



# DAVID LEE WELLS LAW OFFICE

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## MODIFICATION 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:** \_\_\_\_\_ **FORMER SPOUSE NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

WHERE WERE YOU BORN? \_\_\_\_\_ WHERE WERE YOU BORN? \_\_\_\_\_

U.S. CITIZEN?  YES  NO U.S. CITIZEN?  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

CELL PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_

FAX LINE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

LENGTH RESIDENCY IN MO: \_\_\_\_\_

LENGTH RESIDENCY IN COUNTY: \_\_\_\_\_

HIGHEST YR EDUCATION: \_\_\_\_\_

RACE: \_\_\_\_\_

SERVING IN ARMED FORCES?  YES  NO

### FORMER SPOUSE

CELL PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_

FAX LINE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

LENGTH RESIDENCY IN MO: \_\_\_\_\_

LENGTH RESIDENCY IN COUNTY: \_\_\_\_\_

HIGHEST YR EDUCATION: \_\_\_\_\_

RACE: \_\_\_\_\_

SERVING IN ARMED FORCES?  YES  NO

**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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEAR HIRED: \_\_\_\_\_

DO YOU HAVE A PENSION PLAN? \_\_\_\_\_

MONTHLY NET SALARY: \$ \_\_\_\_\_

MONTHLY GROSS SALARY: \$ \_\_\_\_\_

HEALTH INSURANCE PREMIUM: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEAR HIRED: \_\_\_\_\_

DO YOU HAVE A PENSION PLAN? \_\_\_\_\_

MONTHLY NET SALARY: \$ \_\_\_\_\_

MONTHLY GROSS SALARY: \$ \_\_\_\_\_

HEALTH INSURANCE PREMIUM: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

*Subject Marriage Information*

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF DISSOLUTION: \_\_\_\_\_  
PLACE OF MARRIAGE: \_\_\_\_\_ STATE OF MARRIAGE: \_\_\_\_\_  
MARRIAGE REGISTERED AT: County \_\_\_\_\_ State: \_\_\_\_\_  
PLACE OF DISSOLUTION: \_\_\_\_\_ STATE OF DISSOLUTION: \_\_\_\_\_  
DISSOLUTION GRANTED IN WHAT COURT: County: \_\_\_\_\_ State: \_\_\_\_\_  
DID AN ATTORNEY REPRESENT YOU?  Yes  No Attorney: \_\_\_\_\_  
DID AN ATTORNEY REPRESENT YOUR FORMER SPOUSE:  Yes  No Attorney: \_\_\_\_\_

*Maintenance (Alimony) Information*

Were you ordered to make maintenance (alimony) payments to your former spouse:  Yes  No  
Are your maintenance payments made through the Court?  Yes  No \_\_\_\_\_ Court  
Monthly amount of your maintenance (alimony) payments: \$ \_\_\_\_\_

*Minor Children (from prior marriage) Information*

Do you have minor children from your prior marriage:  Yes  No \_\_\_\_\_ How many  
Please list those children's names, date of birth and social security numbers:

	Name	Date of Birth	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(Use back of sheet if necessary to list other children born of the subject marriage).

*Minor Children (from prior marriage) Insurance Information*

Were you ordered to pay for the health, dental or eye insurance of the children?  Yes  No

What insurance were you ordered to pay for:  Health  Dental  Vision  Life

With regard to expense for "children only" state:

\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?  
\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?  
\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?

Does your former spouse have health, dental or eye insurance on the children?  Yes  No

With regard to expense to "children only" expense state:

\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?  
\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?  
\_\_\_\_\_ Health premium \_\_\_\_\_ deductible \_\_\_\_\_ who pays?

