

INLAND VALLEY DOC PREP
Your Satisfaction is Our Priority

MODIFICATIONS

****For cases concerning children: please complete Section B and Section D
****For cases concerning property: please complete Section C and Section D

Your Case Number: _____

What court is your case filed in: _____

Section "A"

YOUR INFORMATION

Name _____
Last Name First Middle DOB _____

Address _____
Street City State Zip

S.S.Number: _____ Drivers License _____ State _____

Cell (____) _____ Work (____) _____

- I authorize emails concerning my case
- I authorize a follow up call concerning my consultation

OTHER PARTIES INFORMATION

Name _____
Last Name First Middle DOB _____

Address _____
Street City State Zip

S.S.Number _____ Drivers License _____ State _____

Cell (____) _____ Work (____) _____



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Section "B"

CHILD(REN) INFORMATION

1) Name _____
Last Name First Middle

DOB _____ Gender _____ Place of birth _____

2) Name _____
Last Name First Middle

DOB _____ Gender _____ Place of birth _____

3) Name _____
Last Name First Middle

DOB _____ Gender _____ Place of birth _____

Where has the child(ren) lived for the past 5 years (start with the most recent address):

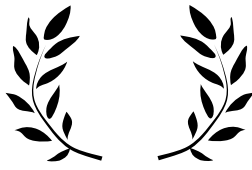
From _____ To _____ With Who?: _____
Address

From _____ To _____ With Who?: _____
Address

From _____ To _____ With Who?: _____
Address

VISITATION SCHEDULE

What is the CURRENT visitation schedule?



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What would you like for visitation to be MODIFIED to?

CUSTODY

Please indicate the type of custody you are asking for. Here is a brief description of Legal vs. Physical custody:
“Legal Custody” gives a parent the right to make long-term decisions about the raising of a child, and key aspects of the child’s welfare; including the child’s education, medical care, dental care, and religious instruction.
“Physical Custody” refers to where the child(ren) live on a regular basis. It can be shared by both parents or granted to just one.

	Full Physical	Joint Physical	Full Legal	Joint Legal
Child #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACTS OF THE CASE

Did you have a fee waiver for this case previously? YES / NO

Do you receive any type of public assistance (medi-cal, food stamps, SSI etc...)? YES / NO

Section “C”

Property

Please list all community property you would like to be addressed in this Modification, and HOW you would like it to be Modified:

1) Item & Value:

2) Item & Value:

3) Item & Value:

4) Item & Value:

5) Item & Value:



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Section "D"

FINANCIAL STATEMENT

- a. Place of Employment: _____ Job Title: _____
Address of Employment _____
- b. Date Employment Started _____ If unemployed, date job ended _____
- c. Average hours worked per week _____ Hourly wage _____
- d. Have You completed high school or the equivalent: Yes No
- e. Number of years of college completed _____
- f. Do you have a: Professional / Occupational License(s): Specify _____
 Vocational Training : Specify _____
- g. Last year you filed your taxes _____
- h. What did you claim: Single head of household
 married, filing separately married, filing joint with: _____
- i. How many exemptions (including yourself) do you claim _____
- j. **Other Party's Income:** What do you estimate the gross monthly income is for the other party?

What do you base your estimate on? _____



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HOUSEHOLD EXPENSES

1. <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$ _____	8. Laundry/Cleaning	\$ _____
2. Health-care costs not paid by insurance	\$ _____	9. Clothes	\$ _____
3. Child Care	\$ _____	10. Education	\$ _____
4. Groceries and household supplies	\$ _____	11. Entertainment	\$ _____
5. Eating out	\$ _____	12. Auto expenses	\$ _____
6. Utilities (gas, electric, water, trash)	\$ _____	13. Other _____	\$ _____
7. Telephone, cell phone & internet	\$ _____		

Credit cards not listed above:

<i>Paid to</i>	<i>For</i>	<i>Amount</i>	<i>Balance</i>	<i>Last Payment</i>

Is there ANY other information that is not asked in this intake that may affect the custody or visitation orders you are requesting? If so, please explain.

Date: _____

Please Print Your Name.

Please Sign