



DOMESTIC INFORMATION SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please print and answer every applicable question. If a question does not apply, please write "N/A" in the space. **Do not leave any blanks.** This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Today's Date: _____

1. PERSONAL INFORMATION - CLIENT

A. Full name: _____
(Last) (First) (Middle) (Maiden)

B. Have you ever been known by any other names? If so, what name(s)?

C. Present address: _____

(City) (County) (State) (Zip)

D. Mailing address (if different from above) for mail during pendency of case
where the other party will not have access:

(City) (County) (State) (Zip)

E. _____ / _____ / _____ / _____
(Social Security Number) (Home Phone) (Home Fax) (E-Mail Address)
_____ / _____ / _____
(Work Phone) (Work Fax) (Cell Phone)

F. How long have you lived at your present address? _____

G. How long have you lived in this State? _____

H. Which County do you live in? _____

I. Do you _____ own, _____ rent, or _____ live with relatives?

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Tel: (816) 246-9981

Kansas:
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J. Date of birth: _____ Age: _____

K. State of your birth: _____

L. Highest grade you completed in school: _____
(High School) (College) (Degree)

M. Marital status: _____

If married previously, how many marriages were ended due to the death of your spouse? _____. How many were ended due to divorce or dissolution? _____.

If you are divorced, in what county and state was/were the divorce(s) granted?

N. Are you an active member of the Armed Forces? _____

O. Do you have any physical disabilities? If so, please describe: _____

P. Do you have a will? _____

Q. Who referred you to this law office? _____

2. **EMPLOYMENT INFORMATION - CLIENT**

A. Are you presently employed? _____ Yes _____ No

B. Name and full address of employer: _____

(City) (County) (State) (Zip)

C. How long have you been so employed? _____

D. What is your approximate gross salary (**before** deductions):

\$_____ per hour \$_____ per week \$_____ per month

E. What is your job title? _____

F. Do you have a pension or profit sharing plan through your employer? __Yes __No

G. If you are not presently employed, when and where were you last employed?

When: _____ Where: _____ Job Title: _____

Salary at time of employment termination: \$_____

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Why was employment terminated? _____

H. Do you have any source of income other than from your employment? _____

If so, explain in detail: _____

3. **PERSONAL INFORMATION - OTHER PARTY**

A. Name: _____
(Last) (First) (Middle) (Maiden)

B. Address: _____

(City) (County) (State) (Zip)

C. _____/_____/_____
(Social Security Number) (Home Phone) (Work Phone)

D. How long has he/she lived at present address? _____

E. How long has he/she lived in this State? _____

F. Does he/she _____ own, _____ rent, or _____ live with relatives?

G. His/her date of birth: _____ Age: _____

H. State of his/her birth: _____

I. Highest grade he/she completed in school: _____
(High School) (College) (Degree)

J. Marital status: _____

If married previously, how many marriages were ended due to the death of your spouse? _____. How many were ended due to divorce or dissolution? _____.

If you are divorced, in what county and state was/were the divorce(s) granted?

K. Is the other party an active member of the Armed Forces? _____

L. Does the other party have any physical disabilities? If so, describe: _____

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M. Does the other party have a will? _____

4. EMPLOYMENT INFORMATION - OTHER PARTY

A. Is he/she presently employed? _____ Yes _____ No

B. Name and full address of employer: _____

(City) (County) (State) (Zip)

C. How long has he/she been so employed? _____

D. Approximate gross salary (**before** deductions):

\$_____ per hour \$_____ per week \$_____ per month

E. What is his/her job title? _____

F. Does he/she have a pension or profit sharing plan through his/her employer?

G. If he/she is not presently employed, when was he/she last employed?

When: _____ Where: _____ Job Title: _____

Salary at time of employment termination: \$_____

Why was employment terminated? _____

H. Does he/she have any source of income other than from employment? _____

If so, explain in detail: _____

5. MARRIAGE STATISTICS

A. Date of Marriage: _____

B. Marriage License obtained at: _____

C. Where Married? _____

D. Did you live with your spouse before marriage? _____

E. Date of Separation? _____

F. Is the other party pregnant at this time? _____ Yes _____ No

G. Have you and the other party entered into any pre-nuptial (before marriage) or

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post-nuptial (after marriage) agreements? _____ Yes _____ No

6. **CHILD (REN)**

List child(ren) born to and/or adopted by you and the other party, listing the oldest child first. Indicate whether the child was born to or adopted by you. Do not include child(ren) of a previous marriage who have not been adopted by you or the other party.

