Intake Form

Divorce is an emotionally draining and legally complicated process. While representing you, I will need to know a lot of very personal information about you, your finances, your relationships with your family, and other personal information. I understand that providing this information is difficult, but to represent you to the best of my ability, I have to ask for it.

Please fill out everything below to the best of your ability. You may fill it out digitally or print it out and fill it out. This intake form allows me to draft your paperwork more quickly and saves you money because I do not have to contact you to get the information I require. If you have any questions, make a list of them, and then either call or email me with all of your questions at once.

Personal Information

Background Info (You):

Full Name:

Street Address (City, State, ZIP):

Length at Address:

Mailing Address:

Telephone Number:

Email:

Date Of Marriage:

Location of Marriage (Including County):

Wife's Maiden Name:

Restore Maiden Name?

Length of residence in State:

Length of Residence in County:

Number of Previous Marriages:

Date Previous marriage ended:

SSN:

DOB:

Place of birth (City, State, Country):

Educational Background (Years Completed):

- High School:
- College:
- Post Graduate Study:

Ethnicity:

Employer:

<u>Background Information (Your Spouse)</u>

Full Name:

Street Address (City, State, Zip):

Length at Address:

Mailing Address:

Telephone Number:

Email:

Length of residence in State:

Length of Residence in County:

Number of Previous of Marriages:
Date previous marriage ended:

SSN:

DOB:

Place of birth (City, State, County):
Ethnicity:

Employer:

Pay Frequency:

Educational Background (Years Completed):
- High School:
- College:
- Post Graduate Study:

Background Information of Children (From this marriage):

1. Child's Name:

   Child's DOB:

   Child's SSN:

   Child's Place of Birth:

Who is this child residing with?:

Who has the child?

Where and with whom has this child resided for the past 5 years?:

2. Child's Name:

   Child's DOB:

   Child's SSN:

   Child's Place of Birth:

   Who is this child residing with?:

3. Child's Name:

   Child's DOB:

   Child's SSN

   Child's Place of Birth:

   Who is this child residing with?:

   Where and with whom has this child resided for the past 5 years?:

   Other Information:

A. Does either parent have children from outside the marriage? If so, fill out the below.

1. Child's Name:

   Child's DOB:

   Child's SSN:

   Child's Place of Birth:

   Who is this child residing with?:

   Where and with whom has this child resided for the past 5 years?:

2. Child's Name:

   Child's DOB:

   Child's SSN:

   Child's Place of Birth:

   Who is this child residing with?:

   Where and with whom has this child resided for the past 5 years?:

3. Child's Name:

   Child's DOB:

   Child's SSN

   Child's Place of Birth:

   Who is this child residing with?:

Where and with whom has this child resided for the past 5 years?:

B. Is either parent pregnant? If yes, please list the due date of the baby. If the father of the baby is not part of this marriage, please also list their name and address below.

C. Are there any other pending legal cases pertaining to the custody of the child/these children?

Miscellaneous Background Information:

Why is this marriage irreparable?:

Do you want to reconcile with your spouse?:

Does your spouse want to reconcile?:

Does your spouse have an attorney? If so; please list their name, number, and email address below.

Have you notified creditors of your divorce plans? (It is a good idea to do so, as it prevents either party from racking up debt or draining bank accounts):

Do you have a will?:

If so, is your spouse mentioned in it?:

Would you like me to review your will? If so, attach a copy.

Financial Information:

[All information requested is on a monthly basis]

[I know this section is long, but bear with me; it's important for calculating the division of assets and child support.]

Background info:

Your Employer:

Your Employer's Address:

Spouse's Employer:

Spouse's Employer's Address:

Standard Income		
A. Wage Earner	You	Your Spouse
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 Employment Income	You	Your Spouse
1. Gross Income from Self-Employment		
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 _____ _____

10. The liquid assets of the parties are:

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

_____ _____ _____ _____

_____ _____ _____ _____

B. Savings Accounts:

_____ _____ _____ _____

_____ _____ _____ _____

C. Cash

Petitioner _____ _____ _____

Respondent _____ _____ _____

D. Other

_____ _____ _____ _____

_____ _____ _____ _____

Monthly Expenses:

(Actual is preferred, but estimate if you're not sure)

ITEM		You	Your Spouse
1.	Rent (not mortgage payment)		
2..	Food		
3.	Utilities		
	Trash Service		
	Telephone		
	Gas		
	Water		
	Lights		
	Other Cable		
4.	Life Insurance		
	Health Insurance		
	Car Insurance		
	House/rental Insurance		

	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)		
	TOTAL	$	$

B. Monthly payments to banks, loan companies or on credit accounts (Indicate actual or estimate, use asterisk for secured debt – Do not list any payments mentioned above here)

Creditor	When incurred	Payment Amt.	Last payment made	Balance	Responsibility You	Your Spouse
			Subtotal		$	$
			TOTAL			

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

Source	You	Your Spouse

_____ _____ _____

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?

_____

If you and your spouse have already separated, when does each party have parenting time with the children?

_____
_____
_____
_____

If you are still living together, have you discussed and agreed to a plan for when each of you will have the children? If so, please list below.

_____
_____
_____
_____
_____

Documents to provide to attorney:

Please provide copies of the following:

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. 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.

4. Receipts for payment of childcare expenses.