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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**

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 \_\_\_\_\_

**III. MARRIAGE INFORMATION**

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

Place of Marriage: \_\_\_\_\_  
city county state

Separation Date: \_\_\_\_\_

Have you been a resident of Kansas for the past 60 days?  yes  no

Wife’s maiden name: \_\_\_\_\_

Does the wife want her maiden name restored?  yes  no

**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

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**Custody Information**

Present address of child(ren): \_\_\_\_\_

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Places where child(ren) have lived during the past five (5) years:

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Names and addresses of persons with whom child(ren) lived during the past five (5) years:

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Have you participated in any other litigation concerning custody of this same child(ren) in this state or any other state?

yes  no

If so, give details:

Do you know of any custody proceeding now pending?  yes  no

If so, give details:

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Do you know of any person not a party to these proceedings who claims to have custody or parenting time rights, or who has physical custody of the children? If so, give details:

**Do you or your spouse have other minor children?**  yes  no

If so, give details. Please include name(s), date(s) or birth, amount of child support and/or maintenance paid or received (if applicable), who has residential custody, who claims the tax exemption(s), and if you file your taxes of household, joint, married-separate, or single.

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**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.

**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 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

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