABLE): _____

AMOUNT OF CHILD SUPPORT CURRENTLY
RECEIVING PER MONTH (IF APPLICABLE): _____

OPPOSING PARTY INFORMATION:

GROSS INCOME: _____ PER: _____

TAKE HOME INCOME: _____ PER: _____

PAID EVERY: _____

AMOUNT OF CHILD SUPPORT CURRENTLY
PAYING PER MONTH (IF APPLICABLE): _____

AMOUNT OF CHILD SUPPORT CURRENTLY
RECEIVING PER MONTH (IF APPLICABLE): _____

INFORMATION REGARDING THE CHILD(REN):

	<u>NAME</u>	<u>SS#</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

WHO WAS AWARDED CUSTODY OF THE CHILD(REN)? _____

WHO HAS CHILD(REN) NOW? _____

GENERAL INFORMATION

WHERE SHOULD OTHER PARTY BE SERVED WITH NOTICE AND WHAT TIME OF DAY IS BEST (IF APPLICABLE)? _____

DO YOU CURRENTLY HAVE AN ATTORNEY? ___ IF SO, PLEASE GIVE HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER (IF KNOWN): _____

DOES THE OPPOSING PARTY CURRENTLY HAVE AN ATTORNEY? _____ IF SO, PLEASE GIVE HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER (IF KNOWN): _____

DO YOU HAVE SIGNIFICANT FREQUENT FLYER MILES? _____

CONSULTATION FEE AGREEMENT

I UNDERSTAND AND AGREE TO PAY \$ 100.00 FOR THE INITIAL CONSULTATION,
REGARDLESS OF MY DECISION TO ENGAGE THE SERVICES OF THIS LAW OFFICE.

SIGNATURE

DATE

PRINTED NAME

INFORMATION FOR SERVICE OF PROCESS

INSTRUCTIONS

Please complete the following items respecting the opposing party (i.e. spouse, ex-spouse, etc.) If you have a picture of this individual, please leave it with our office. We cannot guarantee the return of photos. The following information will only be used in the event that it is necessary for the process server to serve the papers to your opponent. Please complete this information even though you do not wish to have papers served at this time. Unless the attorney has indicated otherwise, **DO NOT TELL OUR OPPONENT THAT HE OR SHE IS ABOUT TO BE SERVED.** Failure to comply with these instructions may result in the attorney and process server being unable to rapidly and effectively protect you and your rights. It further may cost you additional service fees and attorney's fees.

FULL NAME: _____ HIS/HER AGE: _____

NICKNAMES: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____

ADDRESS: _____

DAYS AND HOURS WORKED: _____

PLACE OF RESIDENCE: _____

VEHICLE DRIVEN: MAKE _____ MODEL _____

LICENSE NUMBER : _____ TOP COLOR _____ BODY COLOR _____

PHYSICAL DESCRIPTION: HEIGHT _____ WEIGHT _____

HAIR COLOR: _____ HAIR LENGTH: _____ EYES: _____

BUILD: SLIM, MEDIUM, HEAVY (circle one)

OTHER: List any other physical characteristics, identifying marks, favorite locations that may help us locate your opponent for service. Please note anything unusual regarding the vehicle driven by the person to be served (tinted windows, bumper sticker, radio/cellular phone antenna, body damage, etc.): _____

Will this individual evade service of process? ___ yes ___ no

Do you consider this person to be potentially dangerous to this process server? ___ yes ___ no

Telephone number where we may reach you for further information : _____.