



Date: _____

Client Name: _____

MODIFICATION or ENFORCEMENT WORKSHEET

CLIENT QUESTIONNAIRE

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege, except in cases of child abuse or neglect.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES

FOR OFFICE USE:

Ret.: _____ Type: STD | PPL | LP | H | A

OL: WTA | JAY | JJM | MMP | BWC | MAC | JCO | CHN | NMB | MRD | TMM | NMO

RL: WTA | JAY | JJM | MMP | BWC | MAC | JCO | CHN | NMB | MRD | TMM | NMO

ABOUT YOU:

5665 DALLAS PARKWAY, SUITE 200, FRISCO, TEXAS 75034
290 S. PRESTON ROAD, SUITE 190, PROSPER, TEXAS 75078
TELEPHONE 214.423.5100 FACSIMILE 214.423.5111 WWW.ALBINOLDNERLAW.COM



ALBIN OLDNER LAW
— TRUSTED ADVISERS —

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: _____

Maiden name: _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security number: _____

Driver's license number: _____

2. **Where are you living now and what is your phone number?**

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Business phone: _____ Fax: _____

Email: _____

3. **How do you prefer that we contact you?**

Mail Home phone Cell phone Email

4. **At what address do you wish to receive mail from this office?** _____

5. **How were you referred to our office?**

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

Insurance:

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client

Other: _____

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?**

_____. If so, please state who and when: _____

7. **Please complete the following information concerning your employment.**

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone number: _____

May we call you at work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

ABOUT YOUR EX-SPOUSE/OPPOSING PARTY:

8. **Please give the person's *full* name, date and place of birth, and Social Security number.**

Full legal name: _____

Maiden name: _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security number: _____

Driver's license number: _____

9. **Where is the opposing party living now and what is his or her phone number?** (If same as yours, please note "same").

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Home phone: _____

10. **Please complete the following information concerning the opposing party's employment.**

Employer: _____

Job title: _____

Address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

ABOUT YOUR CHILDREN:

11. **Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage or relationship.**

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

Name: _____

Sex (M/F): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

12. **Will there be a dispute over custody of the children?** _____ With whom will the children primarily reside? _____

PENDING PROCEEDINGS, OTHER ATTORNEYS, AND WHAT BROUGHT YOU TO THIS OFFICE:

13. **Are there any court proceedings pending on this matter?** _____

14. If so, give name of court, name of judge, date of filing, court docket number, and status of case. _____

15. Does your spouse/ex-spouse/opposing party have any other attorney? _____
16. If so, who? _____

INFORMATION ABOUT DIVORCE FROM EX-SPOUSE:

Date of divorce: _____ Place of divorce: _____
Court: _____
Name of judge: _____
Name of your previous attorney: _____
Name of your ex-spouse's previous attorney: _____
Have there been any changes in custody, visitation, or support, either formally or informally? Yes No
If so, please describe: _____

Was the order that is under dispute entered by agreement or after a contested trial? _____

ITEMS YOU WOULD LIKE TO BE MODIFIED:

17. **POSSESSION/ACCESS**
- Ex-spouse's possession/access:** What aspects of your ex-spouse's access to the children would you like modified? _____

- Your possession/access:** What aspect of your access to the children would you like modified?

18. **CHILD SUPPORT**

Amount of child support: How would you like to alter your or your ex-spouse's child support payments? _____

19. **CONSERVATORSHIP/CUSTODY**

What aspects of your custody arrangements would you like modified? _____

20. **MAJOR MEDICAL AND HEALTH INSURANCE—QUALIFIED MEDICAL CHILD-SUPPORT ORDER**

What aspects of the children's medical care arrangement (that is, health insurance) with your ex-spouse would you like to modify, and in what way? _____

21. **ENFORCEMENT OF PRIOR ORDER**

Child support arrearages: To what extent has your ex-spouse failed to make timely child support payments? _____

Medical-reimbursement arrearages: To what extent has your ex-spouse failed to reimburse you for medical payments made? _____

Possession and Access: To what extent and on what occasions have you been refused or denied visitation with the children? _____

22. **BENEFITS ASSIGNED TO ATTORNEY GENERAL**

Have either you or your ex-spouse ever assigned benefits to the Attorney General's Office? If so, please describe the nature and circumstances of this assignment? _____

