

INITIAL CLIENT INTAKE SHEET
Dissolution With Children

Divorce is an emotionally draining and legally complicated process. In the course of representing you, I will need to know virtually everything about your relationships with your family and your financial situation. I realize discussing these matters and providing the information I request will be difficult. Nevertheless, I must ask for it. The personal information will enable me to represent your best interests in court. The court will require most of the financial data to divide your marital property and determine support levels. If you do not understand what information is required, or have specific questions about the form, please complete what you can, then call me and ask all your questions at once.

<p>CLIENT FULL NAME:</p> <p>Address:</p> <p>County:</p> <p>Length at Address:</p> <p>Mailing Address: <input type="checkbox"/> Same as above</p> <p>Length of Residence in State:</p> <p>Length of Residence in County:</p> <p><u>Telephone</u> HOME: WORK:</p>	<p>SSN:</p> <p>DOB:</p> <p><u>Place of Birth</u> City: State: County:</p> <p>Occupation:</p> <p>Employer:</p> <p><u>Income</u> Hourly ____ Rate Per Hour: ____ No. Hours/Wk ____ Salary ____ Monthly Salary _____</p> <p>Second Occupation:</p> <p>Second Employer Name:</p> <p><u>Second Income</u> Hourly ____ Rate Per Hour: ____ No. Hours/Wk ____ Salary ____ Monthly Salary _____</p>
---	---

CELL:
FAX:
PAGER:
E-MAIL:

Number of Previous Marriages:
Last Marriage Ended by: ____ Death ____ Divorce
Date of Divorce or Death:
If Divorce, County of Dissolution:

Government Support:

Education Years Completed
HIGH SCHOOL:
COLLEGE:
POST GRADUATE STUDY:

Race:

SPOUSE FULL NAME:

SSN:

Address:

DOB:

County:

Place of Birth

Length at Address:

City:

State:

County:

Mailing Address: Same as above

Occupation:

Employer:

Income

Hourly ____ Rate Per Hour: ____ No. Hours/Wk

Salary ____ Monthly Salary _____

Length of Residence in State:

Second Occupation:

Length of Residence in County:

Second Employer:

Second Income

Hourly ____ Rate Per Hour: ____ No. Hours/Wk

Salary ____ Monthly Salary _____

Telephone

HOME:

WORK:

CELL:

FAX:

Government Support:

PAGER:
E-MAIL:

Education Years Completed
HIGH SCHOOL:
COLLEGE:
POST GRADUATE STUDY:

Race:

Number of Previous Marriages:
Last Marriage Ended by: ____ Death ____ Divorce
Date of Divorce or Death:
If Divorce, County of Dissolution:

<i>CURRENT MARRIAGE:</i> Date:	City Where Married:
<i>SEPARATION:</i> Date:	County of Marriage:
<i>MAIDEN NAME:</i>	FORMER NAME:
Restore Name to:	PLEASE ATTACH A COPY OF YOUR CURRENT MARRIAGE CERTIFICATE

<i>CHILDREN(S) NAME(S)</i>	<i>DATE OF BIRTH</i>	<i>SSN:</i>	<i>RESIDING WITH:</i>	<i>PLACE OF BIRTH</i>

Is mother currently pregnant? _____ Due Date:

If husband is not father, list the name and address of father: _____

Any other proceedings regarding custody of any of these children, if so please list case number and county and state of said action?

Do you anticipate a dispute about child custody or the parenting plan? If so, please explain: _____

List the addresses where the children have lived for the past 5 years and with whom they have lived:

ADDRESS	DATES	LIVED WITH

Does either party have any other children? If so list below:

<i>CHILDREN(S) NAME(S)</i>	<i>DATE OF BIRTH</i>	<i>NAME PARENTS</i>	<i>OF</i>	<i>RESIDING WITH:</i>	<i>CHILD SUPPORT PAID OR RECEIVED</i>

The marriage is irretrievably broken because: _____

Do you want to reconcile with your spouse? _____
 Does your spouse want to reconcile? _____
 Have you attempted reconciliation? ___ Mediation? _____ Counseling? _____

Have you or your spouse ever filed for divorce before? _____
 Where? _____ When? _____

Did you sign a prenuptial or postnuptial agreement? _____ If so, please attach a copy or indicate where a copy can be obtained.

