

DIVORCE MODIFICATION - CHILD CUSTODY
INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

_____ County: _____

Client's phone: home: _____ time to call: _____

cell: _____

Employer: _____

Phone: office: _____ ext.: _____

fax: _____ hours: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

How did you hear about our firm? _____

Client's Driver's License #: _____

We are__ Petitioner__ Respondent.

Who is seeking Modification? __ Petitioner __ Respondent.

Has client remarried: _____ Yes _____ No.

If yes, name of client's current spouse: _____

Employer of current spouse, name and address: _____

Income of current spouse: _____

Does the client and current spouse have additional children? Yes No.

If yes, how many, names and date of birth. _____

What is client's employment history and income since dissolution: _____

What are client's current living arrangements (own/rent, who resides in residence, etc):

What have been client's living arrangements since dissolution:

OTHER PARTY INFORMATION

Other Party's full name: _____

Other Party's address: _____

Other Party's home phone: _____

Other Party's employer: _____

Employer(s) ID Number: _____

Other Party's employer's address: _____

Other Party's work/employer's phone: _____

Hours available: _____

Other Party's Social Security number: _____

Other Party's Driver's License number: _____

Other Party's current income: _____

What is Other Party's employment history and income since dissolution: _____

What are Other Party's client's current living arrangements (own/rent, who resides in residence, etc _____

What have been Other Party's living arrangements since dissolution: _____

Has Other Party's remarried: ___ Yes ___ No.

If yes, name of Other Party's current spouse: _____

Employer of current spouse: _____

Income of current spouse: _____

Does the Other Party and current spouse have additional children: ___ Yes ___ No.

If yes, how many, names and date of birth: _____

OPPOSING ATTORNEY: _____

Address: _____

Phone: _____ Fax: _____

CHILD/CHILDREN INFORMATION

Child's Name (first, middle, last) DOB Social Security # Custody & Residence

Where do children attend school, how long have they attended that school, what grade are children in and who are their teachers: _____

How are children's grades: _____

What school district does Client reside in: _____

What extracurricular activities do the children participate in: _____

How often does Client attend these activities: _____

How often does Other Party attend these activities: _____

Do children have any physical, mental or emotional disabilities: _____

COURT ORDERS

Terms of Judgment of Dissolution, Marital Settlement Agreement or other

Court Order, fixing custody and support sought to be modified: _____

Are there any subsequent judgments or orders that might affect the request for modification: Yes No.

If yes, explain: _____

Are there any arrearages under existing support order: Yes No. If yes, amount: \$ _____

Are there any issues other than custody with respect to the existing order(s) that should be raised in the petition, for the sake of economy: _____

Have we been provided a copy of the current support order: Yes No

Do we have all of the relevant court documents: Yes No

What other Court documents are needed: _____

DOCUMENTS

Do we have copies of client's pay stubs and income tax returns: Yes No

Do we have client's current income and expense affidavit: Yes No

Do we have copies of other party's pay stubs and income tax returns Yes No

Do we have the other party's current income and expense affidavit: Yes No

What documents are needed: _____

CHANGE IN CIRCUMSTANCES REGARDING CUSTODY

1. Do the parties have joint custody of the child(ren): ___Yes ___No.

If yes, have the parties agreed to termination of the joint custody arrangement: ___Yes ___No.

Explain: _____

2. Has a period of two years passed since the entry of last custody judgment: ___Yes ___No.

Explain: _____

3. If no, are the parties willing to stipulate to the filing of a motion to modify the custody judgment:

___Yes ___No. (See 750 ILCS 5/610)

4. If no, and parties are not willing to stipulate to the filing of a motion to modify the custody judgment, is client able to provide affidavits that there is reason to believe the child(ren)'s present environment may seriously endanger the child(ren)'s physical, mental, moral or emotional health: ___Yes ___No.

If yes, describe those conditions of the present environment: _____

5. Has a temporary custodial arrangement resulted in the child(ren) being integrated into the home of either party: ___Yes ___No. Explain: _____

6. Did the original custody judgment, or last custody judgment, result from an agreement of the parties

where the court heard no evidence regarding what was in the best interests of the child(ren):

___ Yes ___ No.

7. If the answer to #6 is "no", and bearing in mind that the burden of proof is "clear and convincing evidence", what facts does the client have that would establish that a change has occurred in the circumstances of the child(ren) or child(ren)'s custodian (or, in the case of joint custody, either or both parties having custody) such that modification is necessary to serve the best interests of the child(ren): _____

8. What custody best interest factors in *750 ILCS 5/602* favor modification. _____

9. What custody best interest factors in *750 ILCS 5/602* go against modification. _____

10. If younger child(ren) is/are involved, (a) How does current custodian handle child care while working: _____

- (b) How does proposed new custodian intend to handle child care while working: _____

11. Did all of the foregoing facts arise since the prior judgment or were they unknown to the court at the time of the entry of the prior judgment: _____

Support Obligations

12. Amount of support for child(ren): \$ _____ per _____
13. Who will cover medical insurance for child(ren): _____
14. How will uncovered medical expenses be divided: _____
15. Who will receive dependency exemption for child(ren): _____
16. Who will pay for childcare/private school for child(ren): _____

MISCELLANEOUS

Proper venue: (Consult *750 ILCS 5/512*): _____

Is client requesting other party pay client's attorneys fees and costs: ___Yes ___No.

Comments & Notes: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____

CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***