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In order for us to help you and save you some money, please take a moment to fill out and return the questionnaire. Please answer questions which apply to your issues. We will review your responses and contact you to set up an appointment.

PRELIMINARY INTAKE

Date: _____ Referred by _____
Name: _____
Street Address (not P.O. Box): _____
Home Phone: _____ Spouse or Partner's Name: _____
Cell Phone/Pager: _____ Spouse or Partner's Employer _____
Work Phone: _____ Spouse or Partner's Work Number: _____
Employer: _____
E-Mail Address (home) _____ E-mail Address(work) _____

MODIFICATION OF COURT ORDER

What provision do you wish to modify? _____
Why do you or your Ex-spouse want to modify the Court Order or Settlement Agreement?

When was the last Court Order entered in your case whether through divorce or another modification Order? _____
If you are seeking or want to oppose a change in custody for minor children, please provide the child or children's names and date of birth: _____

If any child is eleven or older have they expressed any preference for which parent they would like to live with? Names and Ages? _____

Does your Ex-spouse agree with your proposed modification? _____
Is there any other lawsuit or complaint pending between you and your Ex. Spouse? _____

Have the needs of you, your Ex spouse or the children changed since the last Court Order? If so, please specify what has changed. _____

Are there any children from another relationship for whom either spouse is obligated to pay support for? If so what are their birth dates and how much support is there ordered to be paid?

Are you or your Ex-spouse behind on support payments? _____

OFFICE USE ONLY

Advised of Consult Fee: Yes___ No_____ Cost of Consultation_____:

Questionnaire Needed: Removal/Termination _____Non-Termination General Intake_____

EEO and Comp Damages forms_____; Consequential Damages_____:

Referred to Web Page_____Sent /Pickup Date_____:

Appointment Scheduled:

(Following Questionnaire Return)

Date:_____ Time:_____

Disposition_____ Any other Info:_____

Once you have completed the questionnaire, please fax to our office at (404) 636 8711