

INFORMATION INTAKE SHEET

Date: _____

_____ Divorce

_____ Paternity

_____ Modification for Child Support/Maintenance/Parenting Plan

_____ Other

CLIENT'S INFORMATION

Do you accept internet communication? _____ YES _____ NO

If yes, please list your email address: _____

Full Legal Name: _____ Preferred Name: _____

SSN: _____ Date of Birth: _____

Address: _____

County of Residence: _____

How long you have resided at said address. _____

Telephone Numbers: _____ Home (landline)

_____ Mobile

_____ Work

Employer: _____

Address: _____

Gross Yearly Income: _____ Occupation: _____

Are you an active member of the Armed Forces? _____ YES _____ NO

If yes, state the branch: _____

SPOUSE'S INFORMATION

Full Legal Name: _____ Preferred Name: _____

SSN: _____ Date of Birth: _____

Address: _____

County of Residence: _____

How long your spouse has resided at said address. _____

INFORMATION INTAKE SHEET

Telephone Numbers: _____ Home (landline)
_____ Mobile
_____ Work

Employer: _____

Address: _____

Gross Yearly Income: _____ Occupation: _____

Is your spouse an active member of the Armed Forces? _____ YES _____ NO

If yes, state the branch: _____

OTHER INFORMATION:

Place of Marriage (City, State, and County): _____

Registration of Marriage (City, State, and County): _____

Date of Marriage: _____ Date of Separation: _____

Wife's Maiden Name: _____

Is Wife requesting restoration of her maiden/former name? _____ YES _____ NO

Number of Children born/adopted of this marriage: _____

For each child, provide the following information:

FULL LEGAL NAME	DATE OF BIRTH	AGE	SSN
-----------------	---------------	-----	-----

1. _____
2. _____
3. _____
4. _____

Which parent presently has actual physical custody of the children? _____

With whom have the child(ren) resided the sixty (60) days immediately preceding this date?

How frequently does your spouse have parenting time with the children? _____

What type of insurance is provided on behalf the child(ren)?

_____ Major Medical _____ Dental _____ Vision _____ Other

Is it a private policy or provided through employment? _____

INFORMATION INTAKE SHEET

Who provides the coverage, you or your spouse? _____

What is the monthly expense for dependant coverage? _____

What type of education is provided for the child(ren)?

_____ Public _____ Private _____ Parochial _____ Home schooling

If private school, list the following:

1. Where do the child(ren) attend school? _____

2. What is the annual expense/tuition for attendance? _____

Are there work-related childcare expenses? _____ YES _____ NO

If so, describe your expense for each child. _____

Do either you or your spouse pay/receive child support for child(ren) NOT born of this marriage?
_____ YES _____ NO If yes, please describe: _____

KANSAS CASE ONLY

Have the children lived outside the state of Kansas within the past five (5) years? _____

If so, provide the dates and addresses for each residence outside the state of Kansas.

Address(es)

Date(s)

_____	_____
_____	_____
_____	_____