

**INITIAL CLIENT INTAKE SHEET**  
**PATERNITY**

<b>CLIENT NAME:</b>	SSN:
Address:	DOB:
Mailing Address (if different from above):	Place of Birth:
County:	Length of Residence in State:
Alimony or Maintenance Paid to / Received From To Former Spouse: \$ _____ From Former Spouse: \$ _____	Length of Residence in County:
Daytime Telephone: HOME: WORK: CELL: FAX: E-MAIL:	Education: HIGH SCHOOL: COLLEGE: POST GRADUATE STUDY:
Physical Description: race _____ height _____ weight _____ eye color _____	glasses <input type="checkbox"/> yes <input type="checkbox"/> no other (e.g. mustache, beard, scars, tattoos) _____ Member of the Armed Forces <input type="checkbox"/> yes <input type="checkbox"/> no

<b>CLIENT: CHILDREN(S) NAME(S) SUBJECT TO THIS ACTION</b>	<b>DATE OF BIRTH &amp; SOCIAL SECURITY NUMBER OF CHILD</b>	<b>CITY, COUNTY AND STATE OF BIRTH OF CHILD</b>	<b>CHILD CURRENTLY RESIDING WITH: (example: Mother)</b>

<b>CLIENT: CHILDREN(S) NAME(S) NOT SUBJECT TO THIS ACTION</b>	<b>DATE OF BIRTH &amp; SOCIAL SECURITY NUMBER OF CHILD</b>	<b>CITY, COUNTY AND STATE OF BIRTH OF CHILD</b>	<b>CHILD CURRENTLY RESIDING WITH: (example: Mother)</b>	<b>DO YOU PAY OR RECEIVE CHILD SUPPORT? HOW MUCH?</b>

**USE ADDITIONAL SPACE AS NEEDED:**

## WHAT IS BEING REQUESTED?

\_\_\_ Child Support      \_\_\_ Custody      \_\_\_ Parenting Time  
\_\_\_ Medical Insurance and Expenses      \_\_\_ Birth Expense Reimbursement

**PLEASE PROVIDE ANY EVIDENCE OF PATERNITY.** Examples include: birth certificate, any agreements between the parties regarding parenting time or child support, any information or court proceedings involving SRS, etc.

Please Provide **Health insurance information** for child(ren):

Circle one: **provided by client or other party**

a. Amount paid by employer: \_\_\_\_\_ per pay period

Plan: circle one:

Family or Individual

Pay periods: circle one

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

b. Amount paid by parent: \_\_\_\_\_ per pay period

Plan: circle one:

Family or Individual

Pay periods: circle one

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

c. Please state monthly cost for individual plan through insurance: \_\_\_\_\_

d. Please state monthly cost for family plan through insurance: \_\_\_\_\_

e. Name of insurance provider: \_\_\_\_\_

**USE ADDITIONAL SPACE AS NEEDED:**

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

yes      no

If so, give details:

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

If so, give details:

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

**UCCJEA REQUIREMENT**

For each child OF THIS ACTION, list the places the child has resided **during the last five years, and name and addresses of the persons with whom the child has lived during such periods.**

<b>FROM</b>	<b>TO</b>	<b>ADDRESS</b>	<b>WITH WHOM</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PARENTING TIME SCHEDULE

**CURRENT SCHEDULE:** (use form below or write in space provided below)

DAY(S)	TIME FRAME	WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL ISSUES OR SPECIAL CIRCUMSTANCES TO INCLUDE:** (examples: Holiday schedule; pick up or drop off instructions and/or location)

**REQUESTED SCHEDULE:** (use form below or write in space provided below)

DAY(S)	TIME FRAME	WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL ISSUES OR SPECIAL CIRCUMSTANCES TO INCLUDE:** (examples: Holiday schedule; pick up or drop off instructions and/or location)

**STATEMENT OF MONTHLY INCOME AND EXPENSES OF CLIENT**

**PLEASE PROVIDE A CURRENT PAY STUB TO OUR OFFICE**

**I. INCOME**

A.

\_\_\_ Check if unemployed

Employer \_\_\_\_\_

Address:

PAID: (check one)

\_\_\_ **Hourly**

Wage rate per hour: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Average monthly wages: \$ \_\_\_\_\_

Monthly Gross Wages \$ \_\_\_\_\_

\_\_\_ **Salary**

Average Gross Monthly Salary: \$ \_\_\_\_\_

Paid: \_\_\_ Weekly \_\_\_ Bi-Weekly

\_\_\_ Semi-Monthly \_\_\_ Monthly

Number of Dependents Claimed:

**AVERAGE MONTHLY PAYROLL DEDUCTIONS:**

<b>Monthly GROSS Salary/Wages and Commission</b>	\$ _____
FICA (Social Security Tax)\	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
Health Insurance	\$ _____
<b>OTHER DEDUCTIONS:</b>	
	\$ _____
<b>TOTAL DEDUCTIONS</b>	\$ _____
<b>NET TAKE HOME PAY</b>	\$ _____

B. ADDITIONAL INCOME from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

Bonuses	\$ _____
Draw	\$ _____
Pension/Retirement	\$ _____
Annuity	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____
Child Support received for children not of this proceeding	\$ _____
Maintenance received from third party	\$ _____
Government Support	\$ _____

AVERAGE MONTHLY TOTAL \$ \_\_\_\_\_

**C. TOTAL AVERAGE GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**CLIENT MONTHLY EXPENSES**

Please provide your monthly expenses as listed below. (Please indicate with an asterisk (\*) all the figures which are estimates rather than actual figures taken from records).

