



Allison Mundy, Attorney at Law

MODIFICATION WORKSHEET

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: _____ Maiden Name: _____

Birth date: _____ State, City and County where born: _____

Social Security number: _____

Driver's license number: _____

2. Where are you currently living?

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Is there a different address you wish to receive mail from this office?

3. Please provide contact information and indicate preference method for contact?

Address: _____

Phone: _____

Fax: _____

Pager: _____

Mobile Phone: _____

Email(s): _____

4. Have you consulted or retained any other attorneys on this matter before coming to this office? _____ If so, please state who and when: _____



5. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street Address: _____

City, state, zip _____

Telephone number: _____

May we call you at work? _____

Gross salary per month or annually? _____

Length of employment: _____

Education: _____

About other parent:

6. Please give their *full* name, date and place of birth, and Social Security number (if known).

Full name: _____ Maiden Name: _____

Birth date: _____ State, City and County where born: _____

Social Security number: _____

Driver's license number: _____

7. Where are the living now, and what is their phone number?

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

8. Please complete the following information concerning their employment.

Employer: _____

Job title: _____

Street Address: _____

City, state, zip _____

Telephone number: _____

Gross salary per month or annually? _____

Length of employment: _____

Education: _____



Pending Proceedings, Other Attorneys, and What Brought You to This Office:

9. Are there any court proceedings currently pending on this matter?_____

10. If so, give name of court, name of judge, date of filing, court docket number, and status of case:

9. Have you consulted or retained any other attorneys on this matter before coming to this office?

10. If so, state who and when:_____

11. Did your spouse or your ex-spouse have any other attorney?

12. If so, who?_____

13. Who referred you to this office?_____

Information about Divorce from Ex-Spouse:

14. Date of divorce:_____

Place of divorce:_____

Court:_____

Name of judge:_____

Name of your previous attorney:_____

Name of your ex-spouse's previous attorney:_____

Have there been any changes in custody, visitation, or support formally or informally?



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If so, please describe (add on back if necessary): _____

Was the order that is under dispute entered by agreement or after a contested trial?

Items You Would Like to Be Modified:

15. Please describe what you would like modified from the previous order:

16. Benefits assigned to attorney general

Have either you or your ex-spouse ever assigned benefits to the Attorney General's Office?

If so, please describe the nature and circumstances of this assignment?



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Information for This Modification Action:

17. Names and ages of children of the marriage: _____

Child's name: _____

Date of birth: _____ Age _____

Child's name: _____

Date of birth: _____ Age _____

Child's name: _____

Date of birth: _____ Age _____

18. Names and ages of other children outside of the marriage:

Child's name: _____

Date of birth: _____ Age _____

Child's name: _____

Date of birth: _____ Age _____

Child's name: _____

Date of birth: _____ Age _____



"Skeletons In the Closet" and Sensitive Topics:

If you have answered these questions in another questionnaire, you need not answer them again.

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE. REMEMBER THAT IF A PROFESSIONAL, INCLUDING YOUR ATTORNEY OR AN EMPLOYEE OF YOUR ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION.21.11 OF THE TEXAS PENAL CODE, THE PROFESSIONAL SHALL MAKE A REPORT TO AN APPROPRIATE AGENCY, AS PREVIOUSLY EXPLAINED TO YOU IN THIS CLIENT QUESTIONNAIRE.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while		



- under the influence of alcohol (drunk driving)? _____
- 11. Engaged in gambling activities (legal or illegal)? _____
- 12. Engaged in other illegal activities? _____
- 13. Attempted suicide? _____
- 14. Been hospitalized for an emotional or psychiatric disorder? _____
- 15. Suffered from or received treatment for an emotional or psychiatric condition? _____
- 16. Abused own spouse? _____
- 17. Been accused of child abuse? _____
- 18. Had a sexual relationship during the marriage with someone other than own spouse? _____
- 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

- 20. Had a homosexual/bisexual relationship? _____
- 21. Had a pregnancy outside of marriage? _____
- 22. Had a sexually transmitted disease? _____



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23. Drunk to excess? _____
If so, what and how often? _____

24. Other? _____

25. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

26. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

28. If so, describe the content: _____

29. Is there any other information you need to share with your attorney to prepare your case
