

# FISHER LAW LLC

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## SAME SEX DIVORCE / DISSOLUTION

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

### MARRIAGE INFORMATION

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

City/State of Marriage: \_\_\_\_\_ County registered in: \_\_\_\_\_

Is a party currently pregnant? \_\_\_\_\_ If so, which party? \_\_\_\_\_

Maiden name: \_\_\_\_\_ Restore? *Yes or No* (circle one)

**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**

Race: Client \_\_\_\_\_ Race: Spouse \_\_\_\_\_

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) ←*