



**Personal Information**

Who referred you? Friend or other Attorney (please provide name and address):

\_\_\_\_\_

Internet \_\_\_\_ Yellow Pages \_\_\_\_ Other (please specify) \_\_\_\_\_

Restore Maiden Name? \_\_\_\_ Yes \_\_\_\_ No

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Have you lived in Texas 6 months or more? \_\_\_\_ Yes \_\_\_\_ No; Has your spouse? \_\_\_\_ Yes \_\_\_\_ No

Have you lived in Tarrant County 90 days or more? \_\_\_\_ Yes \_\_\_\_ No; Has your spouse? \_\_\_\_ Yes \_\_\_\_ No

If you are currently seeing a mental health professional, please provide the name address and phone number: \_\_\_\_\_

\_\_\_\_\_

May we contact your mental health professional? \_\_\_\_ Yes \_\_\_\_ No

Please list any medications you are currently taking for mental health reasons?

\_\_\_\_\_

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**Modification Information**

Date of Original Order: \_\_\_\_\_ County in which Original Order was entered: \_\_\_\_\_

Date of Most Recent Order: \_\_\_\_\_ County in Which Most Recent Order was Entered: \_\_\_\_\_

Have you lived in Texas 6 months or more? **YES/NO** Has the Mother / Father of the Child? **YES/NO**

Have you lived in Tarrant County 90 days or more? **YES/NO** Has the mother / Father of the child? **YES/NO**

What do you want to modify? Visitation \_\_\_\_\_ Primary Custody \_\_\_\_\_ Child Support \_\_\_\_\_

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**Children Information**

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Present Residence: \_\_\_\_\_ With Whom? \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Present Residence: \_\_\_\_\_ With Whom? \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Present Residence: \_\_\_\_\_ With Whom? \_\_\_\_\_

Place of Birth: \_\_\_\_\_

A) If private health insurance is in effect on children:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Which parent is responsible for payment of insurance premium: \_\_\_\_\_

Is coverage provided through parent = s employment: YES / NO

If yes, which parent: \_\_\_\_\_ If no, who provides coverage: \_\_\_\_\_

B) If private health insurance is not in effect:

Is child receiving medical assistance under a government sponsored or subsidized plan? If so, list all sources of medical assistance and cost of any premium on each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C) If you answered No to A & B or Yes to B:

Does either parent have access to private insurance? If yes, which parent and what is the cost?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or the other party involved in this suit ever filed for bankruptcy? \_\_\_\_\_

If so, what was the date of Discharge: \_\_\_\_\_

Are you or the other party involved in this suit currently in bankruptcy? \_\_\_\_\_

If so, what is the date the bankruptcy was filed: \_\_\_\_\_

What is the anticipated Discharge date: \_\_\_\_\_