

**KELSEY LAW OFFICE**  
**CLIENT INFORMATION SHEET**

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

**GENERAL INFORMATION ABOUT YOU**

**ABOUT THE OTHER PARTY**

FULL Name: \_\_\_\_\_

FULL Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Social Security No: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

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Please list any other names you OR the opposing party have used. (Full Name) Please include any maiden names:

\_\_\_\_\_

How long have you resided within the State of Minnesota? \_\_\_\_\_

Date of separation with opposing party: \_\_\_\_\_

Date of your present marriage: \_\_\_\_\_

City, County, and State of your present marriage: \_\_\_\_\_

List dates of prior marriage or divorce for yourself and opposing party: \_\_\_\_\_

\_\_\_\_\_

Have you or the opposing party been a party to an action for any court matter, including Order for Protection, Harassment Restraining Order, or child support? If so, specify the court in which the action was brought and the court file numbers of any:

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Children related to this matter (provide all information requested):

<u>FULL Name</u>	<u>Birthdate</u>	<u>Social Sec. No:</u>	<u>County child was conceived</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Was a Recognition of Parentage (ROP) signed for each child? (Please provide a copy of each)**

Who do the children currently reside with? \_\_\_\_\_

Name of hospital(s) where the child(ren) were born? \_\_\_\_\_

Are you pregnant or is the other party pregnant? \_\_\_\_\_

List the names and dates of birth of your children from any previous marriage or relationship and name of custodial parent(s):

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Total payments to and from the opposing party for child support or maintenance since the date of your separation: \_\_\_\_\_

Amount of each payment:

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### INCOME

#### YOUR EMPLOYMENT/EDUCATION

Name of current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Job title: \_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_

Gross salary per paycheck \_\_\_\_\_ Net salary per paycheck \_\_\_\_\_

Number of exemptions claimed: \_\_\_\_\_

Number of paychecks received per **year**: \_\_\_\_\_

Deductions: Federal Withholding: \_\_\_\_\_  
State Withholding: \_\_\_\_\_  
Social Security/FICA: \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_  
Union dues: \_\_\_\_\_  
Other: \_\_\_\_\_

Do you have medical/dental/vision insurance available through your employer? (Circle those that apply and provide premium verification).

Medical                      Dental                      Vision

What is the premium for single coverage? \_\_\_\_\_

What is the premium for child coverage? \_\_\_\_\_

What is the premium for family coverage? \_\_\_\_\_

Who receives these benefits? \_\_\_\_\_

What is your deductible and maximum out of pocket expense per year? \_\_\_\_\_

**Previous Employers:**

Name                                      Address                                      Telephone #                                      Dates Employed

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

High school: \_\_\_\_\_

Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Are you currently enrolled in school? If so, are classes in person or online? How many credits are you taking? What degree or certificate are you hoping to attain? \_\_\_\_\_

\_\_\_\_\_

List name of recipient and amount of child support or alimony received from previous actions: \_\_\_\_\_

\_\_\_\_\_

**OTHER PARTY'S EMPLOYMENT/EDUCATION**

Name of current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Gross salary per paycheck \_\_\_\_\_ Net salary per paycheck \_\_\_\_\_

Number of exemptions claimed: \_\_\_\_\_

Deductions: Federal Withholding: \_\_\_\_\_  
 State Withholding: \_\_\_\_\_  
 Social Security/FICA: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_  
 Union dues: \_\_\_\_\_  
 Other: \_\_\_\_\_

Do they have medical/dental/vision insurance available through their employer? (Circle those that apply and provide premium verification if possible).

Medical                      Dental                      Vision

What is the premium for single coverage? \_\_\_\_\_

What is the premium for child coverage only? \_\_\_\_\_

What is the premium for family coverage? \_\_\_\_\_

Who receives these benefits? \_\_\_\_\_

What is your deductible and maximum out of pocket expense per year? \_\_\_\_\_

**Previous Employers:**

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Dates Employed</u>

High School: \_\_\_\_\_

Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Is the other party currently enrolled in school? If so, are classes in person or online? How many credits are they taking? What degree or certificate are they hoping to attain?

\_\_\_\_\_

**PUBLIC ASSISTANCE**

Does either party or the child receive public assistance in the form of Medical Assistance or MinnesotaCare? Daycare Assistance? TANF (welfare)? Food Assistance? Please be specific.

<u>Party/child</u>	<u>Benefit</u>	<u>Amount</u>

**CLIENT GOALS**

Please briefly describe the outcome you would like to see in each of the categories below:

**CUSTODY:**

**Legal Custody (decision making authority for issues such as medical, educational and religious issues):**

**Select one:**

Sole to: \_\_\_\_\_ or;

Joint

**Physical Custody (residency of children):**

**Select one:**

Sole to: \_\_\_\_\_ or;

Joint

**What should the parenting time be for each parent?**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Right of first refusal** (if parent with children is unavailable to provide care, they must offer other parent the opportunity to provide care). Indicate if desired. \_\_\_\_\_

**Telephone contact** (specify any desires or restrictions) \_\_\_\_\_

**Sports/Activities Issues** \_\_\_\_\_

**Should there be any restrictions on either parent's time with the children** (due to alcohol or drug use, driving, anger management, psychological counseling, etc.)? \_\_\_\_\_

**Medical/dental/vision insurance**

Which parent will provide? \_\_\_\_\_

Is the policy through the employer? Yes      No

How much per month is the premium for the dependent(s) ONLY? \$ \_\_\_\_\_

Does either party or children receive medical assistance or Minnesota Care benefits? Yes No

If so, who? \_\_\_\_\_

**Do you have any other goals for this proceeding?** \_\_\_\_\_

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**Do you have any questions you would like answered during your consultation?**

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### **CLIENT DOCUMENT CHECKLIST**

Please provide each of the following documents for your file:

- Copies of any signed Recognition of Parentage for each child. If a ROP was signed and you do not have a copy, request one.
- Last two years federal income tax returns (individual, corporate, dba) including W2 or 1099 forms
- Last 6 paycheck stubs
- Copy of medical/dental/vision benefits available through employer or privately purchased (including premium costs and explanation of out of pocket expenses, deductibles and co-pays)
- Copy of any order for protection or harassment restraining order between the parties
- Copies of any forms served on you or a prior attorney during this action
- Copies of any previous court orders related to these parties, including child support.