

(NAME)
ATTORNEY AT LAW

(ADDRESS)
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DISSOLUTION OF MARRIAGE CLIENT INTAKE PACKET

Please read each statement/request carefully and provide all of the information requested in this packet. I understand this will be a time-consuming task, but each piece of information requested herein is necessary in the preparation of your case, whether by way of determining what an "appropriate" settlement might be, or in preparing to present your case to a judge at trial. The more complete your answers are, the less time I will have to spend acquiring this information later, which, in turn, will save you money in legal fees. If you are unsure about any particular item, answer it to the best of your ability and make a note to discuss it with me over the phone in our next meeting.

INFORMATION ABOUT YOUR MARRIAGE AND HISTORY

SELF

LEGAL NAME: _____

PRESENT ADDRESS: _____

NAME AND RELATIONSHIP OF EACH CO-HABITANT: _____

COUNTY OF RESIDENCE: _____

LENGTH OF MO RESIDENCE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____

NUMBER OF PRIOR MARRIAGES ENDED BY DEATH: DIVORCE: _____

DATE LAST MARRIAGE ENDED: _____

AMOUNT OF MAINTENANCE (ALIMONY) PAID AND/OR RECEIVED
EACH MONTH: _____

EDUCATION (INC. NUMBER OF YEARS IN COLLEGE): _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

SPOUSE

LEGAL NAME: _____

PRESENT ADDRESS: _____

NAME AND RELATIONSHIP OF EACH CO-HABITANT: _____

COUNTY OF RESIDENCE: _____

LENGTH OF MO RESIDENCE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____

NUMBER OF PRIOR MARRIAGES ENDED BY DEATH: DIVORCE: _____

DATE LAST MARRIAGE ENDED: _____

AMOUNT OF MAINTENANCE (ALIMONY) PAID AND/OR RECEIVED
EACH MONTH: _____

EDUCATION (INC. NUMBER OF YEARS IN COLLEGE): _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

THIS MARRIAGE

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

CITY AND STATE OF MARRIAGE: _____

STATE AND COUNTY OF REGISTRATION: _____

FORMER NAME OF WIFE: _____

IS THIS NAME TO BE RESTORED?: _____

CHILDREN BORN OF THIS MARRIAGE

NAME	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
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DESCRIBE AND DETAIL ANY SPECIAL NEEDS OR EXPENSES ANY OF THE CHILDREN BORN TO THIS MARRIAGE HAVE:

OTHER CHILDREN

FOR EACH CHILD BORN TO **YOU** OUTSIDE THIS MARRIAGE PLEASE STATE:

NAME	DATE OF BIRTH	WHO PAYS CHILD SUPPORT, AND IN WHAT AMOUNT
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FOR EACH CHILD BORN TO **YOUR SPOUSE** OUTSIDE THIS MARRIAGE PLEASE STATE:

NAME	DATE OF BIRTH	WHO PAYS CHILD SUPPORT, AND IN WHAT AMOUNT
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SPOUSAL SUPPORT NEEDS

DESCRIBE AND DETAIL ANY SPECIAL NEEDS OR EXPENSES **YOU** HAVE:

DESCRIBE AND DETAIL ANY SPECIAL NEEDS OR EXPENSES **YOUR SPOUSE** HAS:

MARITAL MISCONDUCT

DESCRIBE AND DETAIL EACH ACT OF MARITAL MISCONDUCT **YOUR SPOUSE** HAS COMMITTED:

WITHOUT ACKNOWLEDGING THE VERACITY OF THE ACCUSATION, DESCRIBE AND DETAIL EACH ACT OF MARITAL MISCONDUCT YOU BELIEVE **YOUR SPOUSE** MAY CLAIM **YOU** HAVE COMMITTED:

