

INITIAL CLIENT INTAKE SHEET
Dissolution No Children of the Marriage

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: CELL:</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> <p>Government Support:</p>
--	--

FAX:
PAGER:
E-MAIL:

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

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:

PAGER:

E-MAIL:

Government Support:

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

Is mother currently pregnant? _____ Due Date: _____
If husband is not father, list the name and address of father: _____

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

<i>CHILDREN(S) NAME(S)</i>	<i>DATE OF BIRTH</i>	<i>NAME OF PARENTS</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	_____	_____

	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
--	---------------	--------------	-------------------	---------	------------

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
			Subtotal		\$ _____	\$ _____
			TOTAL		_____	_____

C Total Living Expenses

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

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Loans on insurance policies:

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

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.