

DAVID LEE WELLS LAW OFFICE

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DISSOLUTION INTAKE SHEET

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.** **ELECTRONIC TRANSMISSION & STORAGE:** The Supreme Court of Missouri and Federal Courts have adopted electronic filing for all documents and communication presented to the court. I consent for David Lee Wells Law Office to use the means of electronic transmission and storage including by not limited to: the internet, cloud based networks, mobile networks, mobile devices, email and electronic storage for handling of my matter. I understand that the internet and electronic messaging may be read by others who have access to computers or networks or could be intercepted by others during transmission or storage.

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

By providing electronic contact information I consent to the use of electronic communication and storage, I acknowledge the risk of interception and loss of confidentiality.

SELF

SPOUSE

EMAIL: _____

EMAIL: _____

CELL PHONE: () _____

CELL PHONE: () _____

HOME PHONE: () _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

BUSINESS PHONE: () _____

FAX LINE: () _____

FAX LINE: () _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT #: _____

EMERGENCY CONTACT #: _____

E CONTACT ADDRESS: _____

E CONTACT ADDRESS: _____

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

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: _____

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: _____

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) month after the file is closed.

TRUE AND ACCURATE: 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 _____
DO NOT WRITE BELOW THIS LINE

ATTORNEY NOTES

FILE IN _____ COUNTY.
 DATE: _____

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