



## MODIFICATION/CONTEMPT INTAKE FORM

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN NAME (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### NATURE OF YOUR LEGAL ISSUE(S) (check all that apply):

- Contempt of Child Support
- Contempt of Parenting Plan
- Contempt of Final Order
- Modification of Child Support
- Modification of Parenting Plan
- Modification of Custody

Any prior or current legal representation in this matter? \_\_\_\_\_

If yes, attorney name: \_\_\_\_\_

### CO-PARENT'S INFORMATION

Co-Parent Name: \_\_\_\_\_

DOB of Co-Parent: \_\_\_\_\_

Co-Parent's Current Address: \_\_\_\_\_

Co-Parent's County: \_\_\_\_\_

Is the Co-Parent currently employed? If so, where? \_\_\_\_\_

### YOUR INCOME INFORMATION

Are you currently Employed? \_\_\_\_\_

If so, where do you currently work? \_\_\_\_\_

Are you paid hourly or salary? \_\_\_\_\_



If hourly, what is your current hourly rate: \_\_\_\_\_

Do you work overtime? Yes OR No - If yes, how often do you work overtime? \_\_\_\_\_

Do you receive any yearly bonuses? Yes OR No

If so, how much do you usually receive: \_\_\_\_\_

**Children of this Relationship under the age of 18:**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

**Any children born outside of this relationship under 18 years of age (before or during):**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Who they reside with \_\_\_\_\_

**COURT ORDERS**

Is there a court order for child support in place? \_\_\_\_\_

When was this order entered? \_\_\_\_\_ How much support was ordered? \$ \_\_\_\_\_

At the time of that order, was your child in childcare/after-school care? \_\_\_\_\_

Has your income increased or decreased since the previous order? \_\_\_\_\_

Are any of the child(ren) in Childcare? If yes, how much per month does it cost? \$ \_\_\_\_\_

Who pays the medical insurance for the child(ren)? \_\_\_\_\_

**CONTEMPT ISSUES**

Please list each item in the parenting plan, child support, or court order that was ordered by the court to be done and is not being followed by the other party:

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**Brief Facts about your issue:**

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**Goals you hope to achieve:**

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**How did you hear about our law firm?** \_\_\_\_\_



Please note that any further consultations required beyond today will be subject to charges per the Attorney's standard hourly rate. Furthermore, please be aware that all fee estimates provided for case representation are subject to change and are only guaranteed for 7 days from the date of issuance. Cases not retained within 30 days may require a new consultation.



Rooted in *Family*. Rooted in *Service*.