

**MODIFICATION / ENFORCEMENT OF PRIOR CUSTODY / SUPPORT /
MAINTENANCE ORDERS - CLIENT QUESTIONNAIRE**

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The following information will be needed by **The Reynolds Law Firm, LLC** in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. **DO NOT LEAVE BLANKS.** This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Date: _____

HOW DID YOU HEAR ABOUT THIS OFFICE: _____

YOUR PERSONAL INFORMATION

GENERAL BIOGRAPHICAL INFORMATION:

Name (first, middle name and last): _____

Maiden Name: _____

Former Names / Nicknames: _____

Date of Birth: _____

State of Birth: _____

Soc. Sec. No.: _____

Driver's Lic. No.: _____

Issuing State: _____

Sex: _____

Race: _____

Are you / were you in the Military: _____

Branch: _____

Military Rank: _____

Dates of Service: _____

Current Status (active, reserves, retired, etc.): _____

Your Education: High School Diploma / GED? Yes _____ No _____
College Degree (if so describe): _____
Post Graduate Degree (if so describe): _____
Licenses / Accreditations: _____

CURRENT CONTACT INFORMATION:

Residential Address: _____

How long at present address: _____

Do you: _____ own; _____ rent; or _____ live with a relative?

In what County do you live, and how long have you lived there? _____

In what State do you reside and how long have you been there? _____

Mailing Address, if different from above, for mail during pendency of case where opposing party will not have access:

CURRENT PHONE NUMBERS / FAX / E-MAIL:

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Fax Number: _____

E-mail Address: _____

CURRENT EMPLOYMENT INFORMATION:

Name of Employer: _____

Address: _____

Job Title: _____ Length of Employment: _____

Salary / Rate of Pay: Gross: _____ Net: _____ Per: _____

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement: Yes _____ No _____

Current Value: _____

Health Insurance: Yes _____ No _____

Name of Plan: _____

Cost to you per month: _____

Cost to employer per month: _____

Group Number: _____

Card Number: _____

PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):

Name of Employer: _____

Address: _____

Job Title: _____ Length of Employment: _____

Salary / Rate of Pay: Gross: _____ Net: _____ Per: _____

Reason for Separation: _____

OTHER SOURCES OF INCOME:

Do you have any source of income other than employment? Yes _____ No _____

If yes, explain in detail: _____

PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):

Address: _____

Dates of Residence: _____ County: _____

Name and relationship of others also living there: _____

ADVERSE PARTY'S PERSONAL INFORMATION

GENERAL BIOGRAPHICAL INFORMATION:

Name (first, middle name and last): _____

Maiden Name: _____

Former Names / Nicknames: _____

Date of Birth: _____ State of Birth: _____

Soc. Sec. No.: _____

Driver's Lic. No.: _____ Issuing State: _____

Sex: _____ Race: _____

Is he/she (were they) in the Military: _____ Branch: _____

Military Rank: _____ Dates of Service: _____

Current Status (active, reserves, retired, etc.): _____

Education: High School Diploma / GED? Yes _____ No _____

College Degree (if so describe): _____

Post Graduate Degree (if so describe): _____

Licenses / Accreditations: _____

CURRENT CONTACT INFORMATION:

Residential Address: _____

How long at present address: _____

Do he / she: _____ own; _____ rent; or _____ live with a relative?

In what County does he / she live, and how long have he / she lived there? _____

In what State do you reside and how long have you been there? _____

CURRENT PHONE NUMBERS / FAX / E-MAIL:

Home Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Fax Number: _____

E-mail Address: _____

CURRENT EMPLOYMENT INFORMATION:

Name of Employer: _____

Address: _____

Job Title: _____

Length of Employment: _____

Salary / Rate of Pay: Gross: _____

Net: _____

Per: _____

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement: Yes _____ No _____

Current Value: _____

Health Insurance: Yes _____ No _____

Name of Plan: _____

Cost to you per month: _____

Cost to employer per month: _____

Group Number: _____

Card Number: _____

PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):

Name of Employer: _____

Address: _____

Job Title: _____ Length of Employment: _____

Salary / Rate of Pay: Gross: _____ Net: _____ Per: _____

Reason for Separation: _____

OTHER SOURCES OF INCOME:

Does your spouse have any source of income other than employment? Yes _____ No _____

If yes, explain in detail: _____

PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):

Address: _____

Dates of Residence: _____ County: _____

Name and relationship of others also living there: _____

PRIOR COURT ACTION INFORMATION

Date of Original Order: _____

Date of Each Prior Modification: _____

Prior Jurisdiction (Name of Court, caption of case and case number): _____

Your Former Attorney: _____

Other Parties Former Attorney: _____

Please attach the original order and all subsequent modification orders.

CHILDREN OF THIS COURT ACTION

(For each child please provide the following. Attach additional pages if necessary.)

Name (first, middle and last): _____

Date of Birth: _____ Soc. Sec. No.: _____

Place of Birth (City and State): _____

Current Grade of School: _____ Child Lives With: _____

Name of School: _____ Teacher's Name: _____

Child's address for last 6 months: _____

Name (first, middle and last): _____

Date of Birth: _____ Soc. Sec. No.: _____

Place of Birth (City and State): _____

Current Grade of School: _____ Child Lives With: _____

Name of School: _____ Teacher's Name: _____

Child's address for last 6 months: _____

YOUR CHILDREN FROM OTHER RELATIONSHIPS

(For each child please provide the following. Attach additional pages if necessary.)

Name (first, middle and last): _____

Date of Birth: _____ Soc. Sec. No.: _____

Place of Birth (City and State): _____

Current Grade of School: _____ Child Lives With: _____

Name of School: _____ Teacher's Name: _____

Name of Other Parent: _____

Other Parent's Contact Information: _____

Support Received per Month: _____ Support Paid: _____

Court / Case Information (name of court, case number) _____

ADVERSE PARTY'S CHILDREN FROM OTHER RELATIONSHIPS

(For each child please provide the following. Attach additional pages if necessary.)

Name (first, middle and last): _____

Date of Birth: _____ Soc. Sec. No.: _____

Place of Birth (City and State): _____

Current Grade of School: _____ Child Lives With: _____

Name of School: _____ Teacher's Name: _____

Name of Other Parent: _____

Other Parent's Contact Information: _____

Support Received per Month: _____ Support Paid: _____

Court / Case Information (name of court, case number) _____

CUSTODY AND VISITATIONS ISSUES FOR CHILDREN OF THIS RELATIONSHIP

Current custody and visitation arrangement: _____

Desired Custody Arrangement:

Legal Custody: Joint _____ Mother _____ Father _____

Physical Custody: Joint _____ Mother _____ Father _____

Desired Visitation Schedule:

Weekdays: _____

Weekends: _____

Holidays: _____

Summer: _____

Visitation should be supervised or unsupervised: _____

If supervised, please explain why: _____

CHILD SUPPORT FOR CHILD(REN) OF THIS RELATIONSHIP

Do you currently pay child support for the child(ren) in this case: _____

If yes, specify: Amount Paid: _____ Per: _____

Do you currently receive child support for the child(ren) in this case: _____

If yes, specify: Amount Paid: _____ Per: _____

Cost of work related day-care (average summer/school): Amount _____ Per _____

Health Insurance: Amount Paid: _____ Per: _____

Who Carries Insurance: Mother: _____ Father: _____

Please specify any special costs (tutors, private school, medical needs, sports, lessons, etc.):

RELIEF REQUESTED IN THIS ACTION

Modification of: Child Support: _____ Maintenance: _____
 Visitation: _____
 Legal Custody: _____ Physical Custody: _____

If your desire to modify Maintenance and/or Child Support then fill out the Income and Expenses Statement and Modification Asset and Debt Statement for Missouri cases or the Domestic Relations Affidavit for Kansas cases. Forms can be downloaded from the “forms” page at www.whrlawfirm.com.

CURRENT RELATIONSHIP ISSUES / PROBLEMS / COMPLAINTS

Please state briefly your view of the basic problems: _____

Please state briefly any complaints the adverse party would have against you at this time:

List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) that will substantiate any issues regarding a change in custody, maintenance or child support: _____

What possible accusations might the adverse party raise in this case? _____

Are there now, or have there been any other Court actions in this or any other state? If so, state:

When: _____

Where: _____

Case Number: _____

Ultimate Disposition: _____

Attorneys: _____

Does the adverse party have any physical disabilities? Yes _____ No _____

If yes, please describe:

Do *you* have any physical disabilities? Yes _____ No _____

If yes, please describe:

Please state any other facts or comments you believe your attorney should know regarding this matter:

CLIENT'S GOALS

After reviewing the contents of this questionnaire, please help us understand your intentions by listing, in order of priority, those goals or final results you wish to achieve in this current matter.

1. _____

2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

