

EX-SPOUSE:

Full Name: _____

Residence Address: _____

City: _____ **Zip:** _____ **County:** _____

Home Phone: _____ **Office Phone:** _____

Birth date: _____ **State of Birth:** _____

S.S.#: _____ **D.L.#:** _____

Employer: _____

Employer Address: _____

Position or Job Description: _____

PRIOR MARRIAGE AND DIVORCE:

Date of Marriage: _____

Place: _____

Date and Place of Divorce: _____

Court: _____

Name of Previous Attorneys:

Yours: _____

Ex-Spouse: _____

CHILDREN:

Full Name	Sex	Birth Date	Birthplace	Lives With	SS #

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability and current arrangements for care:

Has a modification or enforcement action previously been filed? _____

If you have been served, when were you served? _____

Who is your Ex-Spouse's attorney? _____

Are you requesting modification of:

Custody _____ **Support** _____

Visitation _____ **Other** _____

NAME/ADDRESS & TELEPHONE NUMBER OF NEAREST RELATIVE OR FRIEND WE CAN CONTACT TO REACH IN THE EVENT WE CANNOT REACH YOU:

(Name) Telephone () _____

(Address)

(city) (State) Zip code

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

(DATE)

(SIGNATURE)