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Client Information – Modification

Please complete this questionnaire. This information is necessary to understand the complexity of your case and is needed for Court required forms. All information will be held in strict confidence.

Referred by: _____ Date of Interview: _____

_____ Petitioner _____ Respondent

County where suit is filed or to be filed: _____

County location where residence of the parties is located: _____

PARTIES

Client Name

Full Name _____ Age _____

Present Address _____
(Street) (City) (County) (Zip)

Mailing Address _____
(Street) (City) (County) (Zip)

Birth date _____ Birthplace _____ Race _____

Social Security No. _____ Driver License No. _____

Are you currently married: _____

If so, name of current spouse: _____

Date married: _____

Your Maiden or Former Name if applicable _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

Emergency Contact _____
(Name) (Phone)

Employer _____
(Name) (Address)

Salary: _____ per _____

Usual hours _____ Bonuses/extra: _____

Vehicle Make and Model: _____

Prior Marriage Information

Date of Divorce/prior orders: _____

Court and/or place of divorce: _____

Other Parent/Former Spouse Information

Full Name _____ Age _____

Present Address _____
(Street) (City) (County) (Zip)

Mailing Address _____
(Street) (City) (County) (Zip)

Birth date _____ Birthplace _____ Race _____

Social Security No. _____ Driver License No. _____

Maiden or Former Name if applicable _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Employer _____
(Name) (Address)

Work Phone _____ Salary _____ per _____

Usual hours _____ Bonuses/extra _____

Vehicle Make and Model: _____

Attorney representing party _____
(Name) (Phone)

Have you or your spouse ever filed for divorce? _____ If so, where _____

When _____ Cause Number _____

Children

_____ No Children Born or Adopted

If you have children under 18 years old, please fill out the following information.

A. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

B. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

C. Name _____

Sex _____ Birthplace _____ Birth date _____

Social Security Number _____

Present Residence _____

How Long? _____

Do you pay/receive child support? ____ If so, how much, _____ per _____

Are your child support payments current? ____ If not, amount of arrearage _____

Is it paid through the child support office in San Antonio? _____

Is it deducted from the obligor's paycheck? _____

Provide the following health insurance information:

Name of Insurance Company: _____

Policy Number: _____

Parent Responsible for Payment of Premiums _____

Premium Amount _____

Witnesses

Are there people with special knowledge who can/will testify regarding custody? If yes, Please specify their connection (friend, relative, police dept., neighbor, etc.) _____

Who was your lawyer in the divorce or last court proceeding: _____

Who was the other party's lawyer in the divorce or last court proceeding: _____