**II. EXPENSES on a MONTHLY average HOMEOWNERS EXPENSES**

Rent	\$ _____
Mortgage	\$ _____
Second Mortgage	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Lot Rent	\$ _____
Association Fees	\$ _____
Maintenance of Home	\$ _____
Lawn Service	\$ _____
Pest Control	\$ _____
Veterinarian and General Pet Care	\$ _____

**TOTAL HOME EXPENSES**                    \$ \_\_\_\_\_

**UTILITIES**

Natural Gas	\$ _____
Water	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Trash Service	\$ _____
Cable/Satellite	\$ _____
Sewer	\$ _____
Cellular Phone/Pager	\$ _____
Internet Provider	\$ _____
	\$ _____

**TOTAL UTILITIES EXPENSES**                    \$ \_\_\_\_\_

**MEDICAL EXPENSES**

General Care	\$ _____
Dental Care	\$ _____
Health Insurance	\$ _____
Prescription Drugs	\$ _____
Over the Counter Drugs	\$ _____
Eye Care	\$ _____
Mental Health Care	\$ _____
	\$ _____
	\$ _____

**TOTAL MEDICAL EXPENSES**                    \$ \_\_\_\_\_

**PERSONAL HYGIENE & BEAUTY**

Hair Cuts/Perm \$ \_\_\_\_\_  
Personal Products \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL PERSONAL HYGIENE & BEAUTY EXPENSES** \$ \_\_\_\_\_

**AUTOMOBILE AND TRANSPORTATION**

Gasoline \$ \_\_\_\_\_  
Routine Maintenance \$ \_\_\_\_\_  
Personal Property Tax \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL AUTOMOBILE EXPENSES** \$ \_\_\_\_\_

**GENERAL LIVING**

Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL GENERAL LIVING EXPENSES** \$ \_\_\_\_\_

**CREDIT CARDS & OTHER INSTALLMENTS**

American Express \$ \_\_\_\_\_  
VISA \$ \_\_\_\_\_  
Mastercard \$ \_\_\_\_\_  
Discover Card \$ \_\_\_\_\_  
Other Bank Cards \$ \_\_\_\_\_  
Store Credit Cards \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL CREDIT CARD & OTHER INSTALLMENT EXPENSES** \$ \_\_\_\_\_

MINOR AND/OR DEPENDENT CHILDREN:

Health Insurance	\$ _____
Medical Including Co-Pay	\$ _____
Dental	\$ _____
Vision	\$ _____
Psychological	\$ _____
Other Health	\$ _____
Educational	\$ _____
Childcare – work-related	\$ _____
Childcare – non work-related	\$ _____
Extraordinary Expenses	\$ _____

TOTAL CHILDREN'S EXPENSES \$ \_\_\_\_\_

OTHER MISC EXPENSES

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL OTHER EXPENSES \$ \_\_\_\_\_

TOTAL AVERAGE MONTHLY EXPENSES \$ \_\_\_\_\_

<b>OTHER PARTY NAME:</b>	SSN:
Address:	DOB:
Mailing Address (if different from above):	Place of Birth:
County:	Length of Residence in State:
Alimony or Maintenance Paid to / Received From To Former Spouse: \$ _____ From Former Spouse: \$ _____	Length of Residence in County:
Daytime Telephone: HOME: WORK: CELL: FAX: E-MAIL:	Education: HIGH SCHOOL: COLLEGE: POST GRADUATE STUDY:
Physical Description: race _____ height _____ weight _____ eye color _____	glasses <input type="checkbox"/> yes <input type="checkbox"/> no other (e.g. mustache, beard, scars, tattoos) _____ Member of the Armed Forces <input type="checkbox"/> yes <input type="checkbox"/> no

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**STATEMENT OF MONTHLY INCOME AND EXPENSES OF OTHER PARTY**

**PLEASE PROVIDE A CURRENT PAY STUB TO OUR OFFICE**

**I. INCOME**

A.

\_\_\_ Check if unemployed

Employer \_\_\_\_\_

Address:

PAID: (check one)

\_\_\_ **Hourly**

Wage rate per hour: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Average monthly wages: \$ \_\_\_\_\_

Monthly Wages \$ \_\_\_\_\_

\_\_\_ **Salary**

Average Gross Monthly Salary: \$ \_\_\_\_\_

Paid: \_\_\_ Weekly \_\_\_ Bi-Weekly

\_\_\_ Semi-Monthly \_\_\_ Monthly

Number of Dependents Claimed:

**AVERAGE MONTHLY PAYROLL DEDUCTIONS:**

<b>Monthly GROSS Salary/Wages and Commission</b>	\$ _____
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Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
Health Insurance	\$ _____
<b>OTHER DEDUCTIONS:</b>	
	\$ _____

TOTAL DEDUCTIONS \$ \_\_\_\_\_

NET TAKE HOME PAY \$ \_\_\_\_\_

B. ADDITIONAL INCOME from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

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Pension/Retirement	\$ _____
Annuity	\$ _____
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Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____
Child Support received for children not of this proceeding	\$ _____
Maintenance received from third party	\$ _____
Government Support	\$ _____

AVERAGE MONTHLY TOTAL \$ \_\_\_\_\_

**C. TOTAL AVERAGE GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**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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Newton, Kansas 67114  
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