

MICHAEL T. WEBSTER  
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MODIFICATION - CLIENT INFORMATION SHEET

DATE: \_\_\_\_\_

\_\_\_\_\_  
**CLIENT'S NAME**

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
(H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_  
AGE                      DATE OF BIRTH

\_\_\_\_\_  
(C) \_\_\_\_\_

\_\_\_\_\_  
TELEPHONE NUMBERS

\_\_\_\_\_  
**ADVERSE PARTY**

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
(H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_  
AGE                      DATE OF BIRTH

\_\_\_\_\_  
TELEPHONE NUMBERS

\_\_\_\_\_  
**ATTORNEY FOR ADVERSE PARTY**

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

DATE OF FINAL JUDGMENT: \_\_\_\_\_

AMOUNT OF COURT ORDERED CHILD SUPPORT: \_\_\_\_\_

AMOUNT OF COURT ORDERED SPOUSAL SUPPORT: \_\_\_\_\_

REASON FOR MODIFICATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN**

	<u>NAME</u>	<u>DOB</u>	<u>PLACE OF BIRTH</u>	<u>RESIDENCE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**FORMER HUSBAND**

EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
SALARY: \_\_\_\_\_  
OTHER INCOME: \_\_\_\_\_

EDUCATION: \_\_\_\_\_  
OTHER TRAINING: \_\_\_\_\_

PREVIOUS MARRIAGE: YES ( ) NO ( )  
DATE OF DISSOLUTION OF MARRIAGE: \_\_\_\_\_  
CHILDREN: \_\_\_\_\_  
AMOUNT OF CHILD SUPPORT BEING PAID TO FORMER SPOUSE: \_\_\_\_\_

**FORMER WIFE**

EMPLOYER: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
SALARY: \_\_\_\_\_  
OTHER INCOME: \_\_\_\_\_

EDUCATION: \_\_\_\_\_  
OTHER TRAINING: \_\_\_\_\_

PREVIOUS MARRIAGE: YES ( ) NO ( )  
DATE OF DISSOLUTION OF MARRIAGE: \_\_\_\_\_  
CHILDREN: \_\_\_\_\_

**MEDICAL INSURANCE**

MEDICAL AND DENTAL EXPENSES:  
ANY UNUSUAL PROBLEMS IN FAMILY: \_\_\_\_\_  
HEALTH INSURANCE NOW IN EFFECT: \_\_\_\_\_

WHO PAYS FOR MEDICAL COVERAGE? \_\_\_\_\_

**TAX EXEMPTION**

INCOME TAX EXEMPTION(S) TO: \_\_\_\_\_

**NOTES**

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