



Civil | Eviction | Probate | Family Law | Real Estate

## ***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 it:** \_\_\_\_\_

## **Section "A"**

### **YOUR INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last Name First Middle

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 \_\_\_\_\_ DOB \_\_\_\_\_  
Last Name First Middle

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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## MODIFICATIONS

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:



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**MODIFICATIONS**

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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**MODIFICATIONS**

**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><b>Paid to</b></i>	<i><b>For</b></i>	<i><b>Amount</b></i>	<i><b>Balance</b></i>	<i><b>Last Payment</b></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.


**I, the undersigned, declare the following:**

It has been disclosed to the Customer that Inland Valley Doc Prep is owned and operated by document preparers that are prohibited by law from giving legal advice. The Customer acknowledges that the Preparer is prohibited by law from giving legal advice and shall hold Preparer harmless of the outcome of court rulings, hearings, and any motions filed against the Customer. The Customer understands that he or she is responsible for his or her legal decisions and declarations made by Preparer which is incorporated in the documents prepared by this Preparer. The Customer also acknowledges that Inland Valley Doc Prep does not represent Customer and that Customer must appear for himself/herself in all Court proceedings and hearings. The Client must take responsibility for Customer's actions and arguments. Inland Valley Doc Prep is responsible for meeting the proper statutes in relations to preparation of Customer's paperwork and pleadings, including formatting the documents properly.

☐ By checking this box and signing below, I agree with the above declaration.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Please Print Your Name.**

\_\_\_\_\_  
**Please Sign**