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FACT SHEET

You have asked our firm to represent you in your divorce action. In order for us to provide quality professional service, we need to obtain accurate information from you in regard to your personal and financial history. The responses you provide in this questionnaire will be used in preparing court documents on your behalf. Please answer the following questions as thoroughly and completely as possible. Machine copies of deeds, insurance policies, statements from savings/checking accounts, and/or loan applications are extremely helpful to us. If you desire, you may bring those documents to our office and we will make copies for your file.

We want to assist you in gathering this information. If you have questions, please don't hesitate to give us a call. Likewise, we will contact you if questions arise as we prepare your divorce documents.

A word about the Fact Sheet: Generally, the information is organized by category as listed below:

- I. Statistical Data on Petitioner
- II. Statistical Data on Respondent
- III. Marriage Information
- IV. Statistical Data on Children
Custody Information
- V. Real Estate Information
- VI. Vehicles Information
- VII. Financial Information
Assets and Debts
Life and Health Insurance
Retirement Accounts
- VIII. Other Personal Property
- IX. Budget Information

As you work through the questions feel free to make notes or jot down a question in the margins. Later, you can refer to these notations if you need clarification on a particular question. If some sections do not apply, simply mark so with "N/A."

DIVORCE FACT SHEET (Please use blue or black ink.)

Name of person completing fact sheet: _____

Daytime telephone number: _____

I. PETITIONER (Person Filing for Divorce):

Name: _____

Address _____

Home phone _____

Date of birth: _____

Place of birth (county, state) _____

Social Security Number _____

Number of Previous Marriages: _____

How each marriage ended: _____

Date each marriage ended _____

Education (specify highest grade completed: _____

PHYSICAL DESCRIPTION OF PETITIONER:

race _____ height _____

weight _____ eye color _____

glasses yes no

other (e.g. mustache, beard, scars, tattoos) _____

OCCUPATION OF PETITIONER:

Employer: _____

Address of employer: _____

Business phone number: _____

MONTHLY Wages:

Gross income: _____

Federal Income Tax withheld: _____

Social Security Tax withheld: _____

(Kansas) State Income Tax withheld: _____

Medicare Tax withheld: _____

Subtotal deductions: _____

Net (take home) pay: _____

Other income: _____

Total net income: _____

Pay periods: circle one
monthly, twice a month, every 2 weeks, weekly, other _____

II. RESPONDENT (Person whom Divorce is Filed Against):

Name: _____

Address _____

Home phone _____

Date of birth: _____

Place of birth (county, state _____

Social Security Number _____

Number of Previous Marriages: _____

How each marriage ended: _____

Date each marriage ended _____

Education (specify highest grade completed: _____

PHYSICAL DESCRIPTION OF RESPONDENT:

race _____ height _____
weight _____ eye color _____

glasses yes no

other (e.g. mustache, beard, scars, tattoos) _____

OCCUPATION OF RESPONDENT:

Employer: _____

Address of employer: _____

Business phone number: _____

MONTHLY Wages:

Gross income: _____

Federal Income Tax withheld: _____

Social Security Tax withheld: _____

(Kansas) State Income Tax withheld: _____

Medicare Tax withheld: _____

Subtotal deductions: _____

Net (take home) pay: _____

Other income: _____

Total net income: _____

Pay periods: circle one
monthly, twice a month, every 2 weeks, weekly, other _____

V. REAL ESTATE (including business, if applicable)

Address: _____

Value (appraised value): _____

Original Cost: _____

Amount Owing (mortgage balance): _____

Monthly Payment: _____

Mortgage Holder: _____

Ownership: _____

Possession of real estate will go to: _____

Please provide legal description. A copy of the deed or mortgage application would have the legal description.

