



809 W. 1ST STREET, SUITE B, CEDAR FALLS, IA 50613 • PHONE: 319.260.2096

WEB: WWW.SAILERLAW.COM

CUSTODY MODIFICATION INTAKE

DATE OF CONSULTATION _____

HOW DID YOU HEAR ABOUT US? _____

YOUR GENERAL INFORMATION

FULL LEGAL NAME: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ STATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____

HAVE YOU BEEN A RESIDENT OF THIS STATE FOR AT LEAST ONE YEAR? IF NO, PLEASE EXPLAIN.

___ YES ___ No, _____

EDUCATION

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? ___ YES ___ NO

IF SO, WHAT YEAR DID YOU GRADUATE? _____

DID YOU RECEIVE A COLLEGE DEGREE? ___ YES ___ NO

IF SO, WHERE DID YOU ATTEND? _____

IF SO, WHAT YEAR DID YOU GRADUATE? _____

IF SO, WHAT COURSE OF STUDY? _____

SPECIAL TRAINING (EXPLAIN): _____

YOUR EMPLOYMENT INFORMATION

NAME OF YOUR EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER PHONE: _____

PRESENT POSITION: _____ HOW LONG? _____

CURRENT GROSS SALARY OR HOURLY RATE: _____

HOW OFTEN ARE YOU PAID? ___ YEARLY ___ MONTHLY ___ BIWEEKLY ___ WEEKLY

HOURS OF EMPLOYMENT: _____

DO YOU PAY UNION DUES? ___ YES. IF YES, \$ _____ AMOUNT ___ NO

IF YOU HAVE BEEN IN YOUR CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PARTY'S GENERAL INFORMATION

FULL LEGAL NAME: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

OTHER PARTY'S ATTORNEY (IF KNOWN): _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ STATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____

HAS THE OTHER PARTY BEEN A RESIDENT OF THIS STATE FOR AT LEAST ONE YEAR? IF NO, PLEASE EXPLAIN.

YES No, _____

EDUCATION

DID THE OTHER PARTY RECEIVE A HIGH SCHOOL DIPLOMA? YES NO

IF SO, WHAT YEAR DID YOU GRADUATE? _____

DID THE OTHER PARTY RECEIVE A COLLEGE DEGREE? YES NO

IF SO, WHERE DID THEY ATTEND? _____

IF SO, WHAT YEAR DID THEY GRADUATE? _____

IF SO, WHAT COURSE OF STUDY? _____

SPECIAL TRAINING (EXPLAIN): _____

WILL THE OTHER PARTY COME IN TO PICK UP PAPERS? YES NO

IF NO, WHERE CAN WE SERVE PAPERS TO HIM/HER? _____

OTHER PARTY'S EMPLOYMENT INFORMATION

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER PHONE: _____

PRESENT POSITION: _____ HOW LONG? _____

CURRENT GROSS SALARY OR HOURLY RATE: _____

HOW OFTEN PAID? YEARLY MONTHLY BIWEEKLY WEEKLY

HOURS OF EMPLOYMENT: _____

DOES THE OTHER PARTY PAY UNION DUES? YES NO AMOUNT _____

IF THE OTHER PARTY HAS BEEN IN HIS/HER CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS, IF KNOWN:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
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CHILDREN

CHILDREN BETWEEN YOU AND THE OTHER PARTY

FULL NAMES, BIRTH DATES AND SOCIAL SECURITY NUMBERS OF CHILDREN BORN BETWEEN YOU AND THE OTHER PARTY.

NAME	DOB	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD CUSTODY

PLEASE PROVIDE A COPY OF THE ORDER OR DECREE SETTING FORTH THE CUSTODY ARRANGEMENT.

WHAT IS THE ORDERED CUSTODY ARRANGEMENT/VISITATION?

IS THIS ARRANGEMENT BEING FOLLOWED? ___Yes ___No

IF NO, PLEASE EXPLAIN HOW LONG THE ARRANGEMENT HAS NOT BEEN FOLLOWED AND WHAT ARRANGEMENT IS CURRENTLY IN PLACE.

CHILD SUPPORT & HEALTH INSURANCE

IS THERE A CURRENT CHILD SUPPORT ORDER FOR THE CHILD(REN)? ___Yes ___No

IF YES, PLEASE PROVIDE CHILD SUPPORT RECOVERY UNIT CASE NUMBER AND/OR DISTRICT COURT CASE NUMBER.

IF YES, PLEASE STATE THE AMOUNT OF SUPPORT RECEIVED/ORDERED _____

WHO CARRIES HEALTH INSURANCE FOR THE CHILD(REN)? ___ME ___ OTHER PARTY

AMOUNT PAID PER MONTH FOR HEALTH INSURANCE _____

HAVE YOU OR THE OTHER PARTY CHANGED JOBS SINCE ENTRY OF THE ORIGINAL ORDER? ___YES ___NO

IF YES, PLEASE EXPLAIN. _____

MODIFICATION REQUEST

WHAT CHANGE OR CHANGES HAVE TAKEN PLACE SINCE ENTRY OF THE INITIAL ORDER THAT IS CAUSING YOU TO SEEK MODIFICATION?

WHAT WOULD YOU LIKE THE PHYSICAL CARE SCHEDULE TO LOOK LIKE?

WHAT WOULD YOU LIKE TO SEE THE HOLIDAY SCHEDULE LOOK LIKE? PLEASE INDICATE WHICH PARTY WOULD HAVE THE CHILD(REN) ON EVEN AND ODD NUMBERED YEARS.

HOLIDAY	TIME	ODD YEARS	EVEN YEARS
EASTER			
MOTHER'S DAY			
MEMORIAL DAY			
FATHER'S DAY			
JULY 4TH			

LABOR DAY			
THANKSGIVING DAY			
CHRISTMAS EVE			
CHRISTMAS			
NEW YEAR'S EVE			
NEW YEAR'S DAY			

OTHER INFORMATION

DOMESTIC ABUSE

HAS THERE BEEN DOMESTIC ABUSE AT ANY TIME DURING YOUR RELATIONSHIP? PHYSICAL? EMOTIONAL? BOTH? PLEASE DESCRIBE.

HEALTH INFORMATION

ARE THERE ANY EXCEPTIONAL PHYSICAL OR MENTAL HEALTH NEEDS OF ANY OF THE PARTIES? IF SO, PLEASE EXPLAIN.

SELF: _____

OTHER PARTY: _____
