

**\*\* CHILD CUSTODY MODIFICATION \*\***

**Fill yellow area – attorney will do the rest at your appointment**

**Type of Case:**

- NEW CIVIL CASE
- FINISH EXISTING CIVIL CASE
- MODIFICATION OF CUSTODY

Explain in this space what type of case you have if child custody.

**SECTION 1**

**Child custody Statistics:** Date of Previous order or Divorce Decrees for child custody: \_\_\_\_\_

No. of current minor children born out of the relationship/marriage:  None  \_\_\_\_ Children

**Is this an Agreed custody arrangement?**

- Yes -The other party and I have or expect to agree to the terms and conditions for our child(ren)
- No – The other party and I do not have an agreement and the proceeding may be contested

**SECTION 2 – Complete for all cases**

<b>CLIENT GENERAL INFORMATION:</b> Name: _____ Address: _____ _____ Length of current County of residency: _____ Length of AL State residency: 6 months or more? Y or N Home Phone: _____ Email: _____ Are the address &/or ph # confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OPPOSING PARTY INFORMATION:</b> Name: _____ Address: _____ _____ Length of current County of residency: _____ Length of AL State residency: 6 months or more? Y or N Home Phone: _____ Email: _____
<b>CLIENT PERSONAL INFORMATION</b> DOB: _____ Age: _____ SSN: _____ ADL# _____ Are you currently in the military? Yes No	<b>OPPOSING PARTY INFORMATION</b> DOB: _____ Age: _____ SSN: _____ ADL # _____ Is he/she currently in the military? Yes No
<b>CLIENT EMPLOYMENT INFORMATION</b> Name & address of your employer: _____ _____ Work phone: _____ Occupation: _____ Hire Date: _____ Last Date Worked: _____ GROSS Monthly Earnings: \$ _____ Other income receive (Circle all applicable) <b>AID:</b> AFDC, SSI, SSA, TANF, SNAP, Disability,	<b>SPOUSE EMPLOYMENT INFORMATION</b> Name & address of your Spouse's employer: _____ _____ Work phone: _____ Occupation: _____ If not working, last date worked: _____ Gross Income \$ _____ Other income receive (Circle all applicable)

Pension, VA Compensation, Workers Comp., Retirement, Unemployment.  
 Total Monthly amount received-\$ \_\_\_\_\_  
 Highest year of education: \_\_\_\_\_

**AID:** AFDC, SSI, SSA, TANF, SNAP, Disability, Pension, VA Compensation, Workers Comp., Retirement, Unemployment.  
 Total Monthly amount received -\$ \_\_\_\_\_  
 Highest year of education: \_\_\_\_\_

**List all persons living in your home and their income:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 3** – Complete this section only if you have minor children for this case.

**CUSTODY ISSUES: (Decide how you wish to split custody of your minor children with the other party.)**

**Legal** (legal decisions)     Plaintiff     Defendant     Joint     Other \_\_\_\_\_

NOTE: Legal custody –“Sole” (one) or “Joint” (both) parents have the right and responsibility to make decisions relating to the child’s health, education and welfare.

**Physical** (residence)     Plaintiff     Defendant     Joint     Other \_\_\_\_\_

NOTE: Physical custody –“Sole” - child will live with and be under the supervision of one parent, subject to the power of the court to order visitation for the other parent. A parent with “Sole Physical” may have an advantage when it comes to moving away over the objection of the other parent. “Joint” means both parents will have significant periods of physical custody arranged to assure the child has frequent and continuing contact with both parents and need not be 50/50 or even

**Primary Caretaker**     Plaintiff     Defendant     Joint     Other \_\_\_\_\_

NOTE: Primary caretaker is often used instead of using the term “Sole Physical Custody” as it has a similar legal meaning but doesn’t have the harsh implication that only one parent has the child. The other parent can think of himself/herself as having less time rather than no custody.

**LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS:**

From -To	Person’s Name	Address	Lived w/
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

• **Have you participated as a “party” or a “witness,” or in some other capacity in another litigation or custody action in AL or elsewhere, about custody of a child in this legal action?**     No     Yes

If yes, Name of child: \_\_\_\_\_

Capacity of declaring person:  party     witness     other \_\_\_\_\_

Court name, location: \_\_\_\_\_ Case No. \_\_\_\_\_. Court judgment date: \_\_\_\_\_

• **Do you have information about a custody action pending in AL or any other court about a child in this legal action, other than the above?**  No  Yes

If yes, Name of child: \_\_\_\_\_

Kind of proceeding:  Legal Separation  guardianship  adoption  other: \_\_\_\_\_ Case # \_\_\_\_\_

Court name, location: \_\_\_\_\_ Status \_\_\_\_\_

• **Do you know of any person who is NOT a party to this legal action who has physical custody, claims to have custody of or visitation rights with any child of this legal action?**  No  Yes

If yes, Name/address of person who has  physical custody  claims custody rights  claims visitation rights of child:

#1. \_\_\_\_\_

#2. \_\_\_\_\_

**VISITATION TERMS:** (Which times, days, weeks, weekends, holidays, other such times as agreed between the parties. Be specific.) (\*If no visitation to the other party, explain in detail as to why and be prepared to submit valid written documentation. If you want the other party to have Supervised Visitation, explain in detail as to why and be prepared to submit valid written documentation.)

Visitation to  Petitioner  Respondent  Joint  None (provide explanation below)

Check here if visitation is to be open and unspecified

**CHILDREN'S HEALTH INSURANCE:**

Medical insurance for minor children, if any, is provided:  Wife's  Husband's employer  Other

Name & address of the insurance company \_\_\_\_\_  
Policy No. \_\_\_\_\_

Dental insurance for minor children, if any, is provided:  Wife's  Husband's employer  Other

Name & address of the insurance company \_\_\_\_\_  
Policy No. \_\_\_\_\_

If you do NOT receive State aid, do you want your spouse to share the medical/dental costs of the minor(s)?

Yes  No What percentage?  50/50  Other \_\_\_\_\_

Do you have extraordinary health care expenses or unusual health care costs?  Yes  No

How much: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**TRANSPORTATION COSTS:**

Do you want your spouse to share 50% of transportation costs between visitation/custody periods?  Yes  No

**CHILD/FAMILY/SUPPORT:**

Are there any existing orders in other proceedings regarding child support?  Yes  No

If yes, please explain terms of order: \_\_\_\_\_

If there have been no previous orders:

1. Do you want child support?  Yes  No

Support is to be based upon:  Guideline Support  Agreed amount \$ \_\_\_\_\_

Children living with: Father \_\_\_\_\_% Mother \_\_\_\_\_% Other \_\_\_\_\_%

Which county? \_\_\_\_\_  Pmt once per mo.  Twice per mo.

2. Do you want family support (combined child/spousal support) ?  Yes  No  
 Support is to be based upon:  Guideline Support  Agreed amount \$ \_\_\_\_\_  
 Children living with: Father \_\_\_\_\_% Mother \_\_\_\_\_% Other \_\_\_\_\_%  
 Which county? \_\_\_\_\_  Pmt once per mo.  Twice per mo.

**SECTION 4 – MISCELLANEOUS**

**TAXES:\*\***

1. Do you file:  Single  Head of Household  Married, Jointly  Married, Separate
2. Did you file income tax return jointly for this year?  Yes  No
3. Will there be a refund ?  Yes  No Who is entitled to the refund? \_\_\_\_\_
4. Who will claim child tax credit: child 1. \_\_\_\_\_ child 2: \_\_\_\_\_ child 3: \_\_\_\_\_

*\*\* If in doubt, please contact a tax specialist to answer any questions you may have.*

**• SERVICE ON OTHER PARTIES:**

How do you want the other party served?

- Notice of Acknowledgment of Receipt (spouse voluntarily accepts service by signature)
- Registered Process Server
- Sheriff
- Friend or Relative (18 years or older and a U.S. Citizen)
- Publication (This service warrants addition paperwork and additional fees would apply)
- Describe ALL efforts made to locate the other party or potential heirs. Describe why you think publication is necessary rather than personal service? Example: Relatives, friends, work, DMV, police, elections office, internet, private investigator, etc.) \_\_\_\_\_

**ADDITIONAL INFORMATION OR COMMENTS:**

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**ACKNOWLEDGMENT AND AUTHORIZATION**

I understand that the Legal Document Assistant preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature