

GETTING STARTED.

Your lawyer needs as much information about you and your financial situation, including your income, assets you own, and debts you owe, as you have available. Completing the attached questionnaire will be a great help in starting the process.

REED WALKER, P.A.
ATTORNEYS AND COUNSELORS

DATE: _____

OUR CLIENT: _____ Petitioner _____ Respondent _____

CELL PHONE: _____

E-MAIL: _____

WIFE/MOTHER

WIFE'S/MOTHER'S NAME _____ SSN: _____

MAIDEN NAME: _____ SHOULD THIS BE RESTORED? _____

RESIDENCE ADDRESS: _____

HOME PHONE: _____

DATE OF BIRTH: _____ STATE OF BIRTH: _____

HIGHEST GRADE COMPLETED: _____ DEGREE: _____

EMPLOYER'S NAME: _____

—
EMPLOYER'S ADDRESS: _____
—

EMPLOYER'S PHONE #: _____ HOURS OF WORK: _____

DATE STARTED WITH THIS EMPLOYER: _____

GROSS MONTHLY PAY: _____ HOW OFTEN PAID: _____

NUMBER OF TAX EXEMPTIONS CLAIMED _____ TAX STATUS (M, S) _____

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DEDUCTIONS:	Federal Income Tax	\$ _____
	State Income Tax	\$ _____
	Social Security/Medicare Tax	\$ _____
	Health Insurance	\$ _____

IF MARRIED, HOW DID YOUR PREVIOUS MARRIAGE(S) END? _____ WHEN? _____

CHILDREN

NUMBER OF CHILDREN OF THIS UNION: _____

<u>NAME(S) OF CHILDREN</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>

NUMBER OF CHILDREN OF **PREVIOUS MARRIAGE/UNION**: _____
WITH WHOM DO THEY RESIDE? _____

<u>NAME(S) OF CHILDREN</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>

PRESENT CUSTODY OF YOUR CHILDREN IS WITH WHOM? _____

THE BEST INTERESTS OF YOUR CHILD(REN) WOULD BE BEST SERVED IF THEY LIVED PRIMARILY WITH: _____

COMPLETE FOR ALL CASES CONCERNING MINOR CHILDREN:

1. Have you participated in any other litigation as a party, witness or in any other capacity, in this or any other state, concerning the custody of the minor child(ren) involved in this proceeding? If so, where? _____
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2. Do you have any information that a custody proceeding concerning the minor child(ren) involved in this proceeding is pending in any court of this or any other state? _____

3. Does anyone besides you and the opposite party in this action have physical custody of the minor child(ren), or does anyone else claim to have custody or visitation rights with the minor child(ren) involved in this action? If so, where? _____

4. Present address of the minor child(ren). _____
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5. Addresses for the past five years of minor child(ren) involved in this action.

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6. Names and current addresses of person(s) with whom the child(ren) have lived:

—

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7. Has/have the minor child(ren) involved in this action lived in the State of Kansas/Missouri with parent(s), or person(s) acting as a parent for at least six consecutive months preceding the filing of this action? _____

8.

INCOME INFORMATION

A. SALARY/WAGE EARNER	Husband/Father	Wife/Mother
1. Gross Income	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Federal Income Tax	\$ _____	\$ _____
5. Social Security/Medicare	\$ _____	\$ _____
6. State Withholding	\$ _____	\$ _____
7. Subtotal Deductions	\$ _____	\$ _____
8. Net Income: (Line A.3 minus Line A.7.)	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____
B. SELF-EMPLOYED		
1. Gross Income from Self-employment	\$ _____ \$ _____	\$ _____ \$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Reasonable Business Expenses (itemize on attached exhibit)	\$ _____	\$ _____
5. Self-Employment Tax	\$ _____	\$ _____
6. Estimated Tax Payments	\$ _____	\$ _____
7. Federal Income Tax	\$ _____	\$ _____
8. State Withholding	\$ _____	\$ _____
9. Subtotal Deductions	\$ _____	\$ _____
10. Net Income: (Line B.3 minus Line B.9.)	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____

9.

MONTHLY EXPENSES OF EACH PARTY

	Husband/Father	Wife/Mother
A. HOUSE PAYMENT OR RENT	\$ _____	\$ _____
B. FOOD	\$ _____	\$ _____
C. UTILITIES:	\$ _____	\$ _____
Trash Service	\$ _____	\$ _____
Newspaper	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Water	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Cable and ISP	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
D. INSURANCE:		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Car	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other	\$ _____	\$ _____
E. UNINSURED HEALTH CARE EXPENSES	\$ _____	\$ _____
F. CHILD CARE	\$ _____	\$ _____
G. CLOTHING FOR YOURSELF	\$ _____	\$ _____
H. CLOTHING FOR CHILDREN	\$ _____	\$ _____
I. SCHOOL EXPENSES/SUPPLIES	\$ _____	\$ _____
J. HAIR CUTS, STYLING, NAILS	\$ _____	\$ _____
K. CAR REPAIR	\$ _____	\$ _____
L. GASOLINE	\$ _____	\$ _____
M. PERSONAL PROPERTY TAX	\$ _____	\$ _____
N. MISCELLANEOUS (SPECIFY)	\$ _____	\$ _____
O. HOA DUES	\$ _____	\$ _____
P. PETS/VET, FOOD	\$ _____	\$ _____
Q. SCHOOL ACTIVITIES	\$ _____	\$ _____
R. HOUSE MAINTENANCE	\$ _____	\$ _____
S. YARD	\$ _____	\$ _____
T. HOUSE CLEANING	\$ _____	\$ _____

