



INTAKE FORM FOR DIVORCE WITHOUT CHILDREN

DATE: _____

The information requested in this form is all required by the court and/or the Kansas Department of Vital Statistics. Please answer all questions as completely as possible to the best of your knowledge. If a question does not apply to your situation, write "N/A" in the space provided, rather than leaving the question blank.

CLIENT INFORMATION:

Client Name: _____
FIRST FULL MIDDLE NAME MAIDEN LAST

Address: _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____
MO. DAY YEAR STATE COUNTY

Race _____ Level of Education: _____

Change Your Name?: (circle one) Yes No If Yes, Please Provide Name: _____

Number of Marriages: _____ Date of Current Marriage: _____

Place of Current Marriage: _____
CITY COUNTY STATE

SPOUSE'S INFORMATION:

Name: _____
FIRST FULL MIDDLE NAME MAIDEN LAST

Address: _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____
MO. DAY YEAR STATE COUNTY

Race _____ Level of Education: _____ Number of Marriages: _____

MINOR CHILDREN OF OTHER RELATIONSHIPS:

Your children of previous relationships (not including this relationship):

Full Name	Date of Birth	SSN	Age	Custodian	Child Support Paid/Received?
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Your spouse's children of previous relationships (not including this relationship):

Name	Date of Birth	SSN	Age	Custodian	Child Support Paid/Received?
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Health Insurance Expenses: Family coverage? ___ Yes ___ No
Name of Health Insurance Company: _____

Provided by (circle one): You Other Party

EMPLOYMENT AND INCOME:
(Please do not abbreviate employer's name or your occupation.)

YOUR EMPLOYMENT:

Employer: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

HOW ARE YOU PAID:

Salary: _____ (per month/year) Commission - Average gross monthly income: _____

Hourly Wage: _____ Number of hours worked per week: _____

Frequency of Paychecks: _____

SPOUSE'S EMPLOYMENT:

Employer: _____ Occupation: _____

Address: _____

HOW ARE THEY PAID:

Salary: _____ (per month/year) Commission - Average gross monthly income: _____

Hourly Wage: _____ Number of hours worked per week: _____

Frequency of Paychecks: _____

PLEASE LIST ALL FOR YOURSELF AND YOUR SPOUSE, WHETHER HELD JOINTLY OR INDIVIDUALLY.

CHECKING ACCOUNTS:

<u>Bank Name</u>	<u>Amount</u>	<u>Date of Valuation</u>	<u>Name(s) on Account</u>	<u>Account Number(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAVINGS ACCOUNTS:

<u>Bank Name</u>	<u>Amount</u>	<u>Date of Valuation</u>	<u>Name(s) on Account</u>	<u>Account Number(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cash on Hand: Me: \$_____ My Spouse: _____

RETIREMENT/PENSION PLANS (401(k), Profit Sharing, etc.):

<u>Type of Plan</u>	<u>Who</u>	<u>Plan Administrator</u>	<u>Amount Vested</u>	<u>Loans Against</u>	<u>Date of Valuation</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REAL ESTATE: <u>Address</u>	<u>Date Purchased</u>	<u>Name(s) on Deed</u>	<u>Estimated Value</u>	<u>Appraised Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STOCKS, BONDS, AND OTHER MARKETABLE SECURITIES:

<u>Description</u>	<u>Date Purchased</u>	<u>Present Value</u>
_____	_____	_____
_____	_____	_____

LIST ALL MONEY OWED TO YOU:

<u>Name</u>	<u>For what?</u>	<u>Amount Owed</u>	<u>Monthly Payments</u>	<u>Date Due</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIFE INSURANCE: <u>Company</u>	<u>Whose Name</u>	<u>Annual Premium</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTOMOBILES AND MOTORCYCLES:

<u>Year, Make And Model</u>	<u>Name(s) on Title</u>	<u>Date Acquired</u>	<u>Fair Market Market Value</u>	<u>Who Drives</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MISCELLANEOUS PERSONAL PROPERTY:

PLEASE LIST ALL PROPERTY OF VALUE, UNLESS PROPERTY HAS ALREADY BEEN DIVIDED BY AGREEMENT.

<u>Item</u>	<u>Current Possession</u>	<u>Date Acquired</u>	<u>Estimated Value</u>	<u>Marital/ Nonmarital</u>	<u>Proposed Division</u>
Boats, Trailers, or Campers:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Hand or Power Tools:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Item</u>	<u>Current Possession</u>	<u>Date Acquired</u>	<u>Estimated Value</u>	<u>Marital/ Nonmarital</u>	<u>Proposed Division</u>
Jewelry:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Guns:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Electronics:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Antiques:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Household Goods and Furnishings:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Pets:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other assets not included on page above:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Personal Injury or Worker's Compensation Claims:					
_____	_____	_____	_____	_____	_____

t. **Miscellaneous (specify)**

OTHER PERTINENT INFORMATION:

Do you or your spouse have any health problems or medical conditions? If yes, please explain:

I have been institutionalized in the following hospitals or jails: _____

for _____

My spouse has been institutionalized in the following hospitals or jails: _____

for _____

My previous attorneys have been: _____

My spouse's previous attorneys have been: _____

Have you or your spouse ever been represented by, or participated in Limited Case Management with, an attorney at Cameron & Herrman, P.A.? ____ Yes ____ No

How I heard about Cameron Family Law, P.A.: _____

How long have you resided in the State of Kansas? _____

If now separated, what county and state did you and your spouse last reside in as husband and wife? _____

I swear that the above is true to the best of my knowledge and ability.

Client

Please be prepared to submit the following documents to our office before your pleadings can be drafted:

- 1) Copy of most recent paystub.
- 2) Documentation from employer reflecting cost of insurance (family of dependent coverage cost v. single).