

PHM Law Group, P.C.

DOMESTIC RELATIONS INTERVIEW SHEET –MOTION TO MODIFY

Use this sheet if you are already divorced and want to modify custody or child support.

Dated: _____ (check one) Client: Petitioner ____ Respondent _____

Note: If you are filing the petition for divorce, you are the petitioner. If your spouse has filed, you are the respondent.

GENERAL INFORMATION

Petitioner: _____	Respondent: _____
Home Phone No. _____	Home Phone No. _____
Work Phone No. _____	Work Phone No. _____
Mobile No. _____	Mobile No. _____
Pager No. _____	Pager No. _____
E-mail Address: _____	E-mail Address: _____
Address: _____	Address: _____
_____	_____
Soc. Sec. No.: _____	Soc. Sec. No.: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's Address: _____
_____	_____
Birthdate: _____	Birthdate: _____

INFORMATION NEEDED TO PREPARE PETITION/ANSWER

Client **Petitioner/Respondent** is a resident of _____ County, Oklahoma and has resided in that County for 30 days (yes/no) and the State of Oklahoma for 6 months (yes/no).

Date Married: _____ Place: _____

Date Separated: _____ If minor children, with whom have they lived since separation?

SERVICE INSTRUCTIONS

SERVE RESPONDENT THE SUMMONS AT _____
(if Petitioner)

INFORMATION REGARDING CHILDREN

1. Complete this section only if there are minor children born or adopted in this marriage.

CHILD'S FULL NAME	AGE	DOB	SOCIAL SECURITY NUMBER	WAS CHILD BORN OF THIS MARRIAGE OR PREVIOUS MARRIAGE	WAS CHILD ADOPTED BY YOU OR YOUR SPOUSE
1.					
2.					
3.					

2. List all addresses that you, your spouse and the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with your last and current address first.

DATES (TO - FROM)	ADDRESS	CITY	STATE
1.			
2.			
3.			

3. Have either you or your spouse participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this state or any other state? Yes No

a. If your answer is YES, give complete details: _____

4. Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge? Yes No

a. If your answer is YES, give complete details: _____

5. Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitational privileges with respect to your child(ren)?

Yes No

a. If your answer is YES, give complete details: _____

6. Who do you propose be the custodial parent? Father Mother Joint

7. If joint custody, what percentage of time will the children live with each parent?

a. Father _____%

b. Mother _____%

8. Please express your proposed Child visitation _____

INDIAN DESCENT

1. Are you of Indian descent: Yes No
2. Is your spouse of Indian descent? Yes No
3. If your answers to both of these questions were NO, then skip to the next series of questions, otherwise complete the following:
 - a. If either you and/or your spouse is of Indian descent, Name of Tribe: _____
 - b. Are you or your spouse properly enrolled on the Tribal Rolls? Yes No
 - c. Are the children currently enrolled on the Tribal Rolls to your knowledge?
 Yes No
 - d. What is the Roll Number of each child? _____
 - e. Are the children eligible for membership in an Indian Tribe? If so, what tribe?

HEALTH INSURANCE POLICY

1. Do you or your spouse maintain health insurance on your children? I do Spouse does
2. Is the health insurance provided, through a private plan or through the employer?
 - a. Provided by the me
 - b. Provided by spouse
 - c. Provided through my employer
 - d. Provided through spouse's employer
3. What is the total cost (premium) of the health insurance per month? \$ _____
4. What is the cost (premium) of the health insurance *for the children only* per month?
\$ _____
5. If the health insurance is provided by your employer or your spouse's employer, does the employer pay the employee's, ie., your's or your spouse's health insurance premium?
 Yes No
6. How many individuals are covered by this health insurance policy? _____
7. Are there any individuals covered under this policy who are not children of this marriage?
 Yes No If your answer is YES, how many? _____
8. Do you, your spouse, or children receive any health insurance through DHS or other state agency? Yes No If your answer is YES, explain? _____

CHILD CARE FOR CHILDREN

1. If your children are in child care, what is the name of the Child Care Center?

2. Which children are in child care? _____
3. What is the weekly cost of the child care? \$ _____
4. Who currently pays for the child care? Mother Father DHS