MONTHLY PAYMENTS TO BANKS, LOAN COMPANIES, CREDIT ACCOUNTS

<u>CREDITOR</u> <u>RESPONSIBILITY</u>	<u>DATE DEBT</u> <u>INCURRED</u>	<u>JOINT/</u> <u>INDIVID.</u>	<u>MO. PAYMENT</u> <u>& LAST DATE PMT. MADE</u>	<u>BALANCE</u>	<u>PROPOSED</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL OF PAYMENTS to CREDITORS: \$ _____

TOTAL LIVING EXPENSES: \$ _____

10.		PETITIONER (ACT/EST)	RESPONDENT (ACT/EST)
A.	Total funds available to Petitioner and Respondent (from No. 8)	\$ _____	\$ _____
B.	Total needed (from No. 10 I. and II.)	\$ _____	\$ _____
C.	Net Balance:	\$ _____	\$ _____

11.

ASSETS OF THE PARTIES

A. CHECKING ACCOUNTS

Name of Bank: _____
Account No. _____
Balance \$ _____ as of _____ (date)
Account owners/signers _____

Name of Bank: _____
Account No. _____
Balance \$ _____ as of _____ (date)
Account owners/signers _____

B. SAVINGS OR MONEY MARKET ACCOUNTS

Name of Bank: _____
Account No. _____
Balance \$ _____ as of _____ (date)
Account owners/signers _____

Name of Bank: _____
Account No. _____
Balance \$ _____ as of _____ (date)
Account owners/signers _____

C. CASH:

HUSBAND: _____
WIFE: _____

D. PENSIONS PLANS:

HUSBAND: 401(k) and Retirement _____
Plan Administrator _____
Plan Name _____
Balance in plan \$ _____ as of _____ date.

WIFE: 401(k) and Retirement _____
Plan Administrator _____
Plan Name _____
Balance in plan \$ _____ as of _____ date.

E. LIFE INSURANCE:

Company Name: _____
Policy No. _____
Death benefit: _____
Beneficiary: _____
Cash Surrender Value: \$ _____
Owner: (husband or wife or other person or entity) _____

Company Name: _____
Policy No. _____
Death benefit: _____
Beneficiary: _____
Cash Surrender Value: \$ _____
Owner: (husband or wife or other person or entity) _____

F. **STOCKS, BONDS, MUTUAL FUNDS: Fund or Stock Name, Balance or Value as of what date, and registered owner(s) of the stocks, bonds, or funds.**

Fund or stock name: _____
Balance or value \$ _____ as of what date _____
Registered owner of investment: (husband, wife, or other entity) _____

Fund or stock name: _____
Balance or value \$ _____ as of what date _____
Registered owner of investment: (husband, wife, or other entity) _____

Fund or stock name: _____
Balance or value \$ _____ as of what date _____
Registered owner of investment: (husband, wife, or other entity) _____

Fund or stock name: _____
Balance or value \$ _____ as of what date _____
Registered owner of investment: (husband, wife, or other entity) _____

G. **FURNITURE, APPLIANCES, AND OTHER HOUSEHOLD GOODS - LIST on ATTACHED INVENTORY SHEET**

H. **JEWELRY - LIST BY ITEM AND VALUE**

HUSBAND:

WIFE:

I. VEHICLES, including recreational vehicles and motorcycles:

Make: _____
Model: _____
Year: _____
Mileage: _____
Titled owner(s): _____
Usual driver: _____
VIN: _____

Make: _____
Model: _____
Year: _____
Mileage: _____
Titled owner(s): _____
Usual driver: _____
VIN: _____

Make: _____
Model: _____
Year: _____
Mileage: _____
Titled owner(s): _____
Usual driver: _____
VIN: _____

Other (for example boats, motors, trailers, ATV's, Sea-Doos, fishing boats):

J. HOME:

Address: _____
Date purchased: _____
Purchase price: _____
Amount and source of down payment: _____
Current mortgage holder: _____
Current mortgage balance: _____
Responsible parties: _____
Estimated fair market value: _____
Home equity line of credit: date established: _____
mortgage holder: _____
mortgage balance: _____
responsible parties: _____

Who now has possession of the home? _____
Do you want possession of it? _____

OTHER REAL ESTATE:

Address: _____
Date purchased: _____
Purchase price: _____
Amount and source of down payment: _____
Current mortgage holder: _____
Current mortgage balance: _____
Responsible parties: _____
Estimated fair market value: _____
Home equity line of credit: date established: _____
mortgage holder: _____
mortgage balance: _____
responsible parties: _____
Who now has possession of the home? _____
Do you want possession of it? _____

12. CHILD SUPPORT ADJUSTMENTS REQUESTED.

	PETITIONER	RESPONDENT
Long Distance Visitation Costs	\$ _____	\$ _____
Time Spent with Non-Custodial Parent	\$ _____	\$ _____
Income Tax Exemption	\$ _____	\$ _____
Special Needs	\$ _____	\$ _____
Agreement Past Minority	\$ _____	\$ _____
Cost of Living Differential	\$ _____	\$ _____
Residence with Third Party	\$ _____	\$ _____
Overall Financial Condition	\$ _____	\$ _____

13. INCOME TAX CONSEQUENCE ADJUSTMENT REQUEST, IF ANY:

14. INHERITED OR GIFTED PROPERTY:

Identify the property (what was it—cash, real estate, stocks, other investments?)

At the time you or your spouse acquired it, what was it worth? \$ _____

What is it worth now? \$_____

On what date did you acquire the property? _____

Was it acquired by you, or your spouse? _____

ADDITIONAL NOTES: