

FAMILY LAW WORKSHEET

The following information will be needed to properly file and advise you on your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. If you need help with this worksheet, call Cheryl Leffler at 660-874-5075.

Today's Date: _____

Personal Information:

Full Name: _____

Last

First

Middle

What is your maiden name? _____

Do you want to change your name? _____ **To what?** _____

Where were you born (city and state)? _____

Date of Birth: _____ **Social Security Number:** _____

Race: _____ (required for dissolution only)

Present Address: _____

Street Name or P.O. Box

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

E-mail address: _____

Is this your first, second, third, etc., marriage? _____

How did your last marriage end (death or divorce)? _____

If this is not your first marriage, please state the month and year of your last dissolution/death of spouse: _____

Do you: _____ **own,** _____ **rent, or** _____ **other (please describe)**

What is the highest grade of school or college completed? _____

Are you pregnant at this time, if applicable? _____

Employment Information:

Are you presently employed? _____ **Part-time or full-time?** _____

Name and Address of Employer: _____

How long have you been employed with this employer? _____

What is your approximate gross annual salary? _____

How much do you earn per hour? _____

Job Title: _____

Do you have a pension, profit-sharing or any other type of retirement, savings, and 401K or thrift plan through your employer? _____ If yes, what do you contribute each month? _____

Do you have life insurance through your employer? _____ If yes, what is the cost to you each month? _____

Do you have health insurance through your employer? _____ If yes, what is the cost to you each month? _____

When and where you were last employed? _____

Job Title: _____

Salary at time of termination: _____

Why was employment terminated? _____

Do you have any other source of income other than your employment? _____

If yes, please explain: _____

Are you an active duty member of the Armed Forces? _____

Spouse or Other Parent (OP) Information

Name: _____

Last

First

Middle

What is your spouse's maiden name, if applicable? _____

Does spouse want to change her name, if applicable? _____

Address: _____

Street Name or P.O. Box

City

State/Zip Code

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

How long at present address? _____ Own _____ Rent _____ Other _____

If other, please explain: _____

City and state of birth: _____

Race: _____ (required for dissolution only)

What is the highest grade in school or college completed? _____

Is this your spouse's first, second, third, etc., marriage? _____

How did spouse's last marriage end (death or divorce)? _____

If this is not spouse's first marriage, please state month and year of spouse's last dissolution: _____

Presently employed? _____ If yes, name and address of employer. _____

How long employed with present employer? _____

What is your spouse/OP's approximate gross annual salary? _____

How much does your spouse/OP earn per hour?

Job Title: _____

Does your spouse have a pension, profit-sharing or any other type of retirement, savings, 401K or thrift plan through your employer?: _____ If yes, what does he/she contribute each month? _____

Do your spouse have life insurance through his/her employer? _____ If yes, what is the cost each month? _____

Does your spouse have health insurance through his/her employer? _____ If yes, what is the cost each month? _____

When and where was your spouse/OP last employed?

Job Title: _____

Salary at time of termination: _____

Why was employment terminated? _____

Does your spouse/OP have any other source of income other than his/her employment? _____ If yes, please explain:

Is your spouse/OP an active member of the Armed Forces? _____ yes _____ no

Is spouse pregnant at this time, if applicable? _____

MARRIAGE INFORMATION

Date of Marriage: _____ Date of Separation: _____

Marriage License obtained at: _____

City County State

Location of Marriage: _____

City County State

Did you live together before marriage? _____ Yes _____ No

If yes, how long: _____

CHILDREN AND CUSTODY INFORMATION

List children born to you and your spouse or the other parent. Include children adopted by you and your spouse. List oldest child first. Indicate whether child was born to you or adopted by you. Do not include children of a previous marriage who have not been adopted by you or your spouse.

Full Name	Date of Birth	Age	Social Security #

Who has physical custody of the minor child(ren) at this time? _____ Father

_____ Mother _____ Both

With whom and at what address have the child(ren) resided for the last 60 days? _____

With whom and at what address have the child(ren) resided for the last 6 months? _____

Please list the addresses and dates where the child(ren) have lived for the last five (5) years and with whom:

Address	From	To	Father/Mother/Both/Other

Who do you feel is best suited to have custody of the minor child(ren)?

_____ Joint _____ Wife _____ Husband

Why? _____

Is your spouse/OP a good parent to the minor child(ren)?

Have the minor child(ren) ever lived with anyone other than you or your spouse/OP? _____

On what major holidays and school vacations will you alternate visitation with your spouse/OP and on even or odd numbered years?

_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____
_____	Even	_____	Odd	_____

What weekdays and weekend visitation should your spouse/OP have?

How much time should the child(ren) spend in summer with your spouse/OP?

Where should the transfer of the children for visitation occur? _____

Who should pick up the child(ren) at the beginning of visitation and who should return the child(ren) at the end of visitation?

Do you suggest any restrictions or limitations on access by your spouse/OP to the child(ren)? _____ If so, what restrictions and why? _____

Should the child(ren)'s visits with your spouse/OP be supervised? _____ If so, why?

How should expenses of the child(ren), including child care, educational, and other extraordinary expenses, be apportioned between you and your spouse/OP? _____

What do you believe is the appropriate amount of child support to be paid by each party?

Who will maintain or provide health insurance for the child(ren)? _____

Has there ever been any litigation concerning custody of these child(ren) in Missouri or any other state? _____ **If yes, explain:** _____

Have there been any discussions or agreements concerning child support? _____ **If so, please advise and state amounts agreed upon:** _____

Have you and your spouse entered into any prenuptial, postnuptial or antenuptial agreements? _____ **If so, explain:** _____

Please state briefly any complaints your spouse/OP would have against you, regardless of whether said complaints are true or accurate: _____

MARITAL ISSUES AND DIVISION

Please state briefly your view of the basic marital problem(s): _____

Has either spouse filed a prior dissolution proceeding to this marriage? _____ **If so, state when, where, the ultimate disposition, and the attorneys who represented each party:**

Have you or your spouse received marriage counseling? _____ **If yes, please give dates and the person with whom you counseled:** _____