



DOMESTIC RELATIONS INFORMATION

The following information is needed 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.**

Today's Date: _____

Matter: _____ Dissolution of Marriage _____ Paternity
 _____ Modification of Decree _____ Enforcement of Decree
 _____ Order of Protection _____ Other: _____

1. **PERSONAL INFORMATION—CLIENT**

A. Please provide your full name:

(Last) (First) (Middle) (Maiden)

B. Have you ever been known by any other name(s)? If so, what name(s):

C. Current address:

(Street or Apartment Number)

(City) (County) (State) (Zip Code)

D. Mailing Address during pendency of case where opposing party will not have access (if different from above):

(Street or Apartment Number)

(City) (County) (State) (Zip Code)



E. - - / - - / - -
(Home Phone) (Business Phone) (Other Phone)

F. Social Security Number: _____

G. How long have you lived at current address? _____

H. How long have you lived in Missouri/Illinois? _____

I. Do you: _____ own, _____ rent, or _____ live with relatives?

J. Date of your birth: _____ Age: _____

K. Give a brief summary of your educational, professional background and
credentials. _____

L. How many times, including the current marriage, have you been married? _____

If married previously, please list the date each marriage ended and whether it
ended due to the death of your spouse or through divorce.

M. Have there been any discussions or agreements between the parties to this action
concerning child support or maintenance?

_____ Yes _____ No

Please describe any tentative agreements:

2. **CLIENT'S EMPLOYMENT INFORMATION:**

A. Are you currently employed? _____ Yes _____ No



B. Name, full address, including zip code, of employer, or business if self-employed:

C. How long have you been so employed? _____

D. What is your job title? _____

E. Are there any circumstances you are aware of which may now or in the future preclude you from engaging in full-time employment? If so, please describe in detail.

F. If you are **not** currently employed or have been employed at your current job less than one year, please provide the following information regarding last employment:

Name of former employer: _____

Date of employment: _____

Title: _____

Salary at time of employment termination: _____

Date and reason why employment was terminated: _____

G. Do you have any source of income other than from your employment?

_____ Yes _____ No

If so, explain in detail:



H. Military Service Dates _____ Rank _____ Branch _____

Discharge Date _____

I. Are you currently serving in the Armed Forces of the United States? Yes/No _____

(Dissolution clients should skip this section and continue with section 4)

**3. PERSONAL/EMPLOYMENT INFORMATION—SPOUSE OR LIVE-IN PARTNER
(not a party to this proceeding)**

A. Please provide full name of spouse/partner:

(Last) (First) (Middle) (Maiden)

B. Please provide name, full address, including zip code, of spouse's/partner's
employer, or business if self-employed:

C. _____
(Business Phone) (Other Phone)

D. Spouse's/Partner's Social Security Number: _____

E. How long have you resided with spouse/partner? _____

F. If applicable, please provide the date of marriage to spouse: _____

G. Date of spouse's/partner's birth: _____ Age: _____

4. PERSONAL INFORMATION—OPPOSING PARTY/SPOUSE? ____Yes ____No

A. Please provide full name of opposing party:

(Last) (First) (Middle) (Maiden)



B. Please provide opposing party's/spouse's address:

(Street or apartment number)

(City) (County) (State) (Zip Code)

C. _____/_____/_____
(Home Phone) (Business Phone) (Other Phone)

D. Social Security Number: _____

E. How long has opposing party/spouse lived at current address? _____

F. How long has opposing party/spouse lived in Missouri? _____

G. Does opposing party/spouse: _____ own, _____ rent, or _____ live with relatives?

H. Opposing party's birth date: _____ Age: _____

I. Give a brief summary of opposing party's/spouse's educational, professional background and credentials.

J. How many times, **including current marriage, if applicable**, has opposing party been married? _____

If married previously, please list the date each marriage ended and whether it was due to death or through divorce. _____

5. **EMPLOYMENT INFORMATION—OPPOSING PARTY**

A. Is opposing party employed? _____ Yes _____ No

B. Name, full address, including zip code, and telephone number of opposing party's/spouse's employer, or business if self-employed:

C. How long has opposing party/spouse been so employed? _____



- D. Opposing party's/Spouse's approximate gross salary (before deductions):
\$_____per hour \$_____per week \$_____per month
- E. What is opposing party's/spouse's job title? _____
- F. Are there any circumstances which may now or in the future preclude opposing party/spouse from engaging in full-time employment? If so, please describe in detail.

