



DAVID LEE WELLS LAW OFFICE

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DISSOLUTION INTAKE SHEET and EMPLOYMENT CONTRACT

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you.**

DATE: _____ NEW CLIENT: PRESENT CLIENT:
HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____

NAME: _____

SPOUSE: _____

ADDRESS: _____

ADDRESS: _____

CITY STATE ZIP

CITY STATE ZIP

SSN: _____ DOB: _____

SSN: _____ DOB: _____

WHERE WERE YOU BORN? _____

WHERE WERE YOU BORN? _____

U.S. CITIZEN? YES NO

U.S. CITIZEN? YES NO

ARE THE CHILDREN U.S. CITIZENS? YES NO

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

SELF

SPOUSE

CELL PHONE: () _____

CELL PHONE: () _____

HOME PHONE: () _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

BUSINESS PHONE: () _____

FAX LINE: () _____

FAX LINE: () _____

EMAIL: _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT: _____

LENGTH RESIDENCY IN MO: _____

LENGTH RESIDENCY IN MO: _____

LENGTH RESIDENCY IN COUNTY: _____

LENGTH RESIDENCY IN COUNTY: _____

HIGHEST YR EDUCATION: _____

HIGHEST YR EDUCATION: _____

RACE: _____

RACE: _____

SERVING IN ARMED FORCES? YES NO

SERVING IN ARMED FORCES? YES NO

PRESENTLY MARRIED: _____

PRESENTLY MARRIED: _____

OF PREVIOUS DIVORCES: _____

OF PREVIOUS DIVORCES: _____

OF OTHER CHILDREN NOT INVOLVED: _____

OF OTHER CHILDREN NOT INVOLVED: _____

IN THIS ACTION: _____

IN THIS ACTION: _____

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

EMPLOYMENT INFORMATION

EMPLOYER: _____

EMPLOYER: _____

ADDRESS: _____

ADDRESS: _____

CITY STATE ZIP

CITY STATE ZIP

YEAR HIRED: _____

YEAR HIRED: _____

DO YOU HAVE A PENSION PLAN? _____
MONTHLY GROSS SALARY: \$ _____
MONTHLY NET SALARY: \$ _____
HEALTH INSURANCE PREMIUM: _____
PROVIDER: _____

DO YOU HAVE A PENSION PLAN? _____
MONTHLY GROSS SALARY: \$ _____
MONTHLY NET SALARY: \$ _____
HEALTH INSURANCE PREMIUM: _____
PROVIDER: _____

MARRIAGE INFORMATION

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____
PLACE OF MARRIAGE: CITY: _____ STATE: _____
MARRIAGE REGISTERED AT: COUNTY: _____ STATE: _____

HUSBAND

OF PREVIOUS MARRIAGES: _____
TERMINATED THROUGH DIVORCE: _____
DATE OF THAT DIVORCE: _____
 MONTH YEAR
PAYING MAINTENANCE TO ANYONE: \$ _____
TERMINATED THROUGH DEATH: _____
DATE OF SPOUSE'S DEATH: _____
WIFE'S MAIDEN NAME: _____

WIFE

OF PREVIOUS MARRIAGES: _____
TERMINATED THROUGH DIVORCE: _____
DATE OF THAT DIVORCE: _____
 MONTH YEAR
PAYING MAINTENANCE TO ANYONE: \$ _____
TERMINATED THROUGH DEATH: _____
DATE OF SPOUSE'S DEATH: _____
MAIDEN NAME TO BE RESTORED? Yes No

OTHER CHILDREN

FULL NAME OF ANY CHILDREN NOT BORN OF THIS MARRIAGE: _____
ARE YOU PAYING RECEIVING CHILD SUPPORT? _____ HOW MUCH PER MONTH? _____
WAS THERE AN ORDER FOR CHILD SUPPORT? _____ HOW MUCH PER MONTH? _____

CHILDREN INFORMATION

FULL NAMES, BIRTH DATE AND AGES OF ALL CHILDREN BORN OF THIS MARRIAGE:

FULL NAME	SOC SEC #	DATE OF BIRTH	AGE	CHILDCARE-\$
1. _____	____-____-____	____/____/____	____	\$ _____
2. _____	____-____-____	____/____/____	____	\$ _____
3. _____	____-____-____	____/____/____	____	\$ _____
4. _____	____-____-____	____/____/____	____	\$ _____

1. ADDRESS WHERE CHILDREN HAVE RESIDED IN THE LAST 6 MONTHS: _____

2. CHILD OR CHILDREN HAVE LIVED WHERE AND WITH WHOM DURING LAST 60 DAYS AND NOW?

3. DOES ANYONE CLAIM CUSTODY OF THE CHILDREN OTHER THAN THE PARENTS? _____

4. ANY PENDING OR OLD CUSTODY SUITS? Yes No
 IF YES, GIVE WHAT STATE, CASE NO., COURT: _____
5. ARE YOU RECEIVING OR HAVE YOU RECEIVED TANF (Welfare) PAYMENTS FOR THE CHILDREN BORN OF THE MARRIAGE: YES WHEN: _____ NO:
7. IS WIFE PREGNANT? _____
8. HAS THERE BEEN ANY ABUSE? _____ TO WHOM? _____ BY WHOM? _____
 WHEN? _____ ARE THERE COMPLAINTS OF MISCONDUCT? _____
 WHAT? _____

QUESTIONS FOR ATTORNEY: _____

*****DO NOT WRITE BELOW THIS LINE*****

ATTORNEY NOTES

FILE IN _____ COUNTY.
 DATE: _____

PRESUMED CHILD SUPPORT IS \$ _____
 ADVANCE RETAINER OF \$ _____
 ADVANCE COSTS OF: \$ _____
 HOURLY RATE \$ _____