



Civic Center Building, Third Floor
1700 Hudson Street
PO Box 1549
Longview, WA 98632

Phone: (360) 423-5220
Fax: (360) 423-1478
Website: www.walstead.com

MODIFICATION WORKSHEET
CLIENT'S STATISTICS

Date _____

Full Legal Name _____ Soc. Sec. No. _____

Home address _____

City, State, Zip _____ Inside city limits? Yes No

Home phone (____) _____ Cell (____) _____ Work (____) _____

Maiden name _____ Driver's license no. _____ Race _____

Height _____ Weight _____ Eye color _____ Hair color _____

Birth date _____ State of birth _____ Age _____

How long have you lived in Washington _____ Mother's maiden name _____

Education and training _____

STATE ASSISTANCE

Are you receiving State Assistance (AFDC; TANF; medical assistance, etc.)? Yes No

Is former spouse receiving State Assistance (AFDC; TANF; medical assistance, etc.)? Yes No

MILITARY

Are you currently in the military? Yes No Is former spouse in the military? Yes No

CHILDREN FROM A PRIOR MARRIAGE/RELATIONSHIP

If you have biological and/or adopted children from a prior or subsequent marriage/relationship, list:

Their name(s)	Birth date	With whom are they residing and under what authority?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support paid/received per month, per child \$ _____

FORMER SPOUSE'S STATISTICS

Full Legal Name _____ Soc. Sec. No. _____

Home address _____

City, State, Zip _____ Inside city limits? *Y e s*

No

Home phone (____) _____ Cell (____) _____ Work (____) _____

Maiden name _____ Driver's license no. _____ Race _____

Height _____ Weight _____ Eye color _____ Hair color _____

Birth date _____ State of birth _____ Age _____

How long has he/she lived in Washington _____ Mother's maiden name _____

Education and training _____

Employer's name _____ Phone _____

Employer's address _____

Job title _____ Length of employment _____

(attach a copy of former spouse's most recent payroll statement, if you have access to it)

If former spouse has biological or adopted children from a prior or subsequent marriage/relationship, list:

Their name(s)	Birth date	With whom are they residing and under what authority?
---------------	------------	---

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support paid/received per month, per child \$ _____

DEPENDENT CHILDREN

You and former spouse are **both** the parents of the following dependent child(ren):

Full legal name	Birth date	Race	Social Security No.	Present address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DURING THE LAST FIVE YEARS, THE CHILD(REN) HAVE LIVED (Choose one)

In no place other than the state of Washington and with no person other than my former spouse or myself

In the following places with the following persons. List each place the child(ren) lived, including the state of Washington, the dates the child(ren) lived there and the names and present addresses of the persons with whom the child(ren) lived:

Child's name	City/State they lived in	Dates they lived there	Person's name and current address they lived with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLAIMS TO CUSTODY OR VISITATION (Choose one)

I do not know of any person other than my former spouse who has physical custody of, or claims to have custody or visitation rights to, the child(ren)

The following persons have physical custody of, or claim to have custody or visitation rights to, the child(ren) (do not list former spouse) _____

INVOLVEMENT IN ANY OTHER PROCEEDING CONCERNING THE CHILD(REN) (Choose one)

I have not been involved in any other proceeding regarding the child(ren)

I have been involved in the following proceeding(s) regarding the child(ren):

Name of Court (include County & State)	Case number	Date of Judgment or Order
_____	_____	_____
_____	_____	_____

OTHER LEGAL PROCEEDINGS CONCERNING THE CHILD(REN) (Choose one)

___ I have not participated in or am not aware of any other legal proceedings concerning the child(ren), including any paternity, dependency or custody proceedings

___ I have participated in or am aware of the following legal proceedings which concern the child(ren) :

Child's name	Name of Court (include County & State)	Case number
_____	_____	_____
_____	_____	_____

OTHER

1. Attorney fees

Are you asking former spouse to contribute toward your attorney fees/court costs? Yes No

If yes, what amount? \$ _____

2. Health / Medical / Hospital / Dental insurance

Company _____

Policy no. _____ Premium: \$ _____ monthly/annually

Coverage _____

Is this through employment? Yes No Whose? _____

Do you want former spouse to maintain the child(ren) on his/her medical insurance? Yes No

3. Tax exemptions

Do you want an award of tax exemptions? Yes No

Who father receives _____

Who mother receives _____

4. Daycare expenses

Do you want former spouse to be ordered to pay daycare expense? Yes No

5. Long distance transportation expenses

Do you want former spouse to be ordered to pay long distance transportation expenses? Yes No

6. Post-secondary education expenses

Do you want former spouse to be ordered to pay post-secondary education expenses? Yes No

7. Other educational expenses

Other educational expenses former spouse should be ordered to pay: _____

8. Other: _____

DISCLAIMER

The information presented on this form is not intended to be legal advice regarding your specific situation and is not intended to replace the work or advice of an attorney. Accessing this form through the WALSTEAD MERTSCHING PS website (www.walstead.com) does not create either an expressed or implied attorney-client relationship. Any disclosure of confidential information is not protected and may be detrimental to you if we already have an existing attorney-client relationship with a party who may be adverse to you. By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.