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FACT SHEET

You have asked our firm to represent you in your divorce action. In order for us to provide quality professional service, we need to obtain accurate information from you in regard to your personal and financial history. The responses you provide in this questionnaire will be used in preparing court documents on your behalf. Please answer the following questions as thoroughly and completely as possible. Machine copies of deeds, insurance policies, statements from savings/checking accounts, and/or loan applications are extremely helpful to us. If you desire, you may bring those documents to our office and we will make copies for your file.

We want to assist you in gathering this information. If you have questions, please don't hesitate to give us a call. Likewise, we will contact you if questions arise as we prepare your divorce documents.

A word about the Fact Sheet: Generally, the information is organized by category as listed below:

- I. Statistical Data on Petitioner
- II. Statistical Data on Respondent
- III. Marriage Information
- IV. Statistical Data on Children Custody Information
- V. Real Estate Information
- VI. Vehicles Information
- VII. Financial Information
 - Assets and Debts Life and Health Insurance Retirement Accounts
- VIII. Other Personal Property
- IX. Budget Information

As you work through the questions feel free to make notes or jot down a question in the margins. Later, you can refer to these notations if you need clarification on a particular question. If some sections do not apply, simply mark so with "N/A."

DIVORCE FACT SHEET (Please use blue or black ink.) Name of person completing fact sheet: _____ Daytime telephone number: **I. PETITIONER** (Person Filing for Divorce): Name: _____ Address _____ Home phone Date of birth: Place of birth (county, state _____ Social Security Number _____ Number of Previous Marriages: How each marriage ended:_____ Date each marriage ended Education (specify highest grade completed: _____ PHYSICAL DESCRIPTION OF PETITIONER: height _____ race_____ weight____ eye color_____ glasses \Box yes \Box no other (e.g. mustache, beard, scars, tattoos) **OCCUPATION OF PETITIONER:** Employer: _____ Address of employer: _____ Business phone number: **MONTHLY** Wages: Gross income: Federal Income Tax withheld: Social Security Tax withheld: (Kansas) State Income Tax withheld: Medicare Tax withheld: Subtotal deductions: Net (take home) pay:_____ Other income: _____ Total net income:

Pay periods: circle one

monthly, twice a month, every 2 weeks, weekly, other _____

II. RESPONDENT (Person whom Divorce is Filed Against):

Name:	
Address	
Home phone	
Date of birth:	
Place of birth (county, state	
Social Security Number	
Number of Previous Marriages:	
How each marriage ended: Date each marriage ended Education (specify highest grade completed:	
PHYSICAL DESCRIPTION OF RESPONDENT:	
race	height
weight	eye color
glasses \Box yes \Box no other (e.g. mustache, beard, scars, tattoos)	
OCCUPATION OF RESPONDENT:	
Employer:	
Address of employer:	
Business phone number:	
MONTHLY Wages: Gross income:	
Federal Income Tax withheld:	
Social Security Tax withheld:	
(Kansas) State Income Tax withheld:	
Medicare Tax withheld:	
Subtotal deductions:	
Net (take home) pay:	
Other income:	
Total net income:	
Pay periods: circle one monthly, twice a month, every 2 we	eeks, weekly, other

III. MARRIAGE INFORMATION

Date of Marriage:				
Place of Marriage:				
C	city	county	state	
Separation Date:				
Have you been a resident of Kansas for the past 60 days? \Box yes \Box no				
Wife's maiden name:				
Does the wife want h	er maiden name resto	ored? 🗆 yes 🗆 n	0	

You have no completed the Statistical Data on Petitioner and Respondent and Marriage Information, Sections I, II, and III. The paragraph immediately following this section is a checklist relating to you and your marriage. Here, you will be asked questions about children, real estate, vehicles, financial information, personal property, and budget information, Sections IV-IX. Please read the following questions and answer with a "yes" or "no." If your answer is "yes," you will provide specific information on this subject on the page as indicated in the (). If your answer is "no," simply skip that section and continue with the next question.

