



P.O. BOX 2629
315 WEST PONCE DE LEON AVENUE
SUITE 321
DECATUR, GEORGIA 30030
(404) 378-1665 TELEPHONE (404) 378-1668 FACSIMILE

CUSTODY/ CHILD SUPPORT MODIFICATION
QUESTIONNAIRE

In order for us to effectively represent your legal interests, we need honest, accurate, and complete answers to each question. Failure to do so may compromise your case.

YOU-

Name (First, Middle, Last):

Address: Apt. /Unit No.

City, State: County:

\*\*\*Mailing Address (if different)\*\*\*

Address: Apt. /Unit No.

City, State: County:

Home Phone: Work Phone:

Cell Phone: Fax No.:

Email Address:

Employer:

Occupation:

Employer's Address:

City, State: Zip:

Place of Birth (City, State, Country):

U.S. Citizen: YES NO Georgia Resident: YES NO

Date of Birth: Social Security No.:

Driver's License No.: State:



OTHER PARENT-

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. /Unit No. \_\_\_\_\_

City, State: \_\_\_\_\_ County: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO Georgia Resident: \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

GROSS MONTHLY INCOME OF THE PARTIES-

<u>SOURCE</u>	<u>YOU</u>	<u>OTHER PARENT</u>
Salary, Wages, Commissions, Tips	\$ _____	\$ _____
Child Support (previous marriage)	\$ _____	\$ _____
Alimony (previous marriage)	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____



CHILDREN – (This Marriage/Relationship)

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently expecting another child? \_\_\_\_\_ YES \_\_\_\_\_ NO

Children – (Previous Marriage / Relationship)

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently expecting another child? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you want...

Modification of Child Support? \_\_\_\_\_ YES \_\_\_\_\_ NO

Modification of Custody Support? \_\_\_\_\_ YES \_\_\_\_\_ NO

Legitimation \_\_\_\_\_ YES \_\_\_\_\_ NO

Visitation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name Change? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there a DIVORCE DECREE? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there a SEPARATION AGREEMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you required to pay CHILD SUPPORT?

How much? \$ \_\_\_\_\_ per \_\_\_\_\_

Are you current on your CHILD SUPPORT? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, how far behind are you? \_\_\_\_\_

Reason for being behind \_\_\_\_\_



Previous Divorce(s), Legal Separation(s), Annulment(s)? \_\_\_\_\_YES \_\_\_\_\_NO

\_\_\_\_\_  
Count/State where suit was filed

\_\_\_\_\_  
Date Commenced

\_\_\_\_\_  
Date Finalized

\_\_\_\_\_  
Count/State where suit was filed

\_\_\_\_\_  
Date Commenced

\_\_\_\_\_  
Date Finalized

\_\_\_\_\_  
Count/State where suit was filed

\_\_\_\_\_  
Date Commenced

\_\_\_\_\_  
Date Finalized

Has a PETITION / MOTION for Modification been filed? \_\_\_\_\_YES \_\_\_\_\_NO

Who filed? \_\_\_\_\_

When was it filed? \_\_\_\_\_

When is the Answer due? \_\_\_\_\_

Has an Answer been filed? \_\_\_\_\_

County divorce filed in: \_\_\_\_\_

Case #: \_\_\_\_\_

Judge: \_\_\_\_\_

**OTHER PARENT’S ATTORNEY-**

Name of Attorney: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_