NO. _____

IN THE INTEREST OF _____ § IN THE DISTRICT COURT
 §
 §
 § _____ JUDICIAL DISTRICT
 §
 §
 CHILDREN § _____ COUNTY, TEXAS

HEALTH INSURANCE AVAILABILITY

Name: _____ SSN: XXX-XX-_____

1. Beside the name of each child, check all types of health insurance or benefits currently covering that child(ren):

	<i>Father's Employer</i>	<i>Mother's Employer</i>	<i>Private</i>	<i>Medicaid</i>	<i>CHIP</i>	<i>Other</i>	<i>None</i>
Child's Name:							
DOB:							
SSN: XXX-XX-							
Child's Name:							
DOB:							
SSN: XXX-XX-							
Child's Name:							
DOB:							
SSN: XXX-XX-							
Child's Name:							
DOB:							
SSN: XXX-XX-							

2. For each health insurance source, please list:

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

3. For each dental insurance source, please list:

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

Signature

Print Name: _____

**THE FOLLOWING INFORMATION MAY BE COMPLETED AT HOME AFTER
YOUR INITIAL CONSULTATION WITH THE ATTORNEY.**

INFORMATION FOR THIS MODIFICATION ACTION:

1. If you want primary custody of the children, please state why you think you should have primary custody. Please attach additional sheets as necessary. _____

2. With whom do the children currently live? _____

3. Period of time in which this living arrangement has been in effect: _____

4. Names and addresses of schools children attend, dates attended, and name of teacher or principal there who is familiar with child:

Child's name: _____

School: _____

Address: _____

Dates attended: _____

Grade: _____

Teacher and/or principal: _____

Child's name: _____

School: _____

Address: _____

Dates attended: _____

Grade: _____

Teacher and/or principal: _____

Child's name: _____

School: _____

Address: _____

Dates attended: _____

Grade: _____

Teacher and/or principal: _____

CARE OF CHILDREN:

To the extent that both you and your spouse or your ex-spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:

5. Who helps the children get dressed in the morning? _____
6. Who bathes the children and grooms them? _____
7. Are any of the children nursing? _____
8. Who takes care of the children during the day? _____
9. Who arranges for getting children together with playmates? _____
10. Who puts the children to bed at night? _____
11. Who prepares meals? _____
12. Who arranges for medical and dental care and takes the children to the doctor? _____

13. Who takes the children to school? _____
14. Who picks the children up from school? _____
15. Who shops for the children's clothes? _____
16. Who transports the children to extracurricular activities? _____
17. Do you or your spouse/ex-spouse participate in recreational or educational activities with the children? _____
18. Describe the nature of the activities and how often you and your spouse/ex-spouse participate in them: _____

19. Do the children receive religious training? _____
20. If so, from whom? _____
21. Who arranges the children's birthday parties? _____
22. Who helps the children with their homework? _____
23. Who attends parent-teacher conferences? _____
24. Are the children more likely to turn to you or your spouse/ex-spouse when they have problems? _____

25. Do you feel the children are closer to you or to your spouse/ex-spouse? _____

26. Are the children in day care or with a sitter? _____
27. If so, how many hours per week? _____

28. Give name, address, and telephone number of the day-care service or sitter: _____

29. Who arranges for the day care or sitter? _____
30. Who cares for the children when they are ill? _____
31. Who disciplines the children? _____
32. By what method? _____
33. Has the division of responsibility for childcare changed over the years? _____
34. If so, describe: _____

TIME AVAILABLE TO SPEND WITH THE CHILDREN & PLANS FOR THEIR FUTURE CARE:

35. What are your working hours? _____
36. What time do you leave home? _____
37. What time do you return? _____
38. Do you have flexible working hours? _____
39. Does your work require travel? _____
40. If so, describe the frequency, time involved, and distances: _____

41. Is your work schedule likely to change in the future? _____
42. What are your plans for childcare? _____

43. Describe your housing arrangements, including number of bedrooms: _____

44. What are your spouse's/ex-spouse's working hours? _____
45. What time does your spouse/ex-spouse leave home? _____
46. What time does your spouse/ex-spouse return? _____
47. Are your spouse's/ex-spouse's working hours flexible? _____
48. Does your spouse/ex-spouse's work require travel? _____
49. If so, describe the frequency, time involved, and distances: _____

50. Is your spouse's/ex-spouse's work schedule likely to change in the future? _____

51. What are you spouse's/ex-spouse's plans for childcare? _____

52. Describe your spouse's/ex-spouse's housing arrangements, including number of bedrooms: _____

SPECIAL NEEDS OF THE CHILDREN:

53. Do the children have any special or unusual educational or health-care needs? _____

54. If so, describe them: _____

55. Who has worked to meet those needs? _____

56. Are you or your spouse/ex-spouse better able to meet those needs? _____

57. Has the children's academic performance changed in the last few years or months? _____

58. If so, what is the reason for the change? _____

INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN:

59. Will it be alleged that you or your spouse/ex-spouse has interfered with the children's relationship with the other parent or spoken badly about the other parent to the children? _____

60. If so, explain: _____

61. Will it be alleged that you or your spouse/ex-spouse has blocked the other parent's visitation with the children? _____

62. If so, explain, giving dates and frequency with which visitation was allegedly blocked: _____

63. Will it be alleged that you or your spouse/ex-spouse has discouraged the children from having a good relationship with a stepparent or a "significant person" in the other parent's life? _____

64. If so, explain: _____

FREQUENCY OF MOVES AND PLANS TO MOVE:

65. Have you or your spouse/ex-spouse moved in the last ten years? _____
66. If so, when and where? (Include moves in the same city) _____

67. Do you or your spouse/ex-spouse plan to move in the near future? _____
68. If so, when and where? _____

69. Does the parent who is not moving oppose the move? _____
70. Why? _____

CHILDREN'S PREFERENCES:

71. Have the children told you with whom they want to live? _____
72. If so, please answer the following questions:
- a. What is the basis for the preference? _____

 - b. How strong is the preference? _____
 - c. How long has the preference been held? _____
 - d. Has the preference changed? _____
 - e. How would you feel about the children talking to the judge about their preferences? _____

CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:

73. How do the children get along with each other? _____
74. How do the children get along with stepparents? _____
75. How do the children get along with stepbrothers and/or stepsisters? _____

76. Do the children have a particularly close relationship with either or both sets of grandparents? _____

77. Do the children have a strong relationship with anyone else that you believe is important? _____

GOALS:

78. What are your future goals with the children and the reasons for your goals? _____

79. To what extent do you believe that you and your spouse/ex-spouse should have joint custody (sometimes referred to as “shared parental responsibility”), under which you both would share equally in making major decisions affecting the children and/or being with the children for substantial periods of time? _____

80. What are your spouse’s/ex-spouse’s goals with the children and the reasons for these goals? _____

81. Have you and your spouse/ex-spouse attempted to work out a settlement of the case between yourselves? _____
82. What progress have you made? _____

83. What are your positions? _____

WITNESSES:

84. Who do you think would make good witnesses for you, and what do you think the testimony would be? (Possible witnesses include neighbors, the children’s teachers, friends, doctors, baby-sitters, day-care workers, clergy, and family members.)

Name: _____
Address: _____
Home phone: _____
Work phone: _____
Testimony: _____

Name: _____
Address: _____
Home phone: _____
Work phone: _____
Testimony: _____

Name: _____
Address: _____
Home phone: _____
Work phone: _____
Testimony: _____

Name: _____
Address: _____
Home phone: _____
Work phone: _____
Testimony: _____

Name: _____
Address: _____
Home phone: _____

Work phone: _____

Testimony: _____

“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:

If you have answered these questions in another questionnaire, you may skip this section.

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	YOU	YOUR SPOUSE or EX-SPOUSE
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Engaged in gambling activities (legal or illegal)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Engaged in other illegal activities?	<input type="checkbox"/>	<input type="checkbox"/>
13. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
14. Been hospitalized for an emotional or psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>
15. Suffered from or received treatment for an emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
16. Abused own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
17. Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Had a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>

19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?
- If so, describe the children’s reaction to the relationship and the children’s feelings about the person(s) involved in the relationship: _____
-
20. Had a homosexual/bisexual relationship?
21. Engaged in unusual sexual practices?
22. Had a pregnancy outside of marriage?
23. Had a sexually transmitted disease?
24. Drunk to excess?
- If so, what and how often? _____
25. Other?
-
26. If you or your spouse/ex-spouse has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton-in-the-closet” questions, describe the situation: _____
-
27. Do you or your spouse/ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____
-
28. Have you or your spouse/ex-spouse made any photographs and/or audio or visual recordings of the other party? _____
- If so, describe the content: _____
-
-
-
-