THE LAW OFFICES OF TOBIE KUYKENDALL
11850B RIM ROCK TRAIL, AUSTIN, TEXAS 78737
OFFICE: (737) 205-5469 • FAX: (737) 205-5468

MODIFICATION OF CHILD SUPPORT

Client Name: Date:

Notice of Confidentiality

INSTRUCTIONS: Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence. The LAW OFFICE OF TOBIE KUYKENDALL, PLLC makes every effort to ensure compliance with the regulations and conditions set forth in the Health Insurance Portability and Availability Act of 1996 (HIPAA) and with Texas HB 300.

NOTICE: Pursuant to Texas Rule of Civil Procedure 192.5 along with all corresponding Rules of Evidence associated therewith, the information contained within this document comprise the work product of the attorney whose client name is referenced above. All information herein has been prepared in anticipation of litigation or for trial by or for a party or a party's representatives, including the party's attorneys, consultants, sureties, indemnitors, insurers, employees, or agents.

Referral Information

Who referred you to this office?

- My friend whose name is:
- An Attorney whose name is:
- Law Office Website:
- Advertisement: Radio or Magazine?
- Other

For Office Use Only

Instructions

Please fill out this questionnaire and return it as soon as possible. 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 particular 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.

Please provide your full name, date and place of birth, Social Security number, and driver's license number:

a. Name:

Maiden Name:

b. Date of Birth

c. Place of Birth

d. Social Security No.

d. Driver's License **No.**

Where are you living now?

a. Street Address:

b. City:

c. State:

How Long in State:

d. Zip:

e. County of Residence:

How Long in County:

f. Residence Telephone:

g. Mobile Telephone:

h. Email Address:

Please complete the following concerning your employment:

a. Employer:
b. Job Title:
c. Full Address:
d. Telephone Number:
e. Gross Salary/Monthly:
f. Annual Gross (including bonuses, Stock options, etc.):
g. Length of Employment:
h. Education/Training:

Please provide your FORMER spouse's full name, date and place of birth, Social Security number, and driver's license number:

a. Name:
Maiden Name:
b. Date of Birth
c. Place of Birth
d. Social Security No.
d. Driver's License No.

Where is your FORMER spouse living and what is your spouse's telephone number?

a. Street Address:
b. City:
c. State:
How Long in State:
d. Zip Code:
e. County of Residence:
How Long in County:
f. Residence Telephone:

Please complete the following concerning your FORMER spouse's employment:

a. Employer:
b. Job Title:
c. Full Address:
d. Telephone Number:
e. Gross Salary/Monthly:
f. Annual Gross (including bonuses, Stock options, etc.):
g. Length of Employment:
h. Education/Training:

1. Are there any court proceedings pending on this matter?
2. If so, give name of court, name of judge, date of filing, court docket number, and status of case
3. Have you consulted or retained any other attorneys on this matter before coming to this office?
4. If so, state who and when:
5. Did your spouse or your FORMER Spouse have any other attorney?
6. If so, who?
7. Who referred you to this office?

Information about Divorce from FORMER Spouse:

Date of Divorce:
Place of Divorce:
Date:
Name of Judge:
Name of your previous attorney:

Name of your FORMER Spouse's previous attorney:

Have there been any changes in custody, visitation, or support formally or informally?

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:

8. **Child Visitation/Access**

FORMER Spouse's access:

What aspects of your FORMER Spouse's access to the children would you like modified?

Your Visitation/Access:

What aspect of your access to the children would you like modified?

9. **Child Support**

Amount of child support: How would you like to alter your or your FORMER Spouse's child-support payment?

10. **Custody**

What aspects of your custody arrangements would you like modified?

10. **Custody**
What aspects of your custody arrangements would you like modified?

11. **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 FORMER Spouse would you like to modify, and in what way?

12. **Child-support arrearages**

To what extent has your FORMER Spouse failed to make timely child-support payments?

13. **Medical-reimbursement arrearages**

To what extent has your FORMER Spouse failed to reimburse you for medical payments made?

14. **Benefits assigned to Attorney General**

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

INFORMATION FOR THIS MODIFICATION ACTION:

15. If you want primary custody of the children, please state in fifty words or less why you think you should have primary custody.

16. With whom do the children currently live?

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

18. Names and ages of children of the marriage:

Child's Name:
Date of Birth: Age
Child's Name:
Date of Birth Age
Child's Name:
Date of Birth Age

19. Names and ages of other children outside of the marriage, if any:

Child's Name:
Date of Birth: Age
Child's Name:
Date of Birth Age
Child's Name:
Date of Birth Age

20. **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 FORMER Spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:

21. Who helps the children get dressed in the morning?

22. Who bathes the children and grooms them?

23. Are any of the children nursing

24. Who takes care of the children during the day?

25. Who arranges for getting children together with playmates?

26. Who puts the children to bed at night?

27. Who prepares meals?

28. Who arranges for medical and dental care and takes the children to the doctor?

29. Who takes the children to school?

30. Who picks the children up from school?

31. Who shops for the children's clothes?

32. Who transports the children to extracurricular activities?

33. Do you or your spouse or your FORMER Spouse participate in recreational or educational activities with the children?

34. Describe the nature of the activities and how often you and your spouse or your FORMER Spouse participate in them:

35. Do the children receive religious training?

36. If so, from whom?

37. Who arranges the children's birthday parties?

38. Who helps the children with their homework

39. Who attends parent-teacher conferences?

40. Who are the children more likely to turn to you or to your spouse or your FORMER Spouse when they have problems

41. Do you feel the children are closer to you or to your spouse or your FORMER Spouse?

42. Are the children in day care or with a sitter?
43. If so, how many hours per week?
44. Give name, address, and telephone number of the day-care service or sitter:
45. Who arranges for the day care or sitter?
46. Who cares for the children when they are ill?
47. Who disciplines the children?
48. By what method?
49. Has the division of responsibility for childcare changed over the years?
50. If so, describe:

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

51. What are your working hours?
52. What time do you leave home?
53. When do you return?
54. Do you have flexible working hours?
55. Does your work require travel?
56. If so, describe the frequency, time involved, and distances:
57. Is your work schedule likely to change in the future?
58. What are your plans for childcare?