Does your spouse have an attorney? _____
 Who is your spouse's attorney? _____ Phone number: _____
 Address: _____

Have you notified creditors of divorce plans? _____
 It is a good idea to cancel all joint credit cards and bank accounts and to notify creditors and banks regarding your plans to keep either party from racking up debt or dwindling accounts.

Do you have a will? _____ Is your spouse mentioned in your will? _____
 Do you want this office to review your will? _____ If so please attach a copy.

STATEMENT OF INCOME AND EXPENSES OF

With monthly income as follows

A. Wage Earner	<u>PETITIONER</u>	<u>RESPONDENT</u>
1. Gross Income	_____	_____
2. Other Income	_____	_____
3. Subtotal Gross Income	\$ _____	\$ _____
Withholding		
4. Federal Income Tax	_____	_____
5. Social Security	_____	_____
6. Medicare	_____	_____
7. Kansas Withholding	_____	_____
8. Subtotal deductions	\$ _____	\$ _____
9. Net Income	\$ _____	\$ _____

B. Self-Employed	<u>PETITIONER</u>	<u>RESPONDENT</u>
1. Gross Income from Self-Employment	N/A _____	N/A _____
2. Other Income	_____	_____
3. Subtotal Gross Income	_____	_____
4. Reasonable Business Expenses (Itemize on attached exhibit)	_____	_____
5. Self-Employment Tax	_____	_____
6. Estimated Tax Payments (Claiming ____ Exemptions)	_____	_____
7. Federal Income Tax	_____	_____
8. Kansas Withholding	_____	_____
9. Subtotal Deductions	_____	_____
10. Net Income (Line B.3. minus Line B.9.)	_____	_____

Pay Period _____
Petitioner
Respondent

10. The liquid assets of the parties are:

Item	Amount	Joint or individual (specify)	How divided?
A. Checking Accounts			

_____	_____	_____	_____
_____	_____	_____	_____
B. Savings Accounts:			
_____	_____	_____	_____
_____	_____	_____	_____
C. Cash			
Petitioner	_____	_____	_____
Respondent	_____	_____	_____
D. Other			
_____	_____	_____	_____
_____	_____	_____	_____

11. The monthly expenses of each party are: (Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

A. The judge who hears your divorce will require you and your spouse to list all your assets so a fair division of marital property can be made. As your attorney, I also need to know how much property you each own so that I can tell you what to expect the court will do. Please estimate the value of your assets and liabilities. Feel free to use additional paper if needed. I need to know account numbers and locations of all assets. Please list value of each asset in column of person who holds the asset. In addition, I need to how much of each asset held in joint ownership was contributed by husband and how much by wife. For this purpose, list each party's share in the appropriate column and check the joint column to show items are held jointly.

<u>ITEM</u>	Petitioner (Actual or estimated)	Respondent (actual or estimated)
1. Rent (if applicable)	_____	_____
2.. Food	_____	_____
3. Utilities		
Trash Service	_____	_____
Newspaper	_____	_____
Telephone	_____	_____
Gas	_____	_____
Water	_____	_____
Lights	_____	_____
Other Cable	_____	_____
4. Insurance		
Life	_____	_____

	Health	_____	_____
	Car	_____	_____
	House/rental	_____	_____
	Other	_____	_____
5.	Medical and Dental	_____	_____
6.	Prescription Drugs	_____	_____
7.	Child care (work related)	_____	_____
8.	Child care (non-work related)	_____	_____
9.	Clothing	_____	_____
10.	School expenses	_____	_____
11.	Hair cuts and beauty	_____	_____
12.	Car repair	_____	_____
13.	Gas and oil	_____	_____
14.	Personal Property Tax	_____	_____
15.	Miscellaneous (Specify)	_____	_____
	_____	_____	_____
	_____	_____	_____
16.	Debt payments (specify)	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	TOTAL	\$ _____	\$ _____

* Show house payments, mortgage payments, etc., in Section 11B.

