

**CLIENT INFORMATION SHEET  
MODIFICATION**

**Personal Information**

1. Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
2. Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Telephone \_\_\_\_\_
4. Cell/Mobile Phone \_\_\_\_\_
5. Fax \_\_\_\_\_
6. Email \_\_\_\_\_  
Is it OK to communicate with you through email? \_\_\_\_\_
7. Name of Employer \_\_\_\_\_
8. Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
9. Work Telephone \_\_\_\_\_  
Is it OK to call you while you are at work? \_\_\_\_\_
10. Length of time with this employer \_\_\_\_\_
11. What address do you want mail sent to? \_\_\_\_\_
12. What is the best phone number to reach you? \_\_\_\_\_
13. Date of birth \_\_\_\_\_
14. Social security number \_\_\_\_\_
15. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

16. How did you learn about the Law Office of Carie P. Mack (name of referral source)?  
\_\_\_\_\_

17. Reason for seeking legal services of the Law Office of Carie P. Mack (divorce, custody, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about Former Spouse**

21. Name \_\_\_\_\_

22. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

23. Telephone number where former spouse can be reached \_\_\_\_\_

24. Name of employer \_\_\_\_\_

25. Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

26. Length of time with this employer \_\_\_\_\_

27. Date of birth \_\_\_\_\_

28. Social security number \_\_\_\_\_

29. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

20. Does your spouse have an attorney? \_\_\_\_\_

31. Name of attorney \_\_\_\_\_

**Information about Existing Order**

- 32. Name of existing Order \_\_\_\_\_
- 33. County and State where filed \_\_\_\_\_
- 34. Cause Number \_\_\_\_\_
- 35. Name of your attorney \_\_\_\_\_
- 36. Name of spouse's attorney \_\_\_\_\_
- 37. Reason(s) for seeking modification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about Children**

- 38. Name of first child \_\_\_\_\_  
Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth (city, county, and state) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Where is child currently residing? \_\_\_\_\_  
Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_  
Who has the right to determine the child's primary residence? \_\_\_\_\_  
List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Identify any special needs this child has \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_

39. Name of second child \_\_\_\_\_

Age \_\_\_\_\_

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

Place of Birth (city, county, and state) \_\_\_\_\_

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

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any special needs this child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_

40. Name of third child \_\_\_\_\_

Age \_\_\_\_\_

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

Place of Birth (city, county, and state) \_\_\_\_\_

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

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any special needs this child has \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_

41. Name of fourth child \_\_\_\_\_

Age \_\_\_\_\_

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

Place of Birth (city, county, and state) \_\_\_\_\_

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

Where is child currently residing? \_\_\_\_\_

Where is child currently residing? \_\_\_\_\_

Type of conservatorship currently in place (joint managing, sole managing)  
\_\_\_\_\_

Who has the right to determine the child's primary residence? \_\_\_\_\_

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any special needs this child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of school or daycare child attends \_\_\_\_\_

Address of school \_\_\_\_\_

Name of child's primary teacher \_\_\_\_\_