

**MODIFICATION/ENFORCEMENT CONSULTATION/INTAKE**

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**CONSULTATION FEE** I UNDERSTAND OWENS & OWENS CHARGES A FEE FOR CONSULTATIONS AND THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THE COST OF MY CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**ATTORNEY CLIENT RELATIONSHIP** I UNDERSTAND THAT AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNLESS I EXECUTE A LEGAL SERVICES AGREEMENT (CONTRACT) HOWEVER THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INFORMATION DISCLOSED BY ME DURING THE CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**YOUR INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
Pay Frequency  WEEKLY  BIWEEKLY  SEMIMONTHLY  MONTHLY  
Pay Type(s)  Salary  Hourly  Base+Commission  Commission Only  Overtime  Bonuses  
 Y  N - Incapacity/Disability?  Y  N - Alcohol/Drug Issues?  
 Y  N - Criminal History?  Y  N - Remarriage?  
 Y  N - Mental Illness?  Y  N - Bankruptcy?

**OTHER PARTY'S INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**DIVORCE CONSULTATION/INTAKE**

Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
 Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
 Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Pay Frequency WEEKLY BIWEEKLY SEMIMONTHLY MONTHLY  
 Pay Type(s) Salary Hourly Base+Commission Commission Only Overtime Bonuses  
Y N - Incapacity/Disability? Y N - Alcohol/Drug Issues?  
Y N - Criminal History? Y N - Remarriage?  
Y N - Mental Illness? Y N - Bankruptcy?

**CHILD(REN)'S INFORMATION**

First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted?  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance Y N If yes, provider info: \_\_\_\_\_

**For this child only:**

<input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?	<input type="checkbox"/> Y <input type="checkbox"/> N - Special Needs?
<input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child?	<input type="checkbox"/> Y <input type="checkbox"/> N - Counseling?
<input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate?	<input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile Charges Pending?
<input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?	<input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile History?
<input type="checkbox"/> Y <input type="checkbox"/> N - Domestic/Family Violence?	<input type="checkbox"/> Y <input type="checkbox"/> N - Mental Illness?
<input type="checkbox"/> Y <input type="checkbox"/> N - Protective Orders?	<input type="checkbox"/> Y <input type="checkbox"/> N - Alcohol/Drug Issues?
<input type="checkbox"/> Y <input type="checkbox"/> N - Child Protective Services Involved?	<input type="checkbox"/> Y <input type="checkbox"/> N - Step-Siblings?

First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted?  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance Y N If yes, provider info: \_\_\_\_\_

**For this child only:**

<input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?	<input type="checkbox"/> Y <input type="checkbox"/> N - Special Needs?
<input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child?	<input type="checkbox"/> Y <input type="checkbox"/> N - Counseling?
<input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate?	<input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile Charges Pending?
<input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?	<input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile History?
<input type="checkbox"/> Y <input type="checkbox"/> N - Domestic/Family Violence?	<input type="checkbox"/> Y <input type="checkbox"/> N - Mental Illness?
<input type="checkbox"/> Y <input type="checkbox"/> N - Protective Orders?	<input type="checkbox"/> Y <input type="checkbox"/> N - Alcohol/Drug Issues?
<input type="checkbox"/> Y <input type="checkbox"/> N - Child Protective Services Involved?	<input type="checkbox"/> Y <input type="checkbox"/> N - Step-Siblings?

**DIVORCE CONSULTATION/INTAKE**

First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted?  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_

**For this child only:**

- |   |  |
|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?                  | <input type="checkbox"/> Y <input type="checkbox"/> N - Special Needs?                     |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child? | <input type="checkbox"/> Y <input type="checkbox"/> N - Counseling?                        |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate?                    | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile Charges Pending? |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?           | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile History?         |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Domestic/Family Violence?               | <input type="checkbox"/> Y <input type="checkbox"/> N - Mental Illness?                    |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Protective Orders?                      | <input type="checkbox"/> Y <input type="checkbox"/> N - Alcohol/Drug Issues?               |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Child Protective Services Involved?     | <input type="checkbox"/> Y <input type="checkbox"/> N - Step-Siblings?                     |

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**PRIOR ORDERS**

Cause No. \_\_\_\_\_ Court \_\_\_\_\_ Date of Prior Order \_\_\_\_\_  
 Title of Prior Order \_\_\_\_\_  
 Cause No. \_\_\_\_\_ Court \_\_\_\_\_ Date of Prior Order \_\_\_\_\_  
 Title of Prior Order \_\_\_\_\_  
 Cause No. \_\_\_\_\_ Court \_\_\_\_\_ Date of Prior Order \_\_\_\_\_  
 Title of Prior Order \_\_\_\_\_

- Y  N - Seeking **Enforcement** of Terms  
 Y  N - Seeking **Modification** of Terms

Briefly describe any issues/concerns you have, including immediate needs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**CONSULTATION NOTES** (for attorney use only)

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

RETAINER \$ \_\_\_\_\_

ANTICIPATED FILING FEES \$ \_\_\_\_\_

## **TERMS REGARDING SUITS TO MODIFY/ENFORCE PRIOR ORDERS**

### Uncontested Cases

Parties agree to all terms.

### Contested Cases

Parties disagree about any or all terms of the case.

### Collaborative Cases

Parties “opt out” of litigation (court proceedings) by contract and instead engage in the collaborative process to develop workable, long-term settlement plan that addresses the interests of everyone involved with the use of neutral professionals (financial & communications) and legal counsel. Collaborative cases are private (no public hearings or filings) and afford the parties much greater control over the outcome of the case. Information is shared freely in this process thus, in the unlikely event the collaborative process fails, parties must hire separate legal counsel to litigate.

### Mediation

Mediation is the use of a neutral individual who assist the parties in reaching an agreement resolving issues in disputes in the case. Mediation is routinely required by the courts prior to a trial setting.

### Temporary Restraining Order (TRO)

A TRO is an Order obtained prior to a hearing to preserve status quo until such time as a hearing can be scheduled (within 14 days) for temporary orders.

### Temporary Orders

Prior to a trial, the court can make temporary orders regarding the parties, children and property over which the court has jurisdiction. Temporary Orders can include drug testing, access facilitation, social studies and much more. A Court cannot render Temporary Orders which have the effect of changing custody absent special circumstances involving life-threatening situations.

### Grounds to Modify Prior Court Orders

There are many grounds which can form the basis of a suit to modify prior court orders. With regard to child custody the most common grounds are a material and substantial change in circumstances since the last order. With regard to child support the Court can modify its orders every 3 years and the amount that would be ordered under the support guidelines differs by either 20% or \$100.

### Contempt

A person is in contempt of a court order if he/she fails to comply with a court’s order and had the ability to comply with the court’s order. *Civil* contempt seeks to correct a violation, while *criminal* contempt punishes the violator. *Criminal* contempt in Texas is punishable by a maximum fine of \$500 and confinement for no more than six months however each violation of a court order may be punished.