Does the agreement or decree require you or former spouse to keep insurance?  Yes  No

Who pays medical, dental, and orthodontic expenses not reimbursed by insurance? \_\_\_\_\_

*Minor Children (from prior marriage) Work-Related Care Information*

1. NAME OF DAY CARE FACILITY \_\_\_\_\_
2. ADDRESS OF DAY CARE FACILITY \_\_\_\_\_
3. WINTER DAY CARE EXPENSES: \$ \_\_\_\_\_ INDICATE WEEKLY/MONTHLY

*USE SEPARATE AMOUNTS PER CHILD IF CHARGES ARE DIFFERENT*

Child 1 listed above: \$ \_\_\_\_\_ Child 2 listed above: \$ \_\_\_\_\_  
Child 3 listed above: \$ \_\_\_\_\_ Child 4 listed above: \$ \_\_\_\_\_  
Child 5 listed above: \$ \_\_\_\_\_ Child 6 listed above: \$ \_\_\_\_\_

4. SUMMER DAY CARE EXPENSES: \$ \_\_\_\_\_ INDICATE WEEKLY/MONTHLY

*USE SEPARATE AMOUNTS PER CHILD IF CHARGES ARE DIFFERENT*

Child 1 listed above: \$ \_\_\_\_\_ Child 2 listed above: \$ \_\_\_\_\_  
Child 3 listed above: \$ \_\_\_\_\_ Child 4 listed above: \$ \_\_\_\_\_  
Child 5 listed above: \$ \_\_\_\_\_ Child 6 listed above: \$ \_\_\_\_\_

5. ARE ANY OF THE CHILDREN INVOLVED IN AFTER-SCHOOL CARE? IF SO, PLEASE PROVIDE NAME OF SCHOOL AND COST OF THE CARE PER CHILD. \$ \_\_\_\_\_

6. Do any of the children have any special expenses, for example: medical, orthodontic, tutoring, physical therapy, counseling. Please explain in detail what and cost.  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you claim any of these children to be emancipated:  Yes  No  
Reason for emancipation: \_\_\_\_\_

8. Do you have college expense for your children? \_\_\_\_\_ Annual expense \_\_\_\_\_ who pays? \_\_\_\_\_

*Current Spouse Information*

1. Is your current spouse employed:     Yes    No
2. List her/his employer and address: \_\_\_\_\_
3. Current spouse's gross monthly income: \$ \_\_\_\_\_
4. Current spouse's net monthly income: \$ \_\_\_\_\_

*Additional Children Information*

Do you and your current spouse have any children?     Yes    No    \_\_\_\_\_ how many

	Name	Date of Birth	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If these children are in day care or after school care, please list the name of the day care facility and the weekly/monthly cost for same: \_\_\_\_\_

Do you have any children residing with you or whose support you contribute to other than the children involved in this modification?

	Name	Date of Birth	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Were you ordered to pay support for these children through the Court?     Yes    No  
\_\_\_\_\_ Court

Does your former spouse have children other than the children involved in this modification who reside with the spouse or to whose support the spouse contributes?

	Name	Date of Birth	Social Security Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Miscellaneous Information

List all persons residing with you and give their relationship?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

List all persons residing with your former spouse and give their relationship?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

AS OF TIME OF LAST SUPPORT ORDER.

Your Employer _____	Former Spouse's Employer _____
Your Occupation _____	Former Spouse's Occup. _____
Your Gross Mo. Salary _____	For. Spouse Gr. Mthly Salary _____

Was there an income and expense statement filed with the Court at the time of the LAST SUPPORT ORDER? For you?  Yes  No For your spouse?  Yes  No

Do you have income from any source other than employment?

Source _____	Amount per month _____
Source _____	Amount per month _____

Does your former spouse have income from any source other than his/her primary employment?

Source _____	Amount per month _____
Source _____	Amount per month _____

*List Any Additional Information Here*

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Questions for the Attorney

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**FILE DESTRUCTION POLICY:** The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) months after the file is closed.

I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**DO NOT WRITE BEYOND THIS POINT - ATTORNEY USE ONLY**

FILE IN \_\_\_\_\_ COUNTY.

ADVANCE RETAINER OF: \$ \_\_\_\_\_

ADVANCE COSTS OF: \$ \_\_\_\_\_

PARALEGAL PER HOUR: \$ 150.00

ATTORNEY PER HOUR: \$ \_\_\_\_\_