



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

Questions for the 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) 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 _____

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: \$ _____