B. Monthly payments to banks, loan companies or on credit accounts (Indicate actual or estimate, use asterisk for secured), DO NOT LIST ANY PAYMENTS INCLUDED IN PART 10.A. ABOVE; indicate party responsible for debt after divorce:

Responsibility Creditor Respondent	When incurred	Payment Amt.	Last payment made	Balance	Petitioner	Respondent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
			Subtotal		\$	\$

TOTAL _____

Petitioner (Actual or estimated) Respondent (actual or estimated)

C Total Living Expenses

1. Total funds available to Petitioner and Respondent (from No. 9.)	_____	_____
2. Total needed (from No. 11A & B .)	_____	_____
3. Net balance	\$ _____	\$ _____
4. Projected child support	_____	_____

D. Payments or contributions received, or paid, for support of others. Specify source and amount.

Source	Petitioner	Respondent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. How much does the party who provides health care pay for family coverage:

_____ per _____ pay period
 How much does it (or would it) cost the provider to furnish health insurance only on the provider:
 _____ per _____ pay period

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

13. Income and financial resources of children.

Income/resources	Amount
_____	_____
_____	_____
_____	_____
_____	_____

14. Child support adjustments requested.

	Petitioner	Respondent
Long Distance Visitation Costs	_____	_____
Visitation Adjustment	_____	_____

Income Tax Considerations	_____	_____
Special Needs	_____	_____
Agreement Past Minority	_____	_____
Overall Financial Condition	_____	_____

ASSETS

A. Bank Accounts; List bank, account number and value under appropriate column:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Notes, accounts receivable (you and/your spouse are owed money from another party):

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Stocks and Bonds:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Real estate; list type of property, where located and value under appropriate column:

<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
----------------	-------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Life insurance; list face value:

	<u>Husband</u>	<u>Wife</u>	
<u>Joint</u>			
Policy: _____	_____	_____	_____
Policy located: _____			
Policy: _____	_____	_____	_____
Policy located: _____			
Policy: _____	_____	_____	_____
Policy located: _____			

F. Business interests; please furnish balance sheets, profit and loss statements, tax returns, buy-sell agreements and similar documents. List name of firm below and value in appropriate column:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____

G. Miscellaneous business property; include patents, trademarks, copyrights, royalties, stock options:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. Employee benefits; list pension plans, investments; stock options, life insurance:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accumulated benefits, i.e., pension benefits, stock holdings, as a result of prior employment?

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Automobiles; list make, model, year, VIN #, and estimated market value in appropriate column:

Make: _____ Model: _____

Year: _____ Approximate value: _____

Vehicle Identification Number (VIN): _____

Who drives this car? _____

How Titled : _____ Is there a loan on this vehicle? _____

Approximate balance of loan: _____ Monthly payment amounts: _____

Who should drive this car? _____

Make: _____ Model: _____

Year: _____ Approximate value: _____

Vehicle Identification Number (VIN): _____

Who drives this car? _____

How Titled : _____ Is there a loan on this vehicle? _____

Approximate balance of loan: _____ Monthly payment amounts: _____

Who should drive this car? _____

Make: _____ Model: _____

Year: _____ Approximate value: _____

Vehicle Identification Number (VIN): _____

Who drives this car? _____

How Titled : _____ Is there a loan on this vehicle? _____

Approximate balance of loan: _____ Monthly payment amounts: _____

Who should drive this car? _____

J. Personal effects, tangible personal property, jewels, precious metals, collections, furs, boats:

Description of item and value	Who owns?	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

