

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? _____

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:

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):

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

Amount of each payment:

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? _____

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

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.