



John D. Boren
johnboren@boclawyers.com
Board Certified
Civil Trial Advocate

Stephen A. Oliver
steveoliver@boclawyers.com
Registered Mediator

Dale S. Coffey
dalecoffey@boclawyers.com

Glen E. Koch II
glenkoch@boclawyers.com

Kristopher A. Fuller
krisfuller@boclawyers.com

Justin T. Boren
justin@boclawyers.com

Date: _____

MODIFICATION OF CHILD SUPPORT OR VISITATION

NAME: _____

ADDRESS : _____ CITY: _____

STATE: _____ ZIP CODE: _____

Place of Employment: _____ Weekly Wage: (Will need copy of pay stub) _____

CONTACT INFO:

PHONE: _____ EMAIL: _____

Work Phone _____ County of Residence _____

Preferred Method of Contact:
 Phone Call Email Phone and/or Email

Children:	Name	Age	Social Security:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Name of Opposing

Parent:

Address of Opposing

Parent:

Opposing Parent's

Attorney:

Place of Employment for Opposing

Parent:

Weekly Wage of Opposing

Parent:

Were you and opposing
parent married?

Yes

No

If yes, please provide our office with the
Decree of Dissolution, Property
Settlement Agreement

Date of Marriage:

Date of

Separation:

Date of Divorce:

Who currently has custody for minor
child(ren)?

Has child support been ordered in this case?

Amount of child support ordered:

Is the non-custodial parent current on
support payments?

If not, what is the amount of arrearage
accrued?

What are the current visitation rules? _____

Please provide a summary of the problem which brought you here today:

Please list all previous court proceedings for Modification of Support and Visitation or Custody with date, what was requested and result.

How were you referred to our office:

Google Bing Facebook AVVO FindLaw Newspaper Radio

Friend/Family: _____ Lawyer: _____

Other: _____

FOR ATTORNEY USE ONLY:

Fee: _____ Hourly Flat

General: _____

Escrow: _____

Filing Fee: _____

County: _____

ATTORNEY NOTES:

