

**DISSOLUTION OF MARRIAGE CLIENT QUESTIONNAIRE**

REYNOLDS LAW FIRM, L.L.C.  
4700 Belleview Ave., Suite 404  
Kansas City, MO 64112  
Phone: 816-531-6000  
Fax: 816-531-3939  
[www.whrlawfirm.com](http://www.whrlawfirm.com)

The following information will be needed by **The Reynolds Law Firm, LLC** in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. **DO NOT LEAVE BLANKS.** This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

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

HOW DID YOU HEAR ABOUT THIS OFFICE: \_\_\_\_\_

**YOUR PERSONAL INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Are you / were you in the Military: \_\_\_\_\_

Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Your Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College Degree (if so describe): \_\_\_\_\_

Post Graduate Degree (if so describe): \_\_\_\_\_

Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Do you: \_\_\_\_\_ own; \_\_\_\_\_ rent; or \_\_\_\_\_ live with a relative?

In what County do you live, and how long have you lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

Mailing Address, if different from above, for mail during pendency of case where opposing party will not have access:

\_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*MARRIAGES BEFORE THE MARRIAGE AT ISSUE (IF APPLICABLE):*

Number of prior marriages: \_\_\_\_\_

Name(s) of former spouse(s): \_\_\_\_\_

How did each marriage end?

Divorce: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ State: \_\_\_\_\_

Annulment: \_\_\_\_\_ Date of Annulment: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Value: \_\_\_\_\_

Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Cost to you per month: \_\_\_\_\_

Cost to employer per month: \_\_\_\_\_

Group Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*OTHER SOURCES OF INCOME:*

Do you have any source of income other than employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_

\_\_\_\_\_

**CURRENT SPOUSES' PERSONAL INFORMATION**

*GENERAL BIOGRAPHICAL INFORMATION:*

Name (first, middle name and last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Former Names / Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Is he/she (were they) in the Military: \_\_\_\_\_ Branch: \_\_\_\_\_

Military Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Current Status (active, reserves, retired, etc.): \_\_\_\_\_

Spouses Education: High School Diploma / GED? Yes \_\_\_\_\_ No \_\_\_\_\_

College Degree (if so describe): \_\_\_\_\_

Post Graduate Degree (if so describe): \_\_\_\_\_

Licenses / Accreditations: \_\_\_\_\_

*CURRENT CONTACT INFORMATION:*

Residential Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Do he / she: \_\_\_\_\_ own; \_\_\_\_\_ rent; or \_\_\_\_\_ live with a relative?

In what County does he / she live, and how long have he / she lived there? \_\_\_\_\_

In what State do you reside and how long have you been there? \_\_\_\_\_

*CURRENT PHONE NUMBERS / FAX / E-MAIL:*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*MARRIAGES BEFORE THE MARRIAGE AT ISSUE (IF APPLICABLE):*

Number of prior marriages: \_\_\_\_\_

Name(s) of former spouse(s): \_\_\_\_\_

How did each marriage end?

Divorce: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ State: \_\_\_\_\_

Annulment \_\_\_\_\_ Date of Annulment: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

*CURRENT EMPLOYMENT INFORMATION:*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Fringe Benefits from Current Employment:

Pension / 401(k) / Retirement: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Value: \_\_\_\_\_

Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Cost to you per month: \_\_\_\_\_

Cost to employer per month: \_\_\_\_\_

Group Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

*PRIOR EMPLOYMENT IN LAST FIVE (5) YEARS (attach separate page if necessary):*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary / Rate of Pay: Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Per: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

*OTHER SOURCES OF INCOME:*

Does your spouse have any source of income other than employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_

*PRIOR ADDRESSES LAST FIVE (5) YEARS (attach additional pages if necessary):*

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Name and relationship of others also living there: \_\_\_\_\_  
\_\_\_\_\_

**CURRENT MARRIAGE INFORMATION**

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

Place of Marriage (City and State): \_\_\_\_\_

Where did you obtain marriage license (County and State): \_\_\_\_\_

Is the wife pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there a pre-nuptial agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Please attach the pre-nuptial.

