

Visitation/Custody/Child Support Modification Form

Today's Date: _____ Referral Source: _____

Visitation Custody Child Support Modification

CLIENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Email Address: _____

Phone:
Home _____ Cell _____ Work _____

Cell phone provider: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of nearest relative: _____ Relationship: _____

Address of nearest relative: _____

Phone of nearest relative: Home _____ Cell _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Any pending lawsuits against anyone: _____

CLIENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____

Years of Service: _____

Occupation: _____

Hourly or Salary: _____

Number of Pay Periods: _____

If hourly, average number of hours per pay period: _____

If hourly, hourly rate of pay: _____

Average number of overtime hours per pay period: _____

Estimated average of net income per pay period: _____

Average yearly gross income: _____

Estimated average yearly net income: _____

Any deduction other than for taxes (health insurance, self-employment expenses, union dues, etc): _____

Does Client pay or receive child support? _____

Is so, how much? _____

Are you responsible for any other children not subject to this action? _____

Name(s) and date of birth(s) _____

3) OPPOSING PARTY' S PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of opposing parties' attorney: _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Pending lawsuits against anyone: _____

4) OPPOSING PARTY' S EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____

Years of Service: _____

Occupation: _____

Hourly or Salary: _____

Number of Pay Periods: _____

If hourly, average number of hours per pay period: _____

If hourly, hourly rate of pay: _____

Average number of overtime hours per pay period: _____

Estimated average of net income per pay period: _____

Average yearly gross income: _____

Estimated average yearly net income: _____

Any deduction other than for taxes (health insurance, self-employment expenses, union dues, etc): _____

Does opposing party pay or receive child support?

Is so, how much? _____

Are they responsible for any other children not subject to this action? _____

Name(s) and date of birth(s) _____

5) CHILDREN

	<u>Name</u>	<u>D.O.B.</u>	<u>Living with</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

a) Is there sole custody or shared parenting? _____

b) If sole custody, who is the custodian? _____

c) If shared parenting, who is residential parent for school purposes? _____

CHILD SUPPORT WORKSHEET

1. Father's gross annual income + mother's gross annual income = \$ _____

2. Total yearly support child(ren) get \$ _____ (see chart)

3. Non-custodial parent's percentage of total income: _____

4. Total yearly support owed for children: \$ _____

5. Yearly child care costs of custodial parent: \$ _____

6. Yearly health insurance premiums paid by parent providing insurance: \$ _____

7. Adjusted yearly support owed: \$ _____

8. Amount of support owed per pay period: \$ _____

9. Does non-custodial parent support other children? _____

10. Are any of the children employed? _____

CHILDREN'S HEALTH INSURANCE

a) Who provides primary coverage: _____

b) What is cost per pay period, if any: _____

c) Insurance company: _____

d) Address: _____

e) Phone number: _____

f) Policy Number: _____

g) Group Number: _____

h) IS there secondary coverage available to other spouse?: _____

i) If so, list company name, address, phone number, policy, and group number: _____

j) How will out-of-pocket costs be divided?: _____

DEPENDENCY EXEMPTION

Who gets exemptions for which children in which years?: _____

VISITATION

Is there a standard shared parenting plan? _____

Is there be a standard order of visitation? _____

Is there a customized possession schedule? _____

Describe possession time of the parents: _____

Has anyone in the household been convicted of or pled guilty to domestic violence or abuse/neglect of a family member? _____

PARENTING AFFIDAVIT INFORMATION - this MUST be fully completed

Where have the children resided for last 5 years and with whom? (please attach additional sheets if more room is necessary)

Child	From	To	With Whom	Address
		Present		