

MODIFICATION QUESTIONNAIRE

Please complete this packet completely and accurately. The amount of time and effort you put into filling out this packet is directly related to the amount of time necessary to complete your petition and other documents needed to obtain your modification. There is a purpose for each question contained herein and it is imperative that you answer each question. Failure to answer these questions may delay your modification.

PLEASE PRINT NEATLY. If we are required to make additional calls to you or send you letters to verify information contained in this packet because we are unable to read your handwriting, you may be charged additional fees!

GENERAL INFORMATION

CLIENT (PETITIONER) INFORMATION:

SEX - MALE OR FEMALE _____ RACE _____
FULL NAME _____
MAIDEN NAME (If applicable) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
HOME PHONE _____ WORK PHONE _____
AGE & DATE OF BIRTH _____
CELL PHONE _____ EMAIL _____
PLACE OF BIRTH _____
SOCIAL SECURITY NUMBER _____
DRIVER'S LICENSE NUMBER _____
STATE OF ISSUANCE OF DRIVER'S LICENSE _____
OCCUPATION _____
POSITION OR RANK _____
EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

EX-SPOUSE'S (RESPONDENT) INFORMATION

SEX - () MALE OR () FEMALE RACE _____
FULL NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
HOME PHONE _____ WORK PHONE _____
AGE & DATE OF BIRTH _____
CELL PHONE _____ EMAIL _____
PLACE OF BIRTH _____
SOCIAL SECURITY NUMBER _____
DRIVER'S LICENSE NUMBER _____
STATE OF ISSUANCE OF DRIVER'S LICENSE _____
EX-SPOUSE'S OCCUPATION _____
POSITION OR RANK _____
EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

CHILDREN INFORMATION

FIRST CHILD

FULL NAME _____

(FIRST) (MIDDLE) (LAST)
SEX _____ BIRTHDATE _____

PLACE OF BIRTH _____

(CITY) (STATE) (COUNTY)
SOCIAL SECURITY NUMBER _____

PRESENT RESIDENCE _____

SECOND CHILD

FULL NAME _____

(FIRST) (MIDDLE) (LAST)
SEX _____ BIRTHDATE _____

PLACE OF BIRTH _____

(CITY) (STATE) (COUNTY)
SOCIAL SECURITY NUMBER _____

PRESENT RESIDENCE _____

THIRD CHILD

FULL NAME _____

(FIRST) (MIDDLE) (LAST)
SEX _____ BIRTHDATE _____

PLACE OF BIRTH _____

(CITY) (STATE) (COUNTY)
SOCIAL SECURITY NUMBER _____

PRESENT RESIDENCE _____

FOURTH CHILD

FULL NAME _____

(FIRST) (MIDDLE) (LAST)
SEX _____ BIRTHDATE _____

PLACE OF BIRTH _____

(CITY) (STATE) (COUNTY)
SOCIAL SECURITY NUMBER _____

PRESENT RESIDENCE _____

JURISDICTIONAL INFORMATION

1. How long have you resided in the State of Texas?
_____ Years _____ Months
2. How long have you resided in this county?
_____ Years _____ Months
3. How long have the children resided in this State and County?
_____ Years _____ Months
4. Exactly what provisions of the prior order are you wishing to change with this suit?

5. Are there any other children not listed here for whom the party who will be paying child support is currently obligated to pay support for or whom you have custody of at this time?
Yes _____ No _____

If Yes, how many other children are being supported and which party in this action is paying support?

6. Do you or have you or your spouse ever started a suit of any kind through the Attorney General's Office in any county? _____ **If yes, you must provide this office with documentation of any such suit.**

7. In order to calculate child support, please include the following regarding the party who will be paying child support:

Father Gross wages per month (before taxes): _____
 A current pay voucher, if available.

Mother Gross wages per month (before taxes): _____
 A current pay voucher, if available.

Health Insurance is normally to be paid by the party who is paying support, either by obtaining it through the employer of the party paying support or reimbursing the party with primary possession the cost of the monthly premium to cover the children through their employer.

Health Insurance will be provided by _____ father's employer _____ mother's employer

Name of Plan and Company _____

Who will pay the premium? _____ Monthly Cost (just for child) _____

VISITATION

Below is a list of the choices you have on visitation when the parties live within 100 miles of each other. Please check a beginning and ending time.

Thursday during the school year: from the time school is dismissed _____; or 6:00 p.m. _____; and until 8:00 p.m. _____ or until school starts the following day_____.

First, third, and fifth Friday of each month: from the time school is dismissed on Friday _____; or 6:00 p.m. _____; until 6:00 p.m. on Sunday _____; or until school starts on Monday _____.

Pick up and return; the party not having primary conservatorship of the child(ren) picks up the child(ren) from the primary conservator's residence. Who will be responsible for the return of the children after visitation?

Father _____ Mother _____

If you think that you will be living a long distance from the other parent after this suit, airline flight information may need to be added to the order. If so, will the parties split the cost? _____ If not, who pays? _____

IN THE INTEREST OF

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IN THE DISTRICT COURT

CHILDREN

BELL COUNTY, TEXAS

Required Health Insurance Information Pursuant to TFC § 154.181(b)

Pursuant to Texas Family Code § 154.181(b), the parties submit the following information regarding health insurance for the minor child(ren) the subject of this suit:

Does either parent have access to private health insurance at a reasonable cost to that parent? Reasonable cost is defined as a monthly premium that does not exceed ten percent (10%) of the parent's net income per month.

Yes No

Private Health Insurance is in effect for the minor children:

Name of Health Insurance Company: _____

Policy Number: _____

Name of Parent Responsible for Payment of Premium: _____

Is coverage available through a parent's employment: Yes No

Cost of premium: \$ _____ PER WEEK/ MONTH/ YEAR

Private Health Insurance is not in effect for the minor children:

Are the children receiving medical assistance under Chapter 32 of the Human Resources Code (**Medicaid**)?

Yes No

Are the children receiving health benefits coverage under a state health child plan under Chapter 62 of the Health and Safety Code (**CHIP**)?

Yes No

Cost of the premium: \$ _____ per WEEK / MONTH / YEAR