

**DAVIS, FRAWLEY, ANDERSON, MCCAULEY, AYER, FISHER & SMITH, LLC**  
**Attorneys at Law**

**MODIFICATION/ENFORCEMENT QUESTIONNAIRE**

CLIENT: Full Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

**OPPOSING PARTY INFORMATION:**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long in County \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHILDREN:**

1. Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_

4. Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_

Where do/does child(ren) reside? County: \_\_\_\_\_ State \_\_\_\_\_ How long in County? \_\_\_\_\_

With whom do/does the child(ren) live: \_\_\_\_\_

Who presently provides health insurance for the child(ren)? \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Date and State of Marriage: \_\_\_\_\_

Date and State of Divorce: \_\_\_\_\_ County where Divorce granted? \_\_\_\_\_

Date and State of Separation: \_\_\_\_\_

Date of last Order Modification \_\_\_\_\_ Do you have a copy of the last Order? \_\_\_\_\_

Monthly court ordered child support \$ \_\_\_\_\_

Arrearage \$ \_\_\_\_\_

Medical Arrearage \$ \_\_\_\_\_

Does the other party have regular visitation? \_\_\_\_\_ If no, why not? \_\_\_\_\_  
\_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court or the Attorney General's Office?  
If so, please explain fully when, where and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an Attorney General's Case Number? \_\_\_\_\_ If yes, please enter case number \_\_\_\_\_

Have you ever filed Bankruptcy? \_\_\_\_\_ If so, please explain where, when and the disposition.  
\_\_\_\_\_  
\_\_\_\_\_

Is Child Protective Services currently involved, or has CPS(DSS) ever been involved with the child(ren)? \_\_\_\_\_  
If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any one associated with this case been the subject of a: (circle any applicable)

- |  |                                   |
|--|-----------------------------------|
| a) Protective Order                        | g) Welfare                        |
| b) Restraining Order                       | h) Common-Law Marriage            |
| c) Child Protective Services Investigation | i) Termination of Parental Rights |
| d) Mental Health Professional Treatment    | j) Prenuptial Agreement           |
| e) Questionable Paternity Status           | k) Personal Injury Lawsuits       |
| f) Substance Abuse Treatment               |                                   |

If any circled, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ENFORCEMENT:**

What do you want enforced?      Visitation      \_\_\_\_\_  
   Child Support      \_\_\_\_\_  
   Medical      \_\_\_\_\_

Please list to the best of your ability the exact dates you did not receive child support: \_\_\_\_\_  
\_\_\_\_\_

Please list to the best of your ability the exact dates visitation was not exercised: \_\_\_\_\_  
\_\_\_\_\_

Please list to the best of your ability the exact dates you were not reimbursed for medical: \_\_\_\_\_  
\_\_\_\_\_