VI. VEHICLES

Model/Make: _____

Year: _____

Ownership: _____

Value: _____

Amount Owing (loan balance) _____

 Loan holder: _____

 Monthly payments: _____

Who now has possession of this vehicle: _____

Who should have possession during the pendency of the divorce: _____

Who will have possession after the divorce is final: _____

Model/Make: _____

Year: _____

Ownership: _____

Value: _____

Amount Owing (loan balance) _____

 Loan holder: _____

 Monthly payments: _____

Who now has possession during the pendency of the divorce: _____

Who should have possession during the pendency of the divorce _____

Who will have possession after the divorce is final: _____

VII. FINANCIAL INFORMATION

Assets

Checking Account(s)

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Savings

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Retirement Accounts: Please send in a Qualified Domestic Relations order (QDRO) form from the Plan Administrator.

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Name of Bank/Savings Institution: _____

Ownership: _____

Account Number: _____

Balance: _____

effective (date) _____

Stock and Mutual Fund Account(s):

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

Profit Sharing: Through Employer

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

401(k) Plan: Please send in a Qualified Domestic Relations Order (QDRO) form from the Plan Administrator.

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

Name of Bank/Savings Institution: _____
Ownership: _____
Account Number: _____
Balance: _____
effective (date) _____

Other Accounts:

Life Insurance and Health Insurance

Life Insurance

Company: _____

Number: _____

Issued: _____

Amount: _____

Owner/Insured: _____

Value: _____

Beneficiaries: _____

Health Insurance

Company: _____

Who provides coverage for minor children? petitioner respondent

How much does the party who provides health care pay for family coverage?

\$ _____ per _____

How much does it cost the provider to furnish health insurance only on the provider?

\$ _____ per _____

Is health insurance provided through employer?: yes no

Debts. This would include all credit cards, bank or savings/lending institution loans.

Creditor: _____
Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
Who should make payments during the pendency of the divorce: _____
Who should make payments after the divorce is final: _____

Creditor: _____
Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
Who should make payments during the pendency of the divorce: _____
Who should make payments after the divorce is final: _____

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Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
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Loan for: _____
Date incurred: _____
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Payments: _____
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Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
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Who should make payments after the divorce is final: _____

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Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
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Who should make payments after the divorce is final: _____

Creditor: _____
Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
Who should make payments during the pendency of the divorce: _____
Who should make payments after the divorce is final: _____

Creditor: _____
Loan for: _____
Date incurred: _____
Balance of Note: _____
Payments: _____
Date of last payment: _____
Responsible party: _____
Who should make payments during the pendency of the divorce: _____
Who should make payments after the divorce is final: _____

If additional space is needed, please use the back side of this paper.

VIII. OTHER PERSONAL PROPERTY

Identify property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance.

What is the estimated value of household furnishings acquired during marriage that it is expected will be retained by you? \$_____ ; your spouse? \$_____

Identify any other personal property of significant value which has been acquired by the parties during marriage.

Property: _____

Ownership: _____

Value: _____

Amount Owing (loan balance): _____

Who will have possession after the divorce is final: _____

IX. BUDGET INFORMATION

Please provide your monthly expenses (not your spouse's expenses) as listed below. (Please indicate with an asterisk (*) all the figures which are estimates rather than actual figures taken from records).

ITEM	
Rent (if applicable)	\$ _____
Food	\$ _____
Utilities:	
Newspaper	\$ _____
Telephone	\$ _____
Gas	\$ _____
Electricity	\$ _____
Water	\$ _____
Sewer	\$ _____
Refuse (trash)	\$ _____
Other	\$ _____
Insurance:	
Life	\$ _____
Health	\$ _____
Car	\$ _____
House/rental	\$ _____
Other	\$ _____
Medical & Dental (uninsured expenses)	\$ _____
Prescriptions	\$ _____
Child Care (work related)	\$ _____ child care provider: _____
Child Care (non-work related)	\$ _____
Clothing	\$ _____
School Expenses	\$ _____
Hair Cuts and Beauty	\$ _____
Car Repair	\$ _____
Gas and Oil	\$ _____
Personal Property Tax	\$ _____
Miscellaneous (Specify)	\$ _____
* _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
 Total	 \$ _____

* Miscellaneous expenses would include such things as music lessons for children, Boy/Girl Scouts, cable TV, etc.

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

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Thank You for Consulting With Pankratz & Hodge, P.A.