FINANCIAL STATEMENTS

STATEMENT OF INCOME AND EXPENSES

I. My Income	
A. Gross wages or salary and commissions <u>paid to me each pay period:</u> Paid: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____	
B. My Monthly gross wages or salary:	
C. My tax status claimed: Single _____ Married _____ Head/Household _____ Number of persons claimed as deductions _____	
D. Payroll deduction each pay period:	
FICA (social security tax)	
Federal withholding tax	
State withholding tax	
City earning tax	
Union dues	
Health insurance	
Others: (specify)	
My total deductions each pay period:	
My net take-home pay each pay period:	
E. My take home or net pay each month	
Additional Sources of Income	Monthly Amount
F. My total monthly average gross additional income from all sources	
G. My total monthly gross income from wages (line B) and additional income (line F)	
H. Total gross income from my tax returns for each of the last 3 calendar years:	
Year	Income

II. My Spouse's Current Estimated Monthly Gross Income

Source	Amount
Total	

III. My Anticipated Expenses (Monthly Average—Itemize)

A. Rent or mortgage payments (include home association dues)		
B. Maintenance & repairs of residence		
C. Utilities		
1. Gas		
2. Water		
3. Electricity		
4. Telephone		
5. Trash Service		
6. Other		
Total Utility Expense		
D. Automobiles		
1. Gas and oil		
2. Maintenance		
3. Tax and license		
4. Payment of Loan		
5. Other		
Total Automobile Expense		
E. Insurance		
1. Life		
2. Health, accident & dental		
3. Disability		
4. Homeowners (if not in mortgage payment)		
5. Automobile		
6. Other		
Total Insurance Expense		

F. Taxes					
1. Real estate (if not in mortgage payment)					
2. Personal property					
3. Automobile					
4. Other					
Total Tax Expense					
G. Payments I make on debts					
H. Child support I pay to others for children not in my custody and not involved in this proceeding					
I. Maintenance or alimony paid by me to persons other than my current spouse					
J. Church and charitable contributions					
K. Other Living Expenses	Mine	Children in my Custody	Children in Spouse's Custody	Children in Joint Custody	
1. Food					
2. Clothing					
3. Medical care					
4. Prescription drugs					
5. Dental care					
6. Recreation					
7. Laundry and cleaning					
8. Barber and beauty shop					
9. School and books					
10. School lunches					
11. Lessons					
12. Home maintenance					
13. Other (itemize)					
Total other living expenses (total each column)					
L. Daycare or babysitter					
1. Work Related					

B. MOTOR VEHICLES — List all automobiles, boats, trailers, aircraft, recreational vehicles and campers. List year, make, model, vehicle identification number and names of mortgagors.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

C. BANK ACCOUNTS — List all checking and savings accounts, time deposit, money markets, certificates, etc. held in your name alone or in your name and another person. Give the names of the institutions, the names on the accounts and the account numbers.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

D. CASH ON HAND	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

E. SECURITIES — List all stocks, both public and closely held corporations, bonds, promissory notes, mortgages, money market funds and all other property in which you have an interest. Give names in which securities are held and identification numbers.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

F. LIFE INSURANCE — List the type of policy, name of issuing company, policy number, owner of policy, insured beneficiaries, face value and cash value (include policies furnished by your employer).	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

G. HOUSEHOLD GOODS & PERSONAL GOODS —Below or on a separate sheet, list all household goods, and personal goods, including all appliances, furniture, silver, antiques, art collectables, televisions, stereos, clothing, jewelry, furs, cameras, coin and stamp collections, tools, firearms, sporting equipment, lawn and garden equipment, etc.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

H. RETIREMENT, PENSION AND/OR PROFIT SHARING —List the name of the company, the person holding the interest, the percentage vested, and the present total value.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

I. INTEREST IN TRUST —List any interest in a trust. Give the name of the trust, name of the trustee, settler, beneficiaries, nature of the interest you have in the trust and attach to this statement a copy of the trust instrument.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

J. INTEREST IN CONTRACTS MADE AND NOT PERFORMED —List the parties to the contract, your interest in the contract and the expected date of performance, if any.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

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K. INTEREST IN PENDING LITIGATION OR SUIT NOT YET FILED	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

L. INTEREST IN FARM EQUIPMENT, CORPS, ANIMALS —List the nature of the property and location.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

M. DEBTS OWED TO YOU BY OTHERS —List the name of the debtor, any security, date of loan and due date, if any.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

N. INTERESTS IN SOLE PROPRIETORSHIPS, PARTNERSHIPS, OR JOINT VENTURES —List the percentage interest you hold.	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

O. OTHER ASSETS —List all assets not already listed herein. (Note who has possession of these items.)	Present Fair Market Value	Amount Owed	Equity	Recommended award to Husband or Wife	Who Presently Possesses Husband or Wife

II. NON-MARITAL PROPERTY

Property owned since before the marriage, and property acquired after the marriage:

1. By gift, bequest, devise, or descent;
2. In exchange for property acquired prior to the marriage or in exchange for property acquired by gift, bequest, devise, or descent;
3. By a spouse after a decree of legal separation; and
4. By valid written agreement of the parties

Item	Present Value	Amount Owed	Equity	Alleged Owner Husband or Wife

III. DEBTS:

List all loans from any bank, credit union, savings and loan association or other lending institution. Indicate who signed the loan, the date of the loan, actual disposition of the proceeds and state the name and address of the lender. Also list all credit card balances and store charges. State whose name is on the credit card. Also list all other indebtedness and give the name and address of the creditor.

Creditor	Current Balance	Secured Yes/No	Required Monthly Payment	Indicate Debt Incurred By Husband, Wife or Joint

Summary

	VALUE	DEBT	EQUITY
I. Marital Property:			
A. Real Estate			
B. Motor Vehicles			
C. Bank Accounts			
D. Cash On Hand			
E. Securities			
F. Life Insurance			
G. Household Goods and Personal Goods			

H. Retirement, Pension and/or Profit Sharing			
I. Interest in Trust			
J. Interest in Contracts Made and Not Performed			
K. Interest in Pending Litigation or Suit Not Yet Filed			
L. Interest in Farm Equipment, Crops, Animals			
M. Debts Owed to You By Others			
N. Interests In Sole Proprietorships, Partnerships, or Joint Ventures			
O. Other Assets			
II. Non-Marital Property			
III. Debts			
TOTALS			

PARENTING PLAN INFORMATION

WHO SHOULD HAVE LEGAL CUSTODY OF THE CHILDREN BORN TO THIS MARRIAGE?:

Legal Custody refers to decision making rights and responsibilities, including education, health, and religious upbringing decisions. Missouri law expresses a **strong** preference for joint legal custody. If you do not believe joint legal custody is appropriate, state in detail why not.

WHO SHOULD HAVE PHYSICAL CUSTODY OF THE CHILDREN BORN TO THIS MARRIAGE?:

Physical Custody refers to the Child’s residence. Missouri law expresses a **strong** preference for joint physical custody. Joint physical custody does not necessarily mean equal time with each parent, but it does mean significant time with each parent. If you do not believe joint physical custody is appropriate, state in detail why not. If you believe joint physical custody is appropriate, please state whose home you believe should be used as the Child’s home for school and mailing purposes (the child’s “primary” residence).

REGULAR PARENTING TIME:

State what days and times the Child(ren) shall spend with each parent during a “regular” two week interval:

WEEK A

	Times with Mother	Times With Father
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Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

WEEK B

	Times with Mother	Times With Father
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

VACATION PARENTING TIME:

State your belief as to how parenting time should be shared during the Child(ren)'s **Winter Break**:

State your belief as to how parenting time should be shared during the Child(ren)'s **Spring Break**:

State your belief as to how parenting time should be shared during the Child(ren)'s **Summer Break**:

State your belief as to whether, how often, and for how long each parent should be able to take the Child(ren) on **Out-of-Town Vacations**:

HOLIDAYS AND SPECIAL OCCASIONS

State your belief as to how Holiday and Special occasions should be shared:

