# INITIAL CLIENT INTAKE SHEET
## PATERNITY
## (Please use blue or black ink)

| | |
|---|---|
| **CLIENT NAME:** | 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<br>To Former Spouse: $_____<br>From Former Spouse: $_____ | Length of Residence in County: |
| Daytime Telephone:<br>HOME:<br>WORK:<br>CELL:<br>FAX:<br>E-MAIL: | Education:<br>HIGH SCHOOL:<br>COLLEGE:<br>POST GRADUATE STUDY: |
| Physical Description**:**<br>race_____<br>height _____<br>weight_____<br>eye color_____ | glasses □ yes □ no<br>other (e.g. mustache, beard, scars, tattoos)<br>_____<br>Member of the Armed Forces □ yes □ no |

| ***CLIENT:*** *CHILDREN(S) NAME(S)* ***SUBJECT TO THIS ACTION*** | ***DATE OF BIRTH & SOCIAL SECURITY NUMBER OF CHILD*** | *CITY, COUNTY AND STATE OF BIRTH OF CHILD* | *CHILD CURRENTLY RESIDING WITH: (example: Mother)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

**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.**

| FROM | TO | ADDRESS | WITH WHOM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# 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:**

| | |
|---|---|
| **Monthly GROSS Salary/Wages and Commission** | $_____ |
| FICA (Social Security Tax)\ | $_____ |
| Federal Withholding Tax | $_____ |
| State Withholding Tax | $_____ |
| Medicare | $_____ |
| Union Dues | $_____ |
| Health Insurance | $_____ |
| **OTHER DEDUCTIONS:** | |
| | $_____ |
| | |
| | |
| | |

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)

| | |
|---|---|
| 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 $_____

| **OTHER PARTY NAME:** | 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<br>To Former Spouse: $_____<br>From Former Spouse: $_____ | Length of Residence in County: |
| Daytime Telephone:<br>HOME:<br>WORK:<br>CELL:<br>FAX:<br>E-MAIL: | Education:<br>HIGH SCHOOL:<br>COLLEGE:<br>POST GRADUATE STUDY: |
| Physical Description**:**<br>race_____<br>height _____<br>weight_____<br>eye color_____ | glasses □ yes □ no<br>other (e.g. mustache, beard, scars, tattoos)<br>_____<br>Member of the Armed Forces □ yes □ no |

| ***OTHER PARTY:*** *CHILDREN(S) NAME(S)* ***NOT SUBJECT TO THIS ACTION*** | ***DATE OF BIRTH & SOCIAL SECURITY NUMBER OF CHILD*** | *CITY, COUNTY AND STATE OF BIRTH OF CHILD* | *CHILD CURRENTLY RESIDING WITH: (example: Mother)* | *DO YOU PAY OR RECEIVE CHILD SUPPORT? HOW MUCH?* |
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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:**

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| Union Dues | $_____ |
| Health Insurance | $_____ |
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| | $_____ |
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TOTAL DEDUCTIONS $_____
NET TAKE HOME PAY $_____

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| Social Security | $_____ |
| Overtime/Commission | $_____ |
| Workers Compensation | $_____ |
| Public Aid/Food Stamps | $_____ |
| Rental Income | $_____ |
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| Other Income | $_____ |
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| 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 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.
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Newton, Kansas 67114
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