

**DIVORCE MODIFICATION - CHILD SUPPORT
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Client's Driver's License #: _____

How did you hear about our firm? _____

Has any other attorney represented client in this matter? _____

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

We are __ Petitioner __ Respondent

Who is seeking Modification? _____

Have modification papers been filed? __ Yes __ No
f yes, when _____

CHILD/CHILDREN INFORMATION

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

Client's employer: _____

Occupation: _____

Address: _____

Gross Salary: \$ _____ per _____

Payment Schedule: _____

Bonus: \$ _____ per _____

Number of exemptions claims for withholding purposes: __

Has client remarried: ____ Yes ____ No.

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

Employer of current spouse: _____ Income of current spouse: _____

Does the client and current spouse have additional children? __ Yes __ No. If yes, how many, names and date of birth. _____

How is client's employment and income different than it was on the date of the divorce or last support order: _____

OTHER PARTY INFORMATION

Other Party's full name: _____

Other Party's address: _____

Other Party's home phone: _____

Other Party's employer: _____

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 gross income: _____

Payment schedule: _____

Other Party's bonus: \$ _____ per _____

Number of exemptions claimed for withholding purposes: _____

How is Other Party's employment and income different than it was on the date of divorce or the last support order: _____

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: _____

COURT ORDERS

Terms of Judgment of Dissolution, Marital Settlement Agreement or other Court Order, fixing custody and support sought to be modified (including when entered):

Are there any prior or subsequent judgments or orders that might affect the request for modification: ___Yes ___No.

If yes, explain **(including when entered)**: _____

Are there any arrearages under existing support order: ___Yes ___No. If yes, amount: \$_____

Are there any other issues 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 SUPPORT

1. Is this a case where child support may be modified without a substantial change in circumstances due to either of the following *750 ILCS 5/510*:
____ Client is receiving child and spouse support services under the Public Aid Code and an inconsistency of 20% or more (but no less than \$10.00 per month) exists between the amount of support in an existing order and the amount of support that results from application of the guidelines, and only when at least 36 months have elapsed since the order for support was entered or last modified; or

____ There is a need to provide health care through health insurance for the child(ren) under the order.

2. What circumstances constitute a "substantial change", justifying a modification of the existing order: _____

3. Are there other increased needs of the child(ren): _____

4. What increases in the child(ren)'s living expenses can the client demonstrate: _____
-

5.

6. Does client have a decreased ability to pay: __Yes __No.

If yes, what evidence does client have that the client has a decreased ability to pay: _____

6. Does client have an increased ability to pay: __Yes __No.

If yes, explain: _____

7. Does other party have an increased ability to pay: __Yes __No.

If yes, explain: _____

8. Does the other party have a decreased ability to pay? __Yes __No.

Explain: _____

9. What evidence does the client have that the other party has an increased ability to pay, if any: _____

10. Is there an emancipation issue in this case: Yes No.

Explain: _____

11. Is there a post majority expense issue Yes No. (750 ILCS 5/513)

Explain: _____

12. Has there been any increase or decrease in the financial resources of the child(ren): Yes No. If yes, explain: _____

13. What documents does client have evidencing the substantial change in circumstances, if any:

14. What witnesses should be called to establish the substantial change in circumstances, if any: _____

MISCELLANEOUS

Does client wish to initiate action by letter first, or by filing a petition? (Note: See 750 ILCS 5/510 (a) regarding time to modify support starts upon filing and notice: _____

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

Is client requesting that respondent pay client's attorneys fees and costs: Yes No.
What date will the support obligation terminate (no earlier than the date on which the child covered by the order will attain the age of majority or be otherwise emancipated): _____

Is discovery necessary: Yes No. What discovery is needed? _____

Comments: _____

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. ***