- G. If opposing party/spouse is **not** currently employed, please provide the following information regarding last employment?
Name of former employer: _____
Date of employment: _____
Title: _____
Salary at time of employment termination: _____
Date and reason why employment was terminated: _____
- H. Does opposing party/spouse have any source of income other than from current employment?
If yes, explain in detail:

- I. Military Service Dates _____ Rank _____ Branch _____
Discharge Date _____



- I. Is your spouse currently serving in the Armed Forces of the United States?
Yes/No_____

6. CHILDREN OF THIS MARRIAGE/RELATIONSHIP:

Beginning with the oldest child, list children born to you and opposing party/spouse. Include children adopted by you and opposing party/spouse. Indicate whether child was born to you or adopted. Do not include children of either of your previous marriages or relationships who have not been adopted by the party to this action.

Full Name	Date of Birth	Grade	Teacher's Name (elementary school) counselor or other trusted school personnel if important

- A. Does any child listed above have special educational or health needs that require extra time or expense? If so, describe in detail.

- B. Provide each child's social security number below:_____



7. **OTHER CHILDREN:**

- A. Do you or opposing party have any children from other marriages or relationships? If so, please provide the following information and indicate by * children who are yours.

Full Name	Date of Birth	Grade	Teacher's Name (elementary school) counselor or other trusted school personnel if important

- B. State who has custody of each child listed above: _____

- C. Describe in detail the child support paid by you or opposing party for each child listed above. Give the expected ending dates for each.

- D. Describe in detail the child support received by you or opposing party for each child listed above. Give the expected ending dates for each.



- E. Does any child listed above have special educational or health needs that require extra time or expense? If so, describe in detail:

- F. Please provide information on any child living in your household who has not been listed above.

Full Name	Date of Birth	Grade	Teacher's Name (elementary school) counselor or other trusted school personnel if important

8. Does opposing party/spouse pay alimony or maintenance to a former spouse? If so, state the amount per month and the date the obligation ends.

9. **CUSTODY OF CHILDREN (who are the subject of this proceeding):**

- A. Who has actual physical custody of the minor child(ren) at this time?

_____ Myself _____ Opposing Party _____ Joint

Please describe any formal or informal arrangement regarding custody in place at this time.



- B. Who do you feel is best suited to have legal custody (decision making authority) of the minor child(ren)? Think about religion, choice of schools and medical care.

_____ Myself _____ Spouse/Opposing Party _____ Joint

Why? Please be specific and if there should not be shared decision-making, state the reasons:

- C. Is opposing party/spouse a good parent to the minor child(ren)?

_____ Yes _____ No

- D. Have you and opposing party/spouse generally agreed or disagreed on the major aspects of parenting such as discipline, schooling, religion, etc.? Describe disagreements.

- E. State if the minor child(ren) ever lived with anyone other than you and opposing party. Explain.

_____ Yes _____ No

- F. Please list the addresses where the child(ren) have lived for the last five (5) years and the dates of residence at such addresses:

Address

Date



G. Has there ever been any litigation concerning custody of the child(ren) in Missouri or in any other state?

_____ Yes _____ No

If so, describe and provide copies of any orders currently in effect.

H. Provide name, address and telephone number of the child(ren)'s primary care physician.

I. Provide name, address and telephone numbers of any mental health specialists to whom the child(ren) have gone for treatment, evaluation or counseling.

J. If you are seeking a modification of orders currently in place, please describe why you believe the circumstances have changed to such an extent that the Court should order such a change. Describe in detail the change you are seeking.

K. Have there been any discussions or agreements between the parties to this action concerning child support or maintenance?



_____ Yes _____ No

Please describe any tentative agreements:

10. HISTORY & PROBLEMS:

- A. Please state briefly your view of the basic problems between you and the opposing party.

- B. Please state briefly any complaints the opposing party would have against you at this time.

- C. Does the opposing party have any physical disabilities? If so, describe and explain how this impacts his/her ability to work; if any:



- D. Do you have any physical disabilities? If so, describe and explain how this impacts your ability to work; if any:

- E. Do you or the opposing party have any health problems or medical conditions? If so, describe and explain in detail.

- F. Provide name(s), address and telephone numbers of all mental health specialists you or the opposing party have seen individually in the past five years. Describe reason for service, duration or frequency.

- G. Do you and/or the opposing party have any *history* of alcohol or drug abuse/misuse? If so, please describe in detail.



- H. State how much alcohol you and the opposing party consume on a daily and weekly basis. Do you and/or the opposing party *currently* have a problem with alcohol or drug abuse/misuse? If so, please describe in detail.

- I. Have you and the opposing party sought counseling together? If so, please explain and describe. Provide name, address and telephone number of all persons providing counseling and give approximate dates.

- J. Do either you or the opposing party take prescription medication for any mental condition? If so, please detail and provide name of treating physician.

- K. If this is a dissolution case, is there a possibility of reconciliation? Explain.

- L. If this is a dissolution case, have you and your spouse entered into any ante-nuptial agreement (before marriage) or post-nuptial agreement (after marriage)?

- M. Do you have a will? ____ Yes