A. Real estate mortgages; list property location and value of share owned in appropriate column.

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Notes to banks and others; include auto and boat loans; show amount owed in appropriate column:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
C. Loans on insurance policies:			

D. Other debts, include credit card debt and account numbers if known, and debts to family members, listing share of amount owed in appropriate column:

DOCUMENTATION TO BE PROVIDED TO ATTORNEY

1. Last three paycheck stubs.
2. Income tax returns for the past three (3) years. Please include the W-2 form for last year if the income tax return is not yet completed for last year's taxes.
3. Mortgage balance on any real estate, and copies of deeds to real estate.
4. A list dividing all personal property, including, but not limited to, the following:
 - household furnishings
 - vehicles
 - appliances
 - pets
 - books
 - photos
5. Division of debts, including the following information:
 - when the debt was incurred
 - what it was for
 - who incurred it
 - who should pay for it
6. Documentation of all retirement plans, 401 K plans, pension plans, IRAs,

- certificates of deposit or annuities, and any deferred compensation.
7. Copies of benefit statements of any life insurance policies with cash value.
 8. A statement showing how premiums for health insurance are paid. Include information on how much it costs for the primary insured alone to be covered, and the additional costs to cover the spouse, and minor child or children, if applicable.
 9. Receipts for payment of child care expenses.

CUSTODY AND PARENTING PLAN

The terms describing custodial arrangements can be confusing at times and they have changed significantly over the past few years. Legal custody refers to the right to make major life decisions regarding the care and upbringing of the minor child or children, it does not denote where the child lives the majority of the time or minor decisions that are made is a child's life on a daily basis. Unless the parties agree or unless there are extreme circumstances (drug use or physical abuse), it is rare that a court will award sole legal custody. Courts tend to award parents joint legal custody of the child or children.

Then there is something called residential custody. Under this heading we discuss where the child actually lives. Although it is not required that it actually be designated as such, residential custody refers to the parent the child or children live with the majority of the time. When one person has residential custody, the other person then has specific "parenting time" with the child or children. This is the normal arrangement.

However, there are also other types of residential custody. There can be a shared custody arrangement in which the child or children live in basically two homes spending approximately 50% of the time in dad's house and 50% of the time in mom's house. There is also a custodial arrangement in which one child lives with one parent and the other child lives with the other parent. This is called a split custody arrangement and it is rarely, if ever, ordered by the court unless the parents believe that it is the best custodial arrangement for the children.

There is one other thing you want to keep in mind is that regardless of the custodial arrangement, no custodial arrangement gives you the right to dictate how the other person cares for the child or children when they are with that person. A consequence of no longer living with or being married to the other parent is that you no longer have any say in that individual's parenting style. Learning this now can save you a lot of heartache in the long run.

Now I would like to know what custodial arrangement and parenting plan that you believe would be in your child or your children's best interest. Please keep in mind that this had to do with the child(ren) and not just your desires.

Do you believe a joint or sole legal custodial arrangement would be in the best interest of your child(ren) and why? _____

What do you believe would be the best parenting time schedule for the children? Below list what parenting time you believe the other parent should have. A lot of time it is best to be specific regarding times in the court documents but more flexible in practice, that way if conflicts do arise you can always fall back on the specificity of the court orders.

Parenting time for Mother Father:

Weekdays: From _____ at ____m. to _____
_____ at ____m. starting on the _____ day of _____, 200__.

Weekends: Every _____ weekend from _____
_____ at ____m. to _____ at ____m. starting on the _____ day of _____, 200__.

Holidays:

First half of winter School Break governed by the calendar of Unified School District No. _____ located in _____ from _____

at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Spring Break governed by the calendar of Unified School District No. _____ located in _____ from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Easter from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Memorial Day from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Summer Break governed by the calendar of Unified School District No. _____ located in _____ from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

4th of July from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Labor Day from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Thanksgiving Day from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Christmas Eve from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Christmas Day from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

New Years Eve from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

New Years Day from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__.

