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RETAINER DATA - MODIFICATION - CHILD SUPPORT SPOUSAL MAINTENANCE
PLEASE PRINT LEGIBLY AND IN BLACK INK

FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III

DATE: _____

CLIENT

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

OPPOSING EX-SPOUSE OR PARENT

Full Name _____
Street Address _____
PO Box Address _____
City, State ZIP _____
Date of Birth _____
Social Security _____
DL No. _____
DL State Issued _____
DL Expiration Date _____
Phone - Home _____
Phone - Cell _____
Phone - Message _____
Phone - Work _____
Phone - Fax _____
Email Address _____
Employer Name _____
Employer Street _____
Employer PO Box _____
Employer City, State _____
Title - Job Description _____

1ST CHILD Male Female

Full Name _____
Birth Date _____
Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

2ND CHILD Male Female

Full Name _____
Birth Date _____
Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

3RD CHILD Male Female

Full Name _____
Birth Date _____
Social Security _____

RESIDENTIAL PARENT TO DATE

Father Mother Other

Charge Card: _____ Account No. _____ Expiration Date: _____

CLIENT'S CURRENT SPOUSE

n/a - NOT CURRENTLY MARRIED

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____

OPPOSING EX-SPOUSE / PARENT'S CURRENT SPOUSE

n/a - NOT CURRENTLY MARRIED

Full Name _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Date of Birth _____

Social Security _____

DL No. _____

DL State Issued _____

DL Expiration Date _____

Phone - Home _____

Phone - Cell _____

Phone - Message _____

Phone - Work _____

Phone - Fax _____

Email Address _____

Employer Name _____

Employer Street _____

Employer PO Box _____

Employer City, State _____

Title - Job Description _____

COURT CASE

Opposing Counsel
Law Firm: _____

Attorney Name _____

Atty Registration No. _____

Address _____

PO Box No. _____

City State Zip _____

Phone (_____) _____

Cell (_____) _____

Fax (_____) _____

Email _____

There has been a significant change in circumstance which is continuing in nature and should cause at least a 10% change in child support Yes No

Obligor - person ordered to pay support
 client opposing ex-spouse / parent

COURT CASE

Existing Support Order Court Case

Court Division _____

Courtroom No. _____

Floor _____

County El Paso Teller _____

Client Status: Petitioner Respondent

Type of Support: Child Support Spousal Maintenance

Support Order Date _____

Amount Ordered \$_____

First Due Date _____

Periodic Due Dates 1st 15th Last _____

Intervals Due
 monthly weekly bi-weekly semi-monthly

Last support paid \$_____ Date _____

No Months Delinquent _____ Approx Amt Past Due \$_____

No Prior Income Assignments _____ Anticipated Procedure
 Income Assignment Garnishment Contempt

EXISTING GUARDIAN AD LITEM n/a

Law Firm: _____
Attorney Name _____
Atty Registration No. _____
Address _____
PO Box No. _____
City State Zip _____
Phone (_____) _____
Cell (_____) _____
Fax (_____) _____
Email _____

FINANCIAL INFORMATION

Real Property Parcel 1 Client & Spouse Opposition

Street Address _____

Legal Description _____

Real Property Parcel 2 Client & Spouse Opposition

Street Address _____

Legal Description _____

FINANCIAL INFORMATION

Client & Current Spouse Motor Vehicles

Year _____ Make _____ Model _____
VIN _____

Year _____ Make _____ Model _____
VIN _____

Year _____ Make _____ Model _____
VIN _____

Opposition Ex Spouse / Parent Motor Vehicles

Year _____ Make _____ Model _____
VIN _____

Year _____ Make _____ Model _____
VIN _____

Year _____ Make _____ Model _____
VIN _____