CHECKLIST

1.	□ yes	□ no	Do you have minor children (under the age of 18)? (If yes, complete Section IV, page 5)
2.	□ yes	□ no	Do you or your spouse own real estate? (If yes, complete Section V, page 6).
3.	□ yes	□ no	Do you or your spouse own vehicles? (If yes, complete Section VI, page 7).
4.	□ yes	□ no	Do you or your spouse have checking, savings, retirement accounts, or any type of investment account? (If yes, complete Section VII, page 8 & 9).
5.	□ yes	□ no	Do you or your spouse have life insurance or health insurance? (If yes, complete Section VII, page 10).
6.	□ yes	□ no	Do you or your spouse have debts? (If yes, complete Section VII, page 11 & 12).
7.	□ yes	□ no	Do you or your spouse own other property acquired during the marriage? (If yes, complete Section VIII, page 13).

Section IX, page 14, is a summary of your monthly living expenses. This section is to be completed using your actual or estimated costs for the items as listed.

IV. CHILDREN

Name	Date of Birth	Social Security Number
Custody Information		
Present address of child(ren):		
Places where child(ren) have live	ved during the past five (5) years	
Names and addresses of person	as with whom child(ren) lived dur	ing the past five (5) years:
this state or any other state? □ yes □ no	ther litigation concerning custody	of this same child(ren) in
If so, give details:		
Do you know of any custody proce If so, give details:	eeding now pending? □ yes	\Box no
Do you know of any person no parenting time rights, or who has p	t a party to these proceedings who physical custody of the children?	
Do you or your spouse have othe If so, give details. Please in maintenance paid or received (if a exemption(s), and if you file your	nclude name(s), date(s) or birth, a pplicable), who has residential cu	stody, who claims the tax

V. REAL ESTATE (including business, if applicable)

Address:
Value (appraised value):
Original Cost:
Amount Owing (mortgage balance):
Monthly Payment:
Mortgage Holder:
Ownership:
Possession of real estate will go to:
Place movide level description A convert the dead on montance employed in would have

<u>Please provide legal description</u>. A copy of the deed or mortgage application would have the legal description.

VI. VEHICLES

Model/Make:
Year:
Ownership:
Value:
Amount Owing (loan balance)
Loan holder:
Monthly payments:
Who <u>now</u> has possession of this vehicle:
Who should have possession during the pendency of the divorce:
Who will have possession after the divorce is final:
Model/Make:
Year:
Ownership:
Value:
Amount Owing (loan balance)
Loan holder:
Monthly payments:
Who <u>now</u> has possession during the pendency of the divorce:
Who should have possession during the pendency of the divorce
Who will have possession <u>after</u> the divorce is final:

VII. FINANCIAL INFORMATION

Assets

Checking Account(s)
Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)
Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)

Savings

ame of Bank/Savings Institution:
wnership:
ccount Number:
alance:
effective (date)
ame of Bank/Savings Institution:
wnership:
ccount Number:

Balance:

effective (date)

Retirement Accounts: Please send in a Qualified Domestic Relations order (QDRO) form from the Plan Administrator.

Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)
011001110 (dato)
Name of Bank/Savings Institution:

Stock and Mutual Fund Account(s):

Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)
Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)
Name of Bank/Savings Institution:
Ownership:
Account Number:
Balance:
effective (date)

Profit Sharing: Through Employer

Name of Bank/Savings Institutio	n:
Ownership:	
Account Number:	
Balance:	
effective (date)	

401(k) Plan: Please send in a Qualified Domestic Relations Order (QDRO) form from the Plan Administrator.

