FISHER LAW
LLC

4505 Madison Ave., Suite 100, 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 JURIDICTIONAL 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	Spouse
Race:_____	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:____

Date of Hire? _____

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? _____

Heath 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)* ←

FOR ATTORNEY USE:

RETAINER QUOTE	
Retainer	$
Atty hourly	$
NOTES:	

SIGNATURE APPT:

TO PARALEGAL: _____

DISCOVERY	
Given to client on: _____ / _____/ 20_____	
Gave client due date of : _____ / _____ / 20_____	
Gave client:	___ Advanced disco packet
	___ Standard disco packet
	___ No disco packet

SERVICE OF PROCESS: _____

NOTES: _____

_____

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