



# SHL

**The Self Help Legal Information Network**

(310) 675-3863 \*\* office (310) 675-3853 \*\* fax

[www.legalinfonetwork.com](http://www.legalinfonetwork.com)

## ***Modification for Child Support, Custody, and/or Visitation Questionnaire***

I am providing this information for the purpose of completing a Request for Modification. I understand that I am having my documents prepared by a Paralegal – Legal Document Assistant and if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network is not composed of attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

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Name

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Date

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Signature

# Modification Questionnaire

**You are requesting a modification of an existing order for:** (please circle all that apply)

Child Support      Child Custody      Visitation

**What is the case number on your order existing order** \_\_\_\_\_

**Is there more than one case number for any order requested if so please list the**

**Case number and title:**

case# \_\_\_\_\_ for \_\_\_\_\_

case# \_\_\_\_\_ for \_\_\_\_\_

case# \_\_\_\_\_ for \_\_\_\_\_

**What county:** \_\_\_\_\_

**Is this your first request for modification:**    yes      no

**If not how many previous requests have you made:** \_\_\_\_\_

1. \_\_\_\_\_  
Your full name (include first, last and middle)

2. You are the:    Mother      Father

3. \_\_\_\_\_  
Address

\_\_\_\_\_  
City                  State                  Zip

4. What is your phone number \_\_\_\_\_ hm  
\_\_\_\_\_ cell \_\_\_\_\_ wk  
\_\_\_\_\_ other (please circle best # to use / and specify

best time to call - \_\_\_\_\_ am / pm

5. \_\_\_\_\_  
What is the full name of the other parent

6. \_\_\_\_\_  
What is the address of the other parent

7. \_\_\_\_\_  
Where does the other parent work (name and address)

\_\_\_\_\_

Full Name of child (first, middle, last) (for unborn - write unborn)	Birth date / age	Birth place (city & state)	Sex M / F
	__-__-__ / __		
	__-__-__ / __		
	__-__-__ / __		
	__-__-__ / __		
	__-__-__ / __		

8. \_\_\_\_\_  
Full address of child

\_\_\_\_\_

9. Who does child reside with? (name) \_\_\_\_\_

(relationship) mom dad grandma grandpa other \_\_\_\_\_

10. \_\_\_\_\_  
Address of person child resides with.

\_\_\_\_\_

\_\_\_\_\_

11. Child spends \_\_\_\_\_ % with mother \_\_\_\_\_ % with father

You are requesting:                      petitioner    respondent    joint    other

Legal custody for:

Physical custody for:

12. Visitation be changed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Would you like to request supervised visitations on the other party?    Yes        No

15. If so, to start when? \_\_\_\_\_

16. Who are you requesting to provide travel to the drop-off and or Pick-up location?

Petitioner

Respondent

17. Where would you like the visitation **or** exchange to be held:

(please circle which one)

Exchange

Visitation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. How much time do you request to be notified by other party if they relocate or change to another residence? \_\_\_\_\_ job? \_\_\_\_\_

home, cell or business telephone number? \_\_\_\_\_

mailing address? \_\_\_\_\_ children's school? \_\_\_\_\_

19. Would you like children to have telephone contact with other party? \_\_\_\_\_

20. If during visitation exchange the other party is late how much time would you like to allow them before considering the visitation cancelled? \_\_\_\_\_

21. Approximate percentage of time each parent has physical responsibility for the child.

Mom      %                                  Dad      %

22. How many hours before visitation do you request other party not drink? \_\_\_\_\_

23. How much is current child support order? \_\_\_\_\_

24. How much would you like to change it to? \_\_\_\_\_

25. What indicate any additional expenses.

Educational \$ \_\_\_\_\_ Special needs \$ \_\_\_\_\_

Travel Expense for visitation \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Please state the reason for change in amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. Date you are completing this form \_\_\_\_\_

27. Any special hardship deductions requested for you? \_\_\_\_\_

Children from previous relationships \$ \_\_\_\_\_ (monthly payments)

28. Does either parent drink, do drugs or have any other problems? \_\_\_\_\_

If so what? \_\_\_\_\_

29. Do you wish to change name of child?    Yes                  No

If so to what: \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

30. Would you like to request a low income adjustment?

**YES**

**NO**