

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'S/MOTHER'S NAME: _____ SSN _____

MAIDEN NAME: _____ SHOULD THIS BE RESTORED? _____

RESIDENCE ADDRESS:

CELL 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) _____

DEDUCTIONS:	Federal Income Tax	\$ _____
	State Income Tax	\$ _____
	Social Security/Medicare Tax	\$ _____
	Health Insurance	\$ _____
	Retirement-401(k)	\$ _____

HUSBAND'S/FATHER'S NAME _____ SSN: _____

RESIDENCE ADDRESS: _____

CELL 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) _____

DEDUCTIONS:	Federal Income Tax	\$ _____
	State Income Tax	\$ _____
	Social Security/Medicare Tax	\$ _____
	Health Insurance	\$ _____
	Retirement-401(k)	\$ _____

MARRIAGES

DATE OF MARRIAGE, IF ANY: _____ PLACE OF MARRIAGE: _____

DATE SEPARATED: _____

HOW LONG HAVE YOU LIVED IN YOUR STATE OF RESIDENCE? _____ (months/years)

NO. OF MARRIAGES: WIFE _____ HUSBAND _____

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

BY DIVORCE OR ANNULMENT? _____

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 BY THIS UNION IS WITH WHOM? _____

THE 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? _____
2. Do you have any information (yes or no) that a custody proceeding concerning the minor child(ren) involved in this proceeding is pending in any court of this or any other state? _____ . If so, in what county and state? _____
3. Does anyone except 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, who are they, and what is their relationship to the children? _____

4. Present address of the minor child(ren).

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

6. Names and current addresses of person(s) with whom the child(ren) have lived during the last five years, if not the parents identified in this questionnaire:

7. Has/have the minor child(ren) involved in this action lived in the State of Kansas with parent(s), or person(s) acting as a parent for at least six consecutive months preceding the filing of this action? _____ (Yes or No).

8.

INCOME INFORMATION

A.	WAGE EARNER	PETITIONER	RESPONDENT
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

	PETITIONER	RESPONDENT
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	\$ _____	\$ _____

	PETITIONER	RESPONDENT
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	\$ _____	\$ _____
U. TOTAL	\$ _____	\$ _____

MONTHLY PAYMENTS TO BANKS, LOAN COMPANIES, CREDIT ACCOUNTS

CREDITOR	DATE DEBT INCURRED	JOINT/ INDIVID.	MONTHLY PAYMENT & LAST DATE MADE	BALANCE	PROPOSED PARTY RESPONSIBLE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL OF PAYMENTS TO CREDITORS: \$ _____

TOTAL LIVING EXPENSES: \$ _____

10.		PETITIONER (ACTUAL/EST)	RESPONDENT (ACTUAL/EST)
	A. Total funds available to Petitioner and Respondent (from No. 8)	\$ _____	\$ _____
	B. Total needed (from No. 9)	\$ _____	\$ _____
	C. Net Balance:	\$ _____	\$ _____

11. ASSETS OF THE PARTIES

A. CHECKING ACCOUNTS

Name of Bank: _____
 Account No. _____
 Balance \$ _____ as of _____ date.
 Account signers: _____

Name of Bank: _____
 Account No. _____
 Balance \$ _____ as of _____ date.
 Account signers: _____

B. SAVINGS ACCOUNTS

Name of Bank: _____
 Account No. _____
 Balance \$ _____ as of _____ date.
 Account signers: _____

Name of Bank: _____
 Account No. _____
 Balance \$ _____ as of _____ date.
 Account signers: _____

C. CASH:
 PETITIONER: _____
 RESPONDENT: _____

D. PENSION 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. _____
Beneficiary _____
Cash Value _____
Death benefit _____

Company Name _____
Policy No. _____
Beneficiary _____
Cash Value _____
Death benefit _____

F. STOCKS, BONDS, MUTUAL FUNDS:

Fund or stock name: _____
Balance as of date of filing or separation _____
Registered owner(s) _____

Fund or stock name: _____
Balance as of date of filing or separation _____
Registered owner(s) _____

Fund or stock name: _____
Balance as of date of filing or separation _____
Registered owner(s) _____

G. FURNITURE, APPLIANCES, AND OTHER HOUSEHOLD GOODS : See personal property inventory list.

H. JEWELRY - LIST BY ITEM, VALUE and OWNER:

I. VEHICLES:

Make _____
Model _____
Year _____
Mileage _____
Who has possession _____
VIN _____

Make _____
Model _____
Year _____
Mileage _____
Who has possession _____
VIN _____

Make _____
Model _____
Year _____
Mileage _____
Who has possession _____
VIN _____

Make _____
Model _____
Year _____
Mileage _____
Who has possession _____
VIN _____

J. REAL ESTATE:

Street address _____
 Date acquired _____
 Purchase price _____
 Down payment amount and source _____

 Current market value _____
 Mortgage balance _____
 HELOC balance _____
 Current possession _____

Street address _____
 Date acquired _____
 Purchase price _____
 Down payment amount and source _____

 Current market value _____
 Mortgage balance _____
 HELOC balance _____
 Current possession _____

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 (e.g. tax exemption), 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? _____

15. Of the property listed above, was any of it owned at the time of your marriage? If so, what was the fair market value, and debt owed, on the property at that time?

ADDITIONAL NOTES:

2/23

REED WALKER, PA
Suite 115 | Cloverleaf Office Park Bldg. 1
6811 Shawnee Mission Parkway
Overland Park, Kansas 66202
913.432-1826 | 913-721-8889
913.721-8906 Facsimile
reed@reed-walker.com
kathy@reed-walker.com
rebecca@reed-walker.com