



# King Paralegal Services, LLC

## SUPPLEMENTAL PETITION TO MODIFY PARENTAL RESPONSIBILITY, VISITATION, OR PARENTING PLAN/ TIME-SHARING SCHEDULE AND OTHER RELIEF

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your divorce papers can be prepared. There will be a delay if we need to verify or obtain more information concerning the answers provided, so please provide as much detail as you can and fill in ALL the information requested on these forms. Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

Name, First \_\_\_\_\_ Middle(spell out) \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### YOUR EX-SPOUSE'S INFORMATION:

Name, First \_\_\_\_\_ Middle(spell out) \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about us?  Yellow Pages  Internet  Website  
 Friend, Name of Friend \_\_\_\_\_

### FINANCIAL INFORMATION:

**SECTION I.**

**YOUR INCOME**

Your Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_  
Monthly bonuses, Commission, etc. \_\_\_\_\_  
Monthly Disability/SSI: \_\_\_\_\_  
Monthly Worker's Compensation: \_\_\_\_\_  
Monthly Unemployment: \_\_\_\_\_  
Monthly Pension/Retirement \_\_\_\_\_  
Monthly Social Security: \_\_\_\_\_  
Monthly Alimony: \_\_\_\_\_  
Monthly Interest and Dividend: \_\_\_\_\_  
Monthly Rental Income: \_\_\_\_\_  
Monthly Royalties, Trusts and Estates: \_\_\_\_\_  
Monthly Reimbursed Expenses: \_\_\_\_\_  
Monthly Gains from Dealing in Property: \_\_\_\_\_  
Monthly "Other Income": \_\_\_\_\_

**SECTION II. YOUR DEDUCTIONS**

Monthly State and Federal Withholdings: \_\_\_\_\_  
What is your filing status? \_\_\_\_\_  
Number of Co-Dependents claimed: \_\_\_\_\_  
Monthly FICA and Self-employment Taxes: \_\_\_\_\_  
Monthly Medicare: \_\_\_\_\_  
Monthly Mandatory Union Dues: \_\_\_\_\_  
Monthly Mandatory Retirement Dues: \_\_\_\_\_  
Monthly Health & Dental Insurance: \_\_\_\_\_  
Monthly Court Ordered Child Support: \_\_\_\_\_  
Monthly Court Ordered Alimony: \_\_\_\_\_

**SECTION III. YOUR MONTHLY EXPENSES**

Mortgage or Rent: \_\_\_\_\_  
property taxes \_\_\_\_\_  
Utilities: \_\_\_\_\_  
telephone(basic service) \_\_\_\_\_  
Food (grocery): \_\_\_\_\_  
meals outside the home: \_\_\_\_\_  
maintenance/repairs: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

Auto Gas: \_\_\_\_\_

Auto Repairs  
 Auto insurance:  
 Child Day Care:  
 Child lunch money:  
 Child Grooming(haircuts, etc.):  
 Child Clothing:  
 Child Holiday Gifts:  
 Child Medical/Dental (Uninsured):  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
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Medical/Dental Insurance (Uninsured):  
 Life insurance (not from job):  
 Your monthly clothing:  
 Your monthly grooming:  
 Your monthly entertainment:  
 Your monthly Gifts:  
 Religious Organizations:  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
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**List Payments to Creditors:**

<u>Name</u>	<u>Amount Paid Per month</u>	<u>Amount Owed</u>
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____

**SECTION IV. ASSETS AND LIABILITIES:**

Cash in Banks and/or Credit Unions \$ \_\_\_\_\_  
 Stocks, Bonds, Notes (value) \$ \_\_\_\_\_  
 Real Estate (Home and/or Land value) \$ \_\_\_\_\_  
 Automobiles (value) \$ \_\_\_\_\_

Automobile #1: Year \_\_\_\_\_, Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 VIN#: \_\_\_\_\_

Automobile#2: Year: \_\_\_\_\_, Make: \_\_\_\_\_, Model: \_\_\_\_\_  
 VIN#: \_\_\_\_\_

Other personal property (furniture, etc) \$ \_\_\_\_\_  
 Retirement Plans(value) \$ \_\_\_\_\_  
 Mortgage on Real Estate (Amount owed) \$ \_\_\_\_\_  
 2<sup>nd</sup> Mortgage on Home (Amount owed) \$ \_\_\_\_\_  
 Auto Loans(Amount owed) \$ \_\_\_\_\_

**Information Related to minor Child(ren), If any**

Name	Date of Birth	City & State of Birth	Social Security Number
1			
2			
3			
4			
5			

1. Since the final judgment or last modification thereof, there has been a substantial, material and unanticipated change in circumstances, requiring a modification of the parental responsibility, visitation, or Parenting Plan/Time-Sharing schedule. Those changes are as follows: *{explain}* \_\_\_\_\_

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

2. I ask the Court to modify the parental responsibility, visitation,- Parenting Plan or Time-Sharing schedule as follows: *{explain}* \_\_\_\_\_

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

[  all that apply ]  
month.

List the addresses, the year(s), county, and who the child(ren) resided with in the last 5 years.

**Child No.:** \_\_\_\_\_

Year(s)	Address(es)	County	Child Resided with.....
_____/present			

**Child No.:** \_\_\_\_\_

Year(s)	Address(es)	County	Child Resided with.....
_____/present			

**Child No.:** \_\_\_\_\_

Year(s)	Address(es)	County	Child Resided with.....
_____/present			


Child No.: \_\_\_\_\_

Year(s)	Address(es)	County	Child Resided with.....
_____/present			

Has there been any previous court action concerning the children? If so, list the State and County and the Docket or Case Filing Number. State what happened in the litigation.  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are seeking child support, State the Amount agreed upon: \_\_\_\_\_

Does anyone currently have court ordered custody or visitation rights to the child(ren)?

Yes  No

Who will have primary Custody of the minor Child(ren)? \_\_\_\_\_

What days will the minor child(ren) be with whom and at what times will the sessions begin and end?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Who will have custody or visitation of what holidays?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Who will be responsible for providing the following insurance coverage for the minor child(ren)?

**H (Husband), W (Wife), or B (Both)**

\_\_\_\_\_ Medical Insurance  
\_\_\_\_\_ Health Insurance  
\_\_\_\_\_ Dental Insurance  
\_\_\_\_\_ Life Insurance

**OTHER RELIEF REQUESTED:**

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

**By signing below, I/We state that all the information provided in the pages of the Divorce Intake Form is true and correct to the best of my/our knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Reply to:

**KING PARALEGAL SERVICES, LLC**  
P. O. Box 28876  
Jacksonville, FL 32226  
(904)/696-8648  
(904)/696-8921 - Fax