



Ireland & Ireland PC  
 P.O Box 273  
 Banks, Oregon 97106  
 P: (503)-324-1500  
 F: (503)-324-0720  
 Info@IrelandPC.com

Today's Date: \_\_\_\_\_

### Confidential Modification Information Form

This information is designed to keep us informed and alert us to any specific information that may need attention, and allows us to provide information that is required by the court in various filings.

Please fill out this form as accurately and completely as possible. By providing us with complete information, you are saving time and money and avoiding any unnecessary questioning or discovery to locate it in the future.

#### Personal Information - Client:

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

Maiden Name: \_\_\_\_\_ Former Legal Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Method(s) of Contact: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of birth: \_\_\_\_\_

Please list any ongoing health conditions: \_\_\_\_\_

SSN: \_\_\_\_\_ Divers' License State/Number: \_\_\_\_\_

Highest Grade of Education Completed: \_\_\_\_\_ Are you currently employed?  Yes  No

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

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_  Hourly Wage  Monthly Wage

Gross Income: \_\_\_\_\_ Net Income: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Any other sources of income?  Yes  No

If yes, please describe: \_\_\_\_\_

**Other Parent:**

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

Maiden Name: \_\_\_\_\_ Former Legal Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Method(s) of Contact: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of birth: \_\_\_\_\_

Please list any ongoing health conditions: \_\_\_\_\_

SSN: \_\_\_\_\_ Divers' License State/Number: \_\_\_\_\_

Highest Grade of Education Completed: \_\_\_\_\_ Is this person currently employed?  Yes  No

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

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_  Hourly Wage  Monthly Wage

Gross Income: \_\_\_\_\_ Net Income: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Does this person have legal representation?  Yes  No

Attorney's Name: \_\_\_\_\_

**Children:**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Has paternity been legally established for these children?  Yes  No

Explanation (if necessary) \_\_\_\_\_

Please list where each child has lived for the past 5 years and with whom:

Child Name:	Dates:	With Whom:	State & County:

Who has current custody? \_\_\_\_\_ Are you seeking custody?  Yes  No

Terms of current parenting time: \_\_\_\_\_

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

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: \_\_\_\_\_

Have any orders been entered in court?  Yes  No  
(\*If yes, please attach a copy of your divorce decree and/or any modification orders)

Are any of your children adopted?  Yes  No

If so, which child(ren)?: \_\_\_\_\_

Are you or the other parent receiving any public assistance?  Yes  No

Are you or the other parent currently pregnant?  Yes  No

Are there currently any restraining orders or custody orders in effect?  Yes  No

Other than child, do you have any dependents?  Yes  No If yes, whom: \_\_\_\_\_

Are there any physical or mental health issues for any parties?  Yes  No

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

Please list any exceptional health or dental needs of you or your child(ren), along with any special education needs or problems: \_\_\_\_\_

Are you or your spouse a member of the U.S Armed Forces?  Yes  No

Please describe the parenting time / visitation schedule change that you desire: \_\_\_\_\_

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Which party will provide health insurance for the child(ren)?:  Father  Mother  Other: \_\_\_\_\_

Who will pay uninsured medical expenses?  ½ by each party  Father  Mother

Is either party paying **Spousal Support**?  Yes  No

To Whom: \_\_\_\_\_ By Whom \_\_\_\_\_

Support Amount: \_\_\_\_\_ Are you seeking a modification for this support?  Yes  No

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

Is either party paying **Child Support**?  Yes  No

To Whom: \_\_\_\_\_ By Whom \_\_\_\_\_

Support Amount: \_\_\_\_\_ Are you seeking a modification for this support?  Yes  No

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

To modify support, the court requires an unanticipated change in economic circumstances. Do you believe there has been such a change, and if so, please describe: \_\_\_\_\_

Have there been any previous modifications of either Spousal or Child Support? If Yes, please describe: \_\_\_\_\_