Full Name	Date of Birth	Age	Marital Status	Born to / Adopted by	Health	Grade	School

7. **CUSTODY OF CHILD (REN)**

A. Who has actual physical custody of the minor child(ren) at this time?

_____ Mother _____ Father _____ Joint

B. With whom and where has the child(ren) resided for the last sixty (60) days?:

C. Who do you feel is best suited to have legal custody of the minor child(ren):

_____ Mother _____ Father _____ Joint

Why? Be specific: _____

D. Is the other party a good parent to the minor child(ren)? ____ Yes ____ No

E. Has the minor child(ren) ever lived with anyone other than you or the other party? _____ Yes _____ No

F. Please list the addresses where the child(ren) has lived for the last five (5) years and the dates lived at such addresses:

Address

Date

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G. Has there ever been any litigation concerning custody of this child(ren) in this or in any other state? If so, when and where? _____

H. Have there been any discussions or agreements concerning child support? If so, please describe and state amounts agreed upon: _____

8. **MARRIAGE PROBLEMS**

A. Please state briefly **your view** of the basic marriage problems: _____

B. Please state briefly any complaints **the other party** would have against you at this time regardless of whether said complaints are true or accurate:

C. List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) which will substantiate any misconduct by the other party: _____

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D. What possible accusations might the other party raise in a contest to this action? _____

E. Have either you or the other party filed a prior dissolution action regarding the other spouse to this marriage? If so, please state when and where, the ultimate disposition, and the attorneys who represented each party: _____

F. Have you or the other party ever received marriage counseling? If so, please give approximate dates and the person with whom you counseled: _____

G. Has your spouse or you received any separate counseling from anyone? If so, please give approximate dates and the person with whom each of you counseled: _____

H. Has the minor child(ren) received any counseling? If so, please give approximate dates and the person with whom they counseled: _____

9. ADDITIONAL INFORMATION

State the name, address and telephone number of your mother, father, and nearest relative not living with you:

Name	Address	Relationship	Telephone

10. Please state any other facts or comments which you feel your attorney should know regarding this matter:

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11. **PREMARITAL ASSETS**

A. Please list all assets which **you** brought into the marriage:

Description of Asset	Present Value	Amount Owed	Monthly Payment	In Whose Possession?

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B. Please list all assets which the other party brought into the marriage:

Description of Asset	Present Value	Amount Owed	Monthly Payment	In Whose Possession?

C. Have either you or the other party acquired separate property by inheritance or gift during the marriage? If so, please explain: _____

12. PROPERTY AND ASSETS

List all property and assets owned by you, your spouse, or both of you jointly.

A. REAL ESTATE (land, farms, houses, duplexes, apartments or commercial buildings)

Location / Address	Name of Legal Owner (On Deed)	Date Purchased	Purchase Price	Estimated Present Value	Principal Balance On Loan	Name and Address of Lender

(List additional pieces of property on the reverse side of this sheet, giving full information as above)

B. HOUSEHOLD FURNITURE

Estimate present value (not replacement value or new cost) of household furniture and furnishings: \$ _____

Principal balance of any loan against your furniture: \$ _____

Name and address of lien holder on your furniture: _____

C. VEHICLES (cars, trucks, motorcycles, boats, airplanes)

Year, Make, Model (i.e. 1995 Toyota Camry)	Approximate Value	Name(s) on Title	Principal Driver	Name of Lien Holder	Amount of Lien

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D. BANK ACCOUNTS

List all accounts in name of husband and/or wife, including credit unions.

Bank Name and Address	Type of Account (Savings/Checking, etc...)	Person Authorized on Account	Balance

E. IRA'S

List all individual retirement accounts.

Bank or Fund Name and Address	Name(s) of Owner	Approximate Balance

F. STOCKS, BONDS, CERTIFICATES OF DEPOSIT, BUSINESS INTERESTS, LIVESTOCK

Give full information on type of stock/bond/certificate, value and name of owner, type of location of business interest/livestock, and debt against the asset, if any. Use the reverse side of this sheet, if necessary.

G. LIFE INSURANCE POLICIES

List policies on your life and the life of your spouse.

Name and Address of Insurance Company	Name of Insured	Name of Beneficiary	Approximate Face Value	Cash Value

H. PROFIT SHARING, PENSION, RETIREMENT OR THRIFT PLANS

List plans through any past or present employers for yourself and your spouse.

Name of Employer	Name(s) of Owner	Type of Plan	Is Plan Vested?	Current Plan

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				Value

I. OTHER VALUABLE ASSETS

List any other asset owned by you or your spouse not listed above. Use the reverse side of this sheet for additional listings.

Asset	Value	Present Name(s) of Owner	Lien on Asset	Name and Address of Lien Holder

13. **DEBTS**

List **all** debts, including those set forth above.

Name and Address of Creditor	Current Balance	Secured? Yes/No	Monthly Payment	Incurred by Wife, Husband or Joint

14. Have you discussed any division of the marital personal property? If so, please explain _____

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