



PHX (602) 864-7291
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SIMPLIFIED CHILD SUPPORT MODIFICATION QUESTIONNAIRE
[ ] DEFAULT [x] STIP
CASE # \_\_\_\_\_

APPT \_\_\_\_\_
PREP \_\_\_\_\_
INTV \_\_\_\_\_ TOTL \_\_\_\_\_
PROM \_\_\_\_\_ @ \_\_\_\_\_

HOW DID YOU FIRST HEAR ABOUT US? (PLEASE SELECT ONE)

- [x] YELLOW PAGES (100) [x] I AM A PREVIOUS CLIENT (112) [x] INTERNET (WWW) (109)
[x] OUR BUILDING SIGN (102) [x] RADIO STATION \_\_\_\_\_ (113) [x] TV y MAS (122)
[x] TV COMMERCIAL (119) [x] BILLBOARD (LOCATION \_\_\_\_\_)(117) [x] TV NEWS STORY (110)
[x] REF BY PREV CLIENT (107) [x] SIGN ON BUS STOP (130) [x] NEWSPAPER STORY (111)
[x] REFERRED BY \_\_\_\_\_ (108) [x] TV GUIDE (AZ REPUBLIC) (121) [x] TELEGUIA EN ESPANOL (120)
[x] \_\_\_\_\_

HAVE YOU VISITED OUR WEBSITE? (WWW.DIVORCESTORE.COM) [x] YES [x] NO

YOUR FULL NAME: \_\_\_\_\_
FIRST MIDDLE LAST

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OTHER PARTY'S FULL NAME: \_\_\_\_\_
FIRST MIDDLE LAST

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please Include a copy of last Child Support Order filed with court

List all minor children born of the parties:

Table with 5 columns: Name, Date of Birth, Place of Birth, Social Security #, Living With

Which parent has Court Ordered custody? \_\_\_\_\_

Is the existing court order for Sole or Joint custody? \_\_\_\_\_

How many visitation days will the Non Custodial Parent have per year? \_\_\_\_\_

Who will now be responsible to provide Health Insurance? [ ] Father [ ] Mother ,

How Much is the monthly premium? \_\_\_\_\_ Who does it cover? \_\_\_\_\_

How much to cover the paying parent alone? \_\_\_\_\_

Who will now be responsible for non-insured medical/dental expenses? Father: \_\_\_\_\_% Mother: \_\_\_\_\_%

Who will now be responsible for visitation related expenses? Father: \_\_\_\_\_% Mother: \_\_\_\_\_%

Father's Gross Monthly Income \_\_\_\_\_ How Paid? \_\_\_\_\_ Current or Attributed?

Mother's Gross Monthly Income \_\_\_\_\_ How Paid? \_\_\_\_\_ Current or Attributed?

Day Care Costs? \_\_\_\_\_ How Paid? \_\_\_\_\_  
Which parent is paying this directly to provider? \_\_\_\_\_

Any acute illnesses that the children may have requiring monthly medications? \_\_\_\_\_  
What is the average monthly cost to pharmacy? \_\_\_\_\_

Are there any tuition costs for private school or special school? \_\_\_\_\_ annually? \_\_\_\_\_ Monthly?

Who pays this directly to the school? \_\_\_\_\_

List all minor children born outside this case to either party:  
Include if child support is court ordered for these children and who pays

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Social Security #</u>	<u>Living With</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Employer Information for the Non Custodial Parent:

Business Name: \_\_\_\_\_  
Payroll Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Payroll Phone Number: \_\_\_\_\_  
Payroll Fax Number: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date