



# Modification Worksheet

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OFFICE USE ONLY  
Retainer: \_\_\_\_\_  
Costs: \_\_\_\_\_  
Type of Case: \_\_\_\_\_

## Personal Information - Client

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Former Legal Names: \_\_\_\_\_ Race \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

O.K. to call you at home? Yes  No  O.K. to call you at work? Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: *(if different than above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Do you want your mail addressed "Personal and Confidential"? Yes  No

How long have you lived in Oregon? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number **ODL** \_\_\_\_\_

Educational Background *(highest grade completed)* \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Length of Employment \_\_\_\_\_

Hours per Week \_\_\_\_\_ Gross Wage \_\_\_\_\_ Hourly Wage  Monthly

Net \_\_\_\_\_ Other Sources of Income \_\_\_\_\_ Amount \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

**Personal Information – Other Parent**

Name: \_\_\_\_\_

Former Legal Names: \_\_\_\_\_ Race: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Attorney \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

How long has he/she lived in Oregon or other state? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Educational Background (*highest grade completed*) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Hours per Week \_\_\_\_\_ Gross Wage \_\_\_\_\_ Hourly Wage  Monthly

Net \_\_\_\_\_ Other Sources of Income \_\_\_\_\_ Amount \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

**Children**

**Please give the full name, age and date of birth of each child for whom you are seeking a custody/paternity determination:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Has paternity been legally established for this child/these children? Yes  No

Explanation (*if any*):

\_\_\_\_\_  
\_\_\_\_\_

Where have the children lived over the past five years and with whom?

Dates

Addresses

Lived With

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Please list your children's Social Security number(s):

Child's Name

Social Security Number

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Are you now pregnant?      Yes     No

Is there currently a custody/parenting time order in place?      Yes     No

If yes, please give details: \_\_\_\_\_

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What was the current custody/parenting time order ever modified previously? When? Please provide details:

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To modify custody, the court requires a substantial change in circumstances in a parent's capacity to parent. Please describe if there has been such a change, and what the change is:

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Please give the full name, date of birth and age of any other children now living with you:

Full Name

Age

Date of Birth

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**Child Custody**

Who now has physical custody of the child(ren)? \_\_\_\_\_

Are you seeking custody of the child(ren)?      Yes     No

Are any of the children adopted?      Yes     No

Are you now pregnant?      Yes     No

Are there any restraining orders or any other type of custody action currently in effect or pending, including in another state?  
Yes     No

If yes, explain: \_\_\_\_\_

If not seeking custody, do you want visitation?      Yes     No

If yes, please describe, in detail, the visitation schedule desired. Attach additional sheets, if necessary.

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**Child Support**

Are you paying child support?      Yes     No       If so, amount \$ \_\_\_\_\_

Are you receiving child support?      Yes     No       If so, amount \$ \_\_\_\_\_

Have there been any administrative support actions in the past?      Yes     No

If yes, please explain: \_\_\_\_\_

Are you receiving any form of public assistance?      Yes     No

If yes, please explain what form: \_\_\_\_\_

Other than children, do you have any dependents? Yes  No

If so, please list your dependents: \_\_\_\_\_

**Will one of the parties be paying for health insurance for the children?**

Yes  No  If so, which party? Father  Mother

**Who will pay uninsured medical expenses for the children?**

Each payment will pay 1/2  Father will pay all  Mother will pay all

**Health of Parties**

Is there anything we should know about the mental or physical health of any party to this action? Yes  No

If yes, please explain: \_\_\_\_\_

Do any of your children have exceptional health or dental needs? Yes  No

If yes, please explain: \_\_\_\_\_

Does any child have any special educational needs or problems? Yes  No

If yes, please explain: \_\_\_\_\_

**Spousal Support**

Are you paying spousal support? Yes  No  If so, amount \$ \_\_\_\_\_

Are you receiving spousal support? Yes  No  If so, amount \$ \_\_\_\_\_

What was the current spousal support order ever modified previously? When? Please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To modify spousal support, the court requires an unanticipated change in economic circumstances. Do you believe there has been such a change, and if so, what the change is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Description of Other Parent:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_  
Hair Color \_\_\_\_\_ Facial Hair \_\_\_\_\_ Glasses \_\_\_\_\_  
Marks, Tattoos \_\_\_\_\_

Does the other parent have an attorney? Yes  No

If yes, please provide Name of Attorney: \_\_\_\_\_

**The other parent may have to be personally served with papers. At what address should he/she be served?**

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

When is the best time to serve him/her at that address? \_\_\_\_\_ A.M.  P.M.

Are you or the other parent now in the U.S. Armed Forces? Yes  No

**Please let us know how you were referred to this office.**

- Individual referral (*please give name*) \_\_\_\_\_
- Telephone book/Yellow Pages
- Internet Search
- Other \_\_\_\_\_