Name of Bank/Savings Institution:	
Ownership:	
Account Number:	
Balance:	
effective (date)	
Name of Bank/Savings Institution:	
Ownership:	
Account Number:	
Balance:	
effective (date)	

Other Accounts:

Life Insurance and Health Insurance

Life Insurance

Company:
Number:
Issued:
Amount:
Owner/Insured:
Value:
Beneficiaries:
Health Insurance
Company:
Who provides coverage for minor children? \Box petitioner \Box respondent
How much does the party who provides health care pay for family coverage?
\$ per
How much does it cost the provider to furnish health insurance only on the provider?
\$ per
Is health insurance provided through employer?: \Box yes \Box no

Debts. This would include all credit cards, bank or savings/lending institution loans.

Creditor:				
Loan for:				
Date incurred:				
Balance of Note:				
Payments:				
Date of last payment:				
Responsible party:				
Who should make payments during the pendency of the divorce:				
Who should make payments after the divorce is final:				
Creditor:				
Loan for:				
Date incurred:				
Balance of Note:				
Payments:				
Date of last payment:				
Responsible party:				
Who should make payments during the pendency of the divorce:				
Who should make payments after the divorce is final:				
Creditor:				
Creditor:Loan for:				
Loan for: Date incurred:				
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Loan for:				

Creditor:					
Loan for:					
Date incurred:					
Balance of Note:					
Payments:					
Date of last payment:					
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Who should make payments after the divorce is final:					
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Loan for:					
Date incurred:					
Balance of Note:					
Payments:					
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Date incurred: Balance of Note: Payments: Date of last payment: Date of last payment: Responsible party: Who should make payments during the pendency of the divorce: Who should make payments after the divorce is final: Creditor:					
Date incurred:					

If additional space is needed, please use the back side of this paper.

VIII. OTHER PERSONAL PROPERTY

Identify property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance.

What is the estimated value of household furnishings acquired during marriage that it is expected will be retained by you? \$_____; your spouse? \$_____

Identify any other personal property of significant value which has been acquired by the parties during marriage.

Property:
Ownership:
Value:
Amount Owing (loan balance):

Who will have possession after the divorce is final:_____

IX. BUDGET INFORMATION

Please provide <u>your monthly expenses</u> (not your spouse's expenses) as listed below. (Please indicate with an asterisk (*) all the figures which are estimates rather than actual figures taken from records).

ITEM

Rent (if applicable)	\$ _
Food	\$ _
Utilities:	
Newspaper	\$ _
Telephone	\$ _
Gas	\$ _
Electricity	\$ _
Water	\$ _
Sewer	\$ _
Refuse (trash)	\$
Other	\$ _
Insurance:	
Life	\$ _
Health	\$ _
Car	\$ _
House/rental	\$ _
Other	\$ _
Medical & Dental (uninsured expenses)	\$ _
Prescriptions	\$ _
Child Care (work related)	\$ _ child care provider:
Child Care (non-work related)	\$ _
Clothing	\$ _
School Expenses	\$ _
Hair Cuts and Beauty	\$ _
Car Repair	\$ _
Gas and Oil	\$
Personal Property Tax	\$ _
Miscellaneous (Specify)	\$
*	\$ _
	\$ _
	\$
	\$ _
	\$ _
	\$ _
Total	\$ _

* Miscellaneous expenses would include such things as music lessons for children, Boy/Girl Scouts, cable TV, etc.

AUTHORIZATION FOR RELEASE OF RECORDS AND REPORTS

I, the undersigned, authorize my financial institution, mortgage company, credit card company or medical/dental office, to furnish to the firm of PANKRATZ & HODGE, P.A. (whose address is given below), any and all information which may be requested regarding my financial records or medical/dental records, and if necessary, to provide photocopies of such records as may be requested by PANKRATZ & HODGE, P.A.

Date

Signature

PANKRATZ & HODGE, P.A. Attorneys at Law Old Mill Plaza, Suite 400 301 N. Main St. Newton, Kansas 67114 Telephone: (316) 283-8746

Thank You for Consulting With Pankratz & Hodge, P.A.