

Have any prior actions for modification been filed?: Yes No
If yes, date and location: _____

Any modification actions currently pending?: Yes No

CLIENT EMPLOYMENT INFORMATION:

Name of Client's Employer: _____

Client's present position: _____

Duties associated with position: _____

Supervisor: _____

Current Gross Salary: _____ Hours per week: _____

Do you work overtime?: Yes No

If yes, please state whether voluntary or mandatory, and hours: _____

Chronological history of client employment & earnings since decree: (i.e., have earnings increased or decreased, etc)

OTHER PARENT EMPLOYMENT

INFORMATION:

Name of other Parent's Employer: _____

Other Parent's present position: _____

Duties associated with position: _____

Supervisor: _____

Current Gross Salary: _____ Hours per week: _____

Does the other Parent work overtime?: Yes No

If yes, please state whether voluntary or mandatory, and hours: _____

Chronological history of other Parent's employment and earnings since decree: (i.e., have earnings increased or decreased, etc)

CHILDREN'S INFORMATION:

Full names, birth dates and Social Security Numbers of children of this marriage or that were adopted during the marriage:

Name	DOB	SSN
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Name	DOB	SSN
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Name	DOB	SSN
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Is any support being paid, if so what amount: _____

Are you or the other Parent seeking an increase or decrease of child support? If yes, what change in circumstances have taken place since the original decree or last modification? : _____

Full names and birth dates and Social Security Numbers of client's children born of previous marriages or adopted previous to current marriage:

Name	DOB	SSN
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Name	DOB	SSN
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Name	DOB	SSN
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Any current orders for support of child from prior marriage?: _____
Amount Ordered: _____

How are children being cared for now? _____

Identify any special physical or emotional needs for the children resulting from disability or other unusual circumstances: _____

Have any of the children ever been victims of domestic abuse? If so describe: _____

Other information client feels is relevant in this modification action: _____

DESIRED PERIODS OF VISITATION:

Are you or the other Parent seeking a modification of the visitation? If yes, please state the change of state the change of circumstances that have taken place since the original decree or last modification?:

What changes would you like to make to your visitation schedule?: _____

Assuming that custody is resolved, please specify actual times of desired visitation rights.

	Client Desires	Other Parent Desires
Weekends	_____	_____
Weekdays	_____	_____
Summer Vacation	_____	_____
Easter Vacation	_____	_____
Christmas Eve	_____	_____
Christmas Day	_____	_____
Christmas Vacation	_____	_____
Thanksgiving	_____	_____
New Year's Day	_____	_____
Other Holidays	_____	_____
Birthday of Child	_____	_____
Birthday of Father	_____	_____
Birthday of Mother	_____	_____
Mother's Day	_____	_____
Father's Day	_____	_____
Other Days	_____	_____