Mother and Father's Day each year with the respective parent from _____ at _____.m. to _____ at _____.m.

Child(ren) Birthday from _____ at _____.m. to _____ at _____.m. during even years odd years, starting 200__. Or ____ is to be celebrated with the respective parent during his or her normally scheduled parenting time.

Other _____

Vacation – ex. Each parent to be allowed up to consecutive weeks each year to take the child(ren) on a family vacation. This time is to be scheduled when school is not in session and so as not to interfere with any holiday time. Each parent must give the other parent at least one months notice in writing prior with an itinerary of the trip and emergency contact numbers, prior to exercising this time. Now list what you would like to list as a vacation schedule.

Parenting Time for Mother Father

- This parent shall have all weekdays and weekends not specifically set forth above.
- This parent shall have all holidays not specified above.
- Other _____

Priorities

- Holidays and special days specified above will have precedence over weekday and weekend visitation.
- Holidays have priority over other special occasions.
- There shall be no adjustment for “missed” weekends or weekdays due to interruption by specified holidays and special days. The parties are encouraged to compensate for missed weekends so that a parent will not go more than two weekends without having weekend parenting time.
- Other _____

BELOW ARE OPTIONAL PROVISIONS THAT CAN BE ADDED TO A PARENTING PLAN
CHECK THE PROVISION(S) YOU BELIEVE WOULD BE HELPFUL.

Transportation and transportation costs. Responsibility for transportation and transportation costs, as it relates to parenting time, shall be as follows:

- Transportation arrangements and costs shall be the sole responsibility of:
 - Mother Father
- Transportation arrangements and costs shall be:
 - Shared Equally
- Other _____

Exchange Point: The exchange point for the child(ren) shall be:

- The home of the Mother Father Other: _____

- Notice of Intent to exercise or not to exercise parenting time:**
 - The Mother/Father parent shall notify the other parent _____ days in advance of intent to exercise scheduled parenting time. If notification is not given, the subject parenting time will be considered waived.
 - Except for extreme and exceptional circumstances a parent is not required to wait for the other parent more than _____ minutes before the parenting time is considered waived.
 - Other: _____

- Telephone and Mail Contact Between Parent and Child(ren)**
 - Telephone Contact.** Each parent is allowed reasonable telephone access to their child(ren) at reasonable hours without interference from the other parent. Telephone contact with a child(ren) should not be used as an opportunity by either parent to discuss issues not related to the child(ren) with the other parent. When telephone contact is attempted to be made with the child(ren), the child(ren) should either have direct access to the telephone or the telephone should be given directly to the child(ren) with a minimum of conversation between the parents unless necessary for discussion of matters related to that contact. Any parent shall not refuse to answer the phone, turn off the phone or put call block on the line in order to deny the other parent telephone contact with the child(ren). Each parent shall supply the other parent with current telephone numbers, where the child(ren) may be found or is/are staying.
 - Mail & Email Contact.** Each parent with whom the child(ren) is not then living should have unlimited ability to contact each toher by use of either regular United States mail or electronic mail, if such an account is available. The parent seeking mail contact must provide self-addressed stamped envelopes for the child(ren) to use. If available, current e-mail addresses where the child(ren) may be contacted shall be supplied to both parents by each parent. Where possible, reasonable computer access shall be allowed.

Right of First Refusal – If at any point in time it becomes necessary to leave the child(ren) in the care of someone besides the parent or natural guardian referred to in this parenting plan for more than _____ hours or days, each party must give the other party the right to exercise parenting time with the child before contacting another individual or agency to care for the child(ren). This provision ___ does not ___ does include normal childcare while one party is at work.

- Other Considerations and Agreements:**