**CHILDREN OF THIS RELATIONSHIP**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's address for last 6 months: \_\_\_\_\_

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's address for last 6 months: \_\_\_\_\_

**YOUR CHILDREN FROM A PRIOR / SUBSEQUENT RELATIONSHIP**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Other Parent's Contact Information: \_\_\_\_\_

Support Received per Month: \_\_\_\_\_ Support Paid: \_\_\_\_\_

Court / Case Information (name of court, case number) \_\_\_\_\_

**OTHER SPOUSES CHILDREN FROM A PRIOR / SUBSEQUENT RELATIONSHIP**

*(For each child please provide the following. Attach additional pages if necessary.)*

Name (first, middle and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_

Current Grade of School: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Name of School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_

Other Parent's Contact Information: \_\_\_\_\_

Support Received per Month: \_\_\_\_\_ Support Paid: \_\_\_\_\_

Court / Case Information (name of court, case number) \_\_\_\_\_

**CUSTODY AND VISITATIONS ISSUES FOR CHILDREN OF THIS RELATIONSHIP**

Current custody and visitation arrangement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Desired Custody Arrangement:

Legal Custody:      Joint \_\_\_\_\_      Mother \_\_\_\_\_      Father \_\_\_\_\_

Physical Custody:      Joint \_\_\_\_\_      Mother \_\_\_\_\_      Father \_\_\_\_\_

Desired Visitation Schedule:

Weekdays: \_\_\_\_\_

Weekends: \_\_\_\_\_

Holidays: \_\_\_\_\_

Summer: \_\_\_\_\_

Visitation should be supervised or unsupervised: \_\_\_\_\_

If supervised, please explain why: \_\_\_\_\_

\_\_\_\_\_

**CHILD SUPPORT FOR CHILD(REN) OF THIS RELATIONSHIP**

Do you currently pay child support for the child(ren) in this case: \_\_\_\_\_

If yes, specify:        Amount Paid: \_\_\_\_\_        Per: \_\_\_\_\_

Do you currently receive child support for the child(ren) in this case: \_\_\_\_\_

If yes, specify:        Amount Paid: \_\_\_\_\_        Per: \_\_\_\_\_

Cost of work related day-care (average summer/school): Amount \_\_\_\_\_        Per \_\_\_\_\_

Health Insurance:        Amount Paid: \_\_\_\_\_        Per: \_\_\_\_\_

Who Carries Insurance:        Mother: \_\_\_\_\_        Father: \_\_\_\_\_

Please specify any special costs (tutors, private school, medical needs, sports, lessons, etc.):

\_\_\_\_\_

**RELIEF REQUESTED IN THIS ACTION**

Divorce: \_\_\_\_\_        Legal Separation: \_\_\_\_\_        Annulment: \_\_\_\_\_

Restoration of Maiden / Former Name (if yes, give specific name): \_\_\_\_\_

Maintenance (a/k/a alimony):        Temporary: \_\_\_\_\_        On-Going: \_\_\_\_\_

Amount Sought: \_\_\_\_\_        Per: \_\_\_\_\_

If your desire Maintenance then fill out the Income and Expenses Statement for Missouri cases or the Domestic Relations Affidavit for Kansas cases. Form can be downloaded from the “forms” page at [www.whrlawfirm.com](http://www.whrlawfirm.com).

Marital Division of Assets or Debts: Yes \_\_\_\_\_        No \_\_\_\_\_

If yes, then fill out the Asset and Debt Statement for Missouri Divorces or the Domestic Relations Affidavit for Kansas Divorces. Form can be downloaded from the “forms” page at [www.whrlawfirm.com](http://www.whrlawfirm.com).

**CURRENT RELATIONSHIP ISSUES / PROBLEMS / COMPLAINTS**

Please state briefly your view of the basic marital problems: \_\_\_\_\_

---

---

Please state briefly any complaints your spouse would have against you at this time: \_\_\_\_\_

---

---

List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) that will substantiate any misconduct (affairs, abuse, neglect, etc.) by you and/or your spouse: \_\_\_\_\_

---

---

---

What possible accusations might your spouse raise in this case? \_\_\_\_\_

---

---

Are there now, or have there been any other Court actions in this or any other state? If so, state:

When: \_\_\_\_\_

Where: \_\_\_\_\_

Case Number: \_\_\_\_\_

Ultimate Disposition: \_\_\_\_\_

Attorneys: \_\_\_\_\_

Have you or your spouse ever received "marriage counseling?" Yes \_\_\_\_ No \_\_\_\_  
If yes, please give:

Dates: \_\_\_\_\_

Counselor: \_\_\_\_\_

Have you or your spouse received any separate counseling from anyone? Yes \_\_\_\_ No \_\_\_\_  
If yes, please give:

Dates: \_\_\_\_\_

Counselor: \_\_\_\_\_

Does your *spouse* have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe:

---

---

Do *you* have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe:

---

---

Please state any other facts or comments you believe your attorney should know regarding this matter:

---

---

---

### **CLIENT'S GOALS**

After reviewing the contents of this questionnaire, please help us understand your intentions by listing, in order of priority, those goals or final results you wish to achieve in this current matter.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. 

---
4. 

---
5. 

---
6. 

---
7. 

---
8. 

---

