

# POST JUDGMENT MODIFICATION QUESTIONNAIRE

Today's Date \_\_\_\_\_ Conflict Checked: \_\_\_\_\_

How did you hear about **HUNTER LAW**? \_\_\_\_\_

We realize that you may be coming to this office for the sole purpose of obtaining information at this time. However, even if you are only seeking a consultation, I need certain information in order to adequately advise you. The questions below are designed to elicit the information we require in an orderly manner. None of this information will leave our office. Your cooperation is appreciated.

Please be advised that the presence of third parties not associated with the Hunter Law during your consultation or any future appointments destroys the attorney/client privilege and if subpoenaed, this person may be compelled to testify as to what was said during your consultation or future appointments. \_\_\_\_\_ Client Initials

The consultation fee will be collected prior to your appointment today. All Quotes for Attorney's Fees regarding your Case may be subject to adjustment and reevaluation of your case if you retain Hunter Law for Representation at a later date following your initial or subsequent consultations \_\_\_\_\_ Client Initials

## INFORMATION ABOUT YOU

Full Legal Name: \_\_\_\_\_  
(As it appears on your Driver's Licence)

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we contact you at home?  May we contact you via E-mail?

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you been with the company? \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Do you Receive Bonuses/Commissions? \_\_\_\_\_

List any other sources of Income: \_\_\_\_\_  
\_\_\_\_\_

Have you ever gone by any other name? \_\_\_\_\_

Name(s) of your previous Attorney(s) \_\_\_\_\_

Have you been served with papers?  Yes  No If Yes, when? \_\_\_\_\_

## INFORMATION ABOUT THE OPPOSING PARTY

Name: \_\_\_\_\_  
(As it appears on his/her Driver's Licence)

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_ How long with the company? \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

How often is he/she paid? \_\_\_\_\_ Does he/she Receive Bonuses/Commissions? \_\_\_\_\_

List any other sources of Income: \_\_\_\_\_  
\_\_\_\_\_

If unemployed, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Is he/she in good health? \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever gone by any other name? \_\_\_\_\_

Name(s) of his/her Attorney(s) \_\_\_\_\_

**Where is the best place to serve opposing party: (check one)**

Above listed home address \_\_\_\_\_ Workplace address \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Does he/she have any distinguishing features, marks, tattoos, etc.? \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT THE FINAL JUDGMENT**

When was your Final Judgment entered by the Court? \_\_\_\_\_

Where was your Final Judgment entered (state & county) \_\_\_\_\_

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

What are you/opposing party seeking to modify within your Final Judgment?

(Check all that Apply)\*\*

Timesharing  Child Support  Alimony

**\*\*PLEASE NOTE THAT FLORIDA LAW DOES NOT ALLOW THE MODIFICATION OF PROPERTY SETTLEMENT AGREEMENTS (EQUITABLE DISTRIBUTION).**

**MINOR CHILDREN**

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Place of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list below the addresses at which the child(ren) have resided for the past five years, including the dates of residence at each address and the names of the people with whom the children resided:

<u>Date</u>	<u>Address</u>	<u>With Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Since the Final Judgment, has any child listed above been involved in custody proceedings involving Juvenile Dependency Court or other court intervention? \_\_\_\_\_ If Yes, When? \_\_\_\_\_  
If Yes, Please Explain \_\_\_\_\_

Do any of the child(ren) have any mental, emotional, physical or other health problems? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

**CHILD SUPPORT MODIFICATION**

(If applicable)

What is the monthly amount of Child Support that has been Ordered? \_\_\_\_\_

Is the Child Support current?  Yes  No

What is the current amount owed? \_\_\_\_\_

Who covers the child(ren)'s health insurance? \_\_\_\_\_ What is the total cost per Month? \_\_\_\_\_

What would be the individual monthly cost for your personal Health Insurance as a Single Person with no dependents? \_\_\_\_\_ and Opposing Party with no Dependents? \_\_\_\_\_

What would be the additional monthly cost for Health Insurance to you or opposing Party to add just the child(ren) to the personal health insurance plan listed immediately above (total cost for Family Coverage)? \_\_\_\_\_

Are the child(ren) in day care? \_\_\_\_\_ If so, how much per month? \$ \_\_\_\_\_

**ATTORNEY NOTES**

1. PRICE QUOTED CONTESTED:
  
2. COST DEPOSIT FOR CONTESTED:
  
3. PRICE QUOTED UNCONTESTED:
  
4. FILING FEES UNCONTESTED: