

# FISHER LAW LLC

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## MODIFICATION QUESTIONNAIRE

Consult date: \_\_\_\_\_

Referred by:  Avvo  FindLaw  
 Firm website  Personal Referral (Name) \_\_\_\_\_  
 Super Lawyers  Lawyer Referral (Name) \_\_\_\_\_  
 Google  Previous client

Modifying previous Judgment for: Custody \_\_\_\_\_ Visitation \_\_\_\_\_ Support \_\_\_\_\_

### **CLIENT = YOU**

### **OTHER PARTY = OTHER PARENT**

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_ How Long \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Residence in State: \_\_\_\_\_ Length of Residence in State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your e-mail secure? Y or N Preferred method of contact: \_\_\_e-mail \_\_\_phone \_\_\_mail

### **EMERGENCY CONTACT\*\***

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Will only be used if we have communicated with you yet have not heard back within 10 days.

### **CHILD/REN**

First Middle Last	DOB	SS#**	M/F	AGE:	Resides with? (Mom/Dad/Both)

**FINANCIAL INFORMATION (PARTIES OF THIS ACTION)**

**Client's Information**

Client's Gross Income: \_\_\_\_\_ Paid Monthly/Bi-Weekly/Weekly? \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer **address**: \_\_\_\_\_  
Base Wage or Salary: \_\_\_\_\_ Average Overtime: \_\_\_\_\_ Other: \_\_\_\_\_

**Spouse's Information**

Spouse's Gross Income: \_\_\_\_\_ Paid: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer **address**: \_\_\_\_\_  
Base Wage or Salary: \_\_\_\_\_ Average Overtime: \_\_\_\_\_ Other: \_\_\_\_\_

**Support Information**

Any other proceedings regarding custody and/or child support for child/ren of this action?  
Yes **or** No      If yes, Case # \_\_\_\_\_ State/county: \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ per month. Arrearage? \$ \_\_\_\_\_  
Admin Child Support # \_\_\_\_\_

Which parent provides insurance for family? \_\_\_\_\_  
Health care costs: \_\_\_\_\_ Childcare/Daycare Costs: \_\_\_\_\_  
Special health or education costs for child/ren: \_\_\_\_\_  
Have the child/ren ever received welfare or Medicaid? Yes **or** No      MACSS# \_\_\_\_\_

**Maintenance Information**

Maintenance paid to a previous spouse? \$ \_\_\_\_\_ per \_\_\_\_\_, duration \_\_\_\_\_  
Maintenance received from previous spouse? \$ \_\_\_\_\_ per \_\_\_\_\_, duration \_\_\_\_\_  
Who claims child/ren for tax dependency purposes? \_\_\_\_\_

**Tax Information**

Does custodial parent claim head of household? \_\_\_\_\_  
Does custodial parent claim earned income credit? \_\_\_\_\_

**\*\*\*Copy of previous Judgment/s provided to Fisher Law? YES or NO (circle one)**  
**Case # \_\_\_\_\_**

**UNIFORM CHILD CUSTODY AND JURISDICTIONAL ENFORCEMENT ACT**

For every place the child(ren) have lived at since birth please provide the address, dates of residence, the person(s) residing at said addresses and their relationship to the child(ren).

\*Please note that it is possible for the child/ren to have lived at more than one residence at the same time.

**EX:** 4310 Madison Ave., Ste., 110, Kansas City, Missouri 64114  
Jane Smith – Mother; John Doe – Father (January 1, 2016 – Present)

Address: \_\_\_\_\_

Persons/Relationship: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Persons/Relationship: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Persons/Relationship: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILDREN NOT OF THIS ACTION**

Child/ren name/s: \_\_\_\_\_

Child Support Order: \$ \_\_\_\_\_ State/County: \_\_\_\_\_ Circle one: *Pay or Receive*

Case # \_\_\_\_\_ Admin Child Sppt # \_\_\_\_\_

Child/ren name/s: \_\_\_\_\_

Child Support Order: \$ \_\_\_\_\_ State/County: \_\_\_\_\_ Circle one: *Pay or Receive*

Case # \_\_\_\_\_ Admin Child Sppt # \_\_\_\_\_

*→ Please provide receptionist a copy of your photo ID (driver's license or other state ID) ←*