

**CLIENT INFORMATION SHEET - MODIFICATION**

**DATE:** \_\_\_\_\_

**CLIENT (EX)HUSBAND/WIFE**

HOW DID YOU HEAR ABOUT THIS LAW FIRM:

Attorney: \_\_\_\_\_  Website: \_\_\_\_\_

Previous Client: \_\_\_\_\_  Other: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
First Name Middle Name Last Name

**ADDRESS:** \_\_\_\_\_  
Street Address City, State Zip

**BILLING ADDRESS (If Different):** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **COUNTY:** \_\_\_\_\_

**HOME PHONE:** ( \_\_\_\_ ) \_\_\_\_\_ **WORK PHONE:** ( \_\_\_\_ ) \_\_\_\_\_

**CELL/PAGER:** ( \_\_\_\_ ) \_\_\_\_\_ **FAX NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Resident of your County for 30 days (yes/no) and the State of Oklahoma for 6 months (yes/no)

**OCCUPATION:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_  
Paid: Weekly/Bi-Weekly/Monthly/Semi-Monthly

**EMPLOYER:** \_\_\_\_\_ **EMPL. DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address City, State Zip

**DATE MARRIED:** \_\_\_\_\_ **CITY, STATE:** \_\_\_\_\_

**DATE SEPARATED:** \_\_\_\_\_



**CHILDREN:**

First Name	Middle Name	Social security #	DOB	Age	Live with
1. _____					M/F _____
2. _____					M/F _____
3. _____					M/F _____
4. _____					M/F _____
5. _____					M/F _____

- Are you of Indian descent? \_\_\_ Yes \_\_\_ No Name of Tribe: \_\_\_\_\_
- Are the Children of Indian descent? \_\_\_ Yes \_\_\_ No  
Name of Tribe: \_\_\_\_\_
- Is your spouse of Indian descent? \_\_\_ Yes \_\_\_ No Name of Tribe: \_\_\_\_\_
- Are children properly enrolled on Tribal Rolls? \_\_\_ Yes \_\_\_ No
- Are you or your spouse properly enrolled on Tribal Rolls? \_\_\_ Yes \_\_\_ No
- Have either you or your spouse participated as a party, witness or in any other capacity in any type of litigation concerning the custody of your child(ren) in this state or any other state? \_\_\_ Yes \_\_\_ No If YES explain, \_\_\_\_\_

- 
- Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge? \_\_\_ Yes \_\_\_ No If YES explain, \_\_\_\_\_

- 
- Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitation privileges with respect to your child(ren)?  
Yes \_\_\_ No If YES explain, \_\_\_\_\_

- 
- Who do you propose be the custodial parent? \_\_\_ Father \_\_\_ Mother \_\_\_ Joint
  - If joint custody, what percentage of time will the children live with each parent?
    - a. Father \_\_\_\_\_ %
    - b. Mother \_\_\_\_\_ %
  - Please express your proposed Child visitation \_\_\_\_\_

**Expenses paid by Mother/Wife**

Parent's Health Ins. Cost: \_\_\_\_\_

Children's Health Ins Cost: \_\_\_\_\_

Employ. Day Care Cost: \_\_\_\_\_

**Expenses paid by Father/Husband**

Parent's Health Ins. Cost: \_\_\_\_\_

Children's Health Ins. Cost: \_\_\_\_\_

Employ. Day Care Cost: \_\_\_\_\_

**CHILD SUPPORT PAID NOW PER MONTH:** \_\_\_\_\_

**SUPPORT ALIMONY PAID PER MONTH:** \_\_\_\_\_

**IS THIS IN LIEU OF PROPERTY:**      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NAMES, ADDRESSES AND DATES OF PERSONS THE MINOR CHILD(ren) HAVE LIVED WITH FOR THE PAST FIVE (5) YEARS:**

<b>TO:FROM</b>	<b>NAME</b>	<b>ADDRESS</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MUST HAVE THIS INFORMATION TO FILE OR ANSWER ANY PLEADING.**