

FISHER LAW LLC

4310 Madison Ave., Suite 110, Kansas City, Missouri 64111
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DISSOLUTION / DIVORCE / LEGAL SEPARATION

Consult date: _____

Referred by: Avvo FindLaw
 Firm website Personal Referral (Name) _____
 Super Lawyers Lawyer Referral (Name) _____
 Google Previous client

CLIENT (SELF)

OTHER PARTY (SPOUSE)

Full name: _____ Full name: _____

Address: _____ Address: _____

County _____ How Long _____ County _____ How Long _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

State of birth: _____ State of Birth: _____

Length of Residence in State: _____ Length of Residence in State: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

E-mail: _____ E-mail: _____

Is your e-mail secure? Y or N Preferred method of contact: __e-mail __phone __mail

EMERGENCY CONTACT**

Name: _____ Relation: _____ Phone: _____

**Will only be used if we have communicated with you yet have not heard back within 10 days.

MARRIAGE INFORMATION

Date of Marriage: _____ Date of Separation: _____

City/State of Marriage: _____ County registered in: _____

Is Wife Currently pregnant? _____ Wife's Maiden name: _____ Restore? _____

CHILDREN

First Middle Last	DOB	SS#**	M/F	AGE:	Resides with? (Mom/Dad/Both)

UNIFORM CHILD CUSTODY AND JURISDICTIONAL ENFORCEMENT ACT

For every place the child(ren) have lived at since birth please provide the address, dates of residence, the person(s) residing at said addresses and their relationship to the child(ren).

*Please note that it is possible for the child/ren to have lived at more than one residence at the same time.

EX: 4310 Madison Ave., Ste., 110, Kansas City, Missouri 64114
Jane Smith – Mother; John Doe – Father (January 1, 2016 – Present)

Address: _____

Persons/Relationship: _____ From ____/____/____ to ____/____/____

Address: _____

Persons/Relationship: _____ From ____/____/____ to ____/____/____

Address: _____

Persons/Relationship: _____ From ____/____/____ to ____/____/____

Address: _____

Persons/Relationship: _____ From ____/____/____ to ____/____/____

DEPARTMENT OF VITAL STATISTICS

Client Race: _____ Spouse Race: _____

No. of this Marriage: _____ No. of this Marriage: _____

How did previous marriage end /date marriage ended:

Divorce: Death: Divorce: Death:

Date of Divorce: _____ Date of Divorce: _____

Education (Specify highest grade completed):

FINANCIAL INFORMATION (PARTIES OF THIS ACTION)

Client's Information

Client's Gross Income: _____ Paid Monthly/Bi-Weekly/Weekly? _____
Employer Name: _____ Phone: _____
Employer **address**: _____
Base Wage or Salary: _____ Average Overtime: _____ Other: _____

Spouse's Information

Spouse's Gross Income: _____ Paid: _____
Employer Name: _____ Phone: _____
Employer **address**: _____
Base Wage or Salary: _____ Average Overtime: _____ Other: _____

Support Information

Any other proceedings regarding custody and/or child support for child/ren of this action?
Yes **or** No If yes, Case # _____ State/county: _____
Child Support \$ _____ per month. Arrearage? \$ _____
Admin Child Support # _____

Which parent provides insurance for family? _____
Health care costs: _____ Childcare/Daycare Costs: _____
Special health or education costs for child/ren: _____
Have the child/ren ever received welfare or Medicaid? Yes **or** No MACSS# _____

Maintenance Information

Maintenance paid to a previous spouse? \$ _____ per _____, duration _____
Maintenance received from previous spouse? \$ _____ per _____, duration _____

CHILDREN NOT OF THIS ACTION

Child/ren name/s: _____
Child Support Order: \$ _____ State/County: _____ Circle one: *Pay or Receive*
Case # _____ Admin Child Sppt # _____

Child/ren name/s: _____
Child Support Order: \$ _____ State/County: _____ Circle one: *Pay or Receive*
Case # _____ Admin Child Sppt # _____

→ Please provide receptionist a copy of your photo ID (driver's license or other state ID) ←