59. Describe your housing arrangements, including number of bedrooms:

60. What are your spouse's or your FORMER Spouse's working hours?
61. What time does your spouse or your FORMER Spouse leave home?
62. When does your spouse or your FORMER Spouse return?
63. Are your spouse's or your FORMER Spouse's working hours flexible?
64. Does your spouse or your FORMER Spouse's work require travel?
65. If so, describe the frequency, time involved, and distances?
66. Is your spouse's or your FORMER Spouse's work schedule likely to change in the future?

67. What are your spouse's or your FORMER Spouse's plans for child care?

68. Describe your spouse's or your FORMER Spouse's housing arrangements, including number of bedrooms :

SPECIAL NEEDS OF THE CHILDREN:

69. Do the children have any special or unusual educational or health-care needs?
70. If so, describe them:

71. Who has worked to meet those needs?
72. Are you or your spouse or your FORMER Spouse better able to meet those needs?
73. Has the children's academic performance changed in the last few years or months?

74. If so, what is the reason for the change?

INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN:

75. Will it be alleged that you or your spouse or your FORMER Spouse has interfered with the children's relationship with the other parent or spoken badly about the other parent to the children?

76. If so, explain:

77. Will it be alleged that you or your spouse or your FORMER Spouse has blocked the other parent's visitation with the children?

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

79. Will it be alleged that you or your spouse or your FORMER Spouse has discouraged the children from having a good relationship with a stepparent or a "significant person" in the other parent's life?

80. If so, explain:

COOPERATION BETWEEN YOU AND YOUR SPOUSE OR FORMER SPOUSE:

81. How well have you and your spouse or FORMER Spouse been able to cooperate on matters concerning the children and on matters concerning visitation or access to the children?

82. To what extent do you and your spouse or FORMER Spouse share values regarding how the children should be raised, what type of education they should have, and what type of religious training they should have?

FREQUENCY OF MOVES AND PLANS TO MOVE:

83. Have you or your spouse or your FORMER Spouse moved in the last ten years?

84. If so, when and where? (Include moves in the same city.)

85. Do you or your spouse or your FORMER Spouse plan to move in the near future?

86. If so, when and where?

87. Does the parent who is not moving oppose the move?

88. Why?

CHILDREN'S PREFERENCES:

89. Have the children told you with whom they want to live?

90. If so, please answer these questions:

What is the basis for the preference?

How strong is the preference?

How long has the preference been held?

Has the preference changed?

How would you feel about the children's talking to the judge about their preferences?

f. Amount of Premiums:

Frequency:

Cash Value:

g. Loans Against Policy:

CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:

91. How do the children get along with each other?
92. How do the children get along with stepparents?
93. How do the children get along with stepbrothers and stepsisters?
94. Do the children have a particularly close relationship with either or both sets of grandparents?
95. Do the children have a strong relationship with anyone else that you believe is important?

GOALS

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

97. To what extent do you believe that you and your spouse or FORMER 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?

98. What are your spouse's or FORMER Spouse's goals with the children and the reasons for these goals?

99. Have you and your spouse or FORMER Spouse attempted to work out a settlement of the case between yourselves?

100. What progress have you made?

101. What are your positions?

WITNESSES:

102. 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:

103. Who do you think will be witnesses for your spouse or FORMER Spouse, and what do you think will be the testimony of those persons?

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 need not answer them again.

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. Or if you are more comfortable discussing directly with your attorney, please indicate you will discuss in person.

Will anyone allege that you or your spouse or FORMER Spouse has done any of the following

	You	Your spouse or FORMER Spouse
1. Committed a crime?		
2. Been arrested?		
3. Been in jail or prison?		
4. Used illegal drugs?		
5. Been hospitalized for using illegal drugs?		
6. Abused prescription drugs?		
7. Been hospitalized for abusing prescription drugs?		
8. Abused alcohol?		
9. Been hospitalized for abusing alcohol?		
10. Been arrested for or convicted of DWI/DUI?		
11. Engaged in gambling activities (legal or illegal)?		
12. Engaged in other illegal activities?		
13. Attempted suicide?		
14. Been hospitalized for an emotional or psychiatric disorder?		
15. Suffered from or received treatment for an emotional or psychiatric condition?		
16. Abused own spouse?		
17. Been accused of child abuse?		
18. Had a sexual relationship during the marriage with someone other than own spouse?		
19. Had a sexual relationship (during or not during the marriage) with someone 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 or FORMER 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 or FORMER Spouse suffer from any physical disability that would interfere with being able to care for the children?

28. Have you or your spouse or FORMER Spouse made any photographs or audio or visual recordings of the other party?

29. If so, describe the content :

VERIFICATION

I HAVE COMPLETED AND REVIEWED THE FOREGOING INFORMATION AND STATE ALL INFORMATION IS FULLY DISCLOSED.

Client Name

Client Signature

Date