Holiday	Even Years	Odd Years	Parenting Time From: To:
New Year's Eve			
New Year's Day			
Martin Luther King Day			
Presidents' Day			
Memorial Day			
Independence Day			
Labor Day			
Thanksgiving			
Christmas Eve			
Christmas Day			
Other Holidays (specify)			
Special Occasions (specify)			
Halloween			
Mother's Day			
Father's Day			
Mother's Birthday			
Father's Birthday			
Child's Birthday			

State your belief as to how decision-making responsibilities should be divided:

Decision Making Rights and Responsibilities	Shared	If not shared, explain reason why	Person Responsible	
			Mother	Father
Education (what school the Child(ren) will attend, entry into special classes)				
Medical (medical procedures needed, medications to be taken, mental health treatment decisions)				
Dental (procedures needed, including orthodontics)				
Selection of Health Care Providers (doctor, hospital, therapist and psychiatrists)				
Selection of Child Care Providers	When with Mother			
	When With Father			
Extracurricular Activities (what the Child(ren) will participate in when these activities involve each person's parenting time)				
Religious Upbringing				
Other (specify)				

EXPENSES IN ADDITION TO CHILD SUPPORT

State how the following expenses shall be shared between the parties:

Expense	Mother - amount or %	Father – amount or %
<p>Health Insurance Coverage</p> <p>If either party is solely obligated to provide health insurance, he or she shall be obligated to pay the premium for such coverage in a timely manner. Any medical expenses incurred for the Children during any lapse in coverage shall be the sole obligation of the party who is to provide insurance.</p>		
<p>Medical</p> <p>Expenses not covered by health insurance, including co-pays and deductibles</p>		
<p>Dental</p> <p>Including braces, crowns, fillings, cleanings etc. to the extent not paid by any policy of dental insurance covering the Children.</p> <p>Vision</p> <p>Including eyeglasses, contacts, vision checks etc. to the extent not paid by any policy of vision insurance covering the Children.</p>		
<p>Psychological</p> <p>Including counseling, therapy etc. to the extent not paid by any policy of insurance covering the Children.</p>		
<p>Educational</p> <p>Including books, class fees, mandatory field trips and the cost of any college credits earned while still attending secondary school.</p>		

Childcare		
Extraordinary Expenses Includes the following: <ul style="list-style-type: none">▪ music lessons▪ sports equipment▪ car insurance		
College and Post-Secondary School		

DOCUMENTS NEEDED

Please provide copies of each of the following documents. These may not be all of the documents that will be needed over the course of this matter, but each document listed here will eventually be necessary, and we will get the maximum benefit from having them as early in your case as possible.

Most of these documents will have been necessary in filling out the information requested above. If you are not in possession of any of the documents listed below, provide what you have and make a note accordingly.

The following documents will be needed as soon as possible.

_____ A copy of each and every federal and state tax return that you have signed for the last three years

_____ All credit card statements for each of the past 6 months for each credit card held by you and/or your spouse.

_____ Copies of all documents arising out of and referring to your employee benefits, including but not limited to pension, profit sharing, insurance, sick leave, vacation leave, and stock ownership

_____ Copies of all documents arising out of and referring to your spouse's employee benefits, including but not limited to pension, profit sharing, insurance, sick leave, vacation leave, and stock ownership.

The rest of the following documents will likely be needed at some point, but are not immediately essential.

_____ Your W-2's for the last three taxable years.

_____ Your spouse's W-2's for the three taxable years.

_____ Each of your last six paystubs

_____ All cancelled checks for any accounts on which your name appears for the past 6 months.

_____ Each and every bank statement for the past 6 months for each and every checking, savings, certificate of deposit, money market, or other bank account on which either your name appears or for which you have the right to withdraw funds.

_____ All deeds on each and every parcel of real estate in which you have or claim to have an ownership interest.

_____ All documents produced within the past twelve months which state a balance owed on account of an indebtedness that is owed to you by another.

_____ All regularly occurring bills (including cell phone, home phone, water, trash, gas, electricity, auto insurance, home owners/renter's insurance, etc). for the past 12 months

_____ All life-insurance policy statements.