

ADRIAN & PANKRATZ, P.A.
Attorneys at Law
Old Mill Plaza, Suite 400
301 N. Main St.
Newton, Kansas 67114
Telephone: (316) 283-8746
Fax: (316) 283-8787

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

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:

race _____

height _____

weight _____

eye color _____

glasses yes 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 yes 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 weeks, weekly, other

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:

Please provide legal description. 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 now 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 now has possession during the pendency of the divorce:

Who should have possession during the pendency of the divorce

Who will have possession after 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

Name of Bank/Savings Institution:

Ownership:

Account Number:

Balance:

effective (date)

Name of Bank/Savings Institution:

Ownership:

Account 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)

Name of Bank/Savings Institution:

Ownership:

Account Number:

Balance:

effective (date)

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 Institution:

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? petitioner 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?: yes 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:

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:

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:

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:

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

IX. BUDGET INFORMATION

Please provide your monthly expenses (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 ADRIAN & PANKRATZ, 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 ADRIAN & PANKRATZ, P.A.

Date

Signature

ADRIAN & PANKRATZ, P.A.
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