

WRIGHT FAMILY LAW GROUP

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MODIFICATION INTAKE

Referred By: _____

Date of Consultation _____

Confidential Client History

The following questionnaire is designed to help you more accurately provide information that will help us prepare court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

ABOUT YOU

First Name _____ Last Name _____ Middle initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long at current residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Who May We Contact if we cannot get a hold of you? _____

Phone Number: _____

OPPOSING PARTY

First Name _____ Last Name _____ Middle initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long at current residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____ Social Security No.: _____

What is your relationship to this person?

Is the opposing party represented by counsel? If so, who: _____

How many children from this relationship? _____

PRIOR COURT HISTORY

Date of the last Judgment _____ Name of court where issued: _____

If not, please briefly describe what the Order states:

Please state what has materially changed since the date of the last judgment:

**CHILDREN
(if applicable)**

1. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

2. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

3. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

4. Name _____ D.O.B. _____ Grade _____

Lives With _____

Does this child have any special health, education or behavioral issues? Yes No

If so, please provide details including names of any treatment providers:

Where is/are the child(ren) residing? _____

List all addresses where the child(ren) has/have lived for the past three years:

Dates With Whom the Children Lived _____

Address (street, city, state) _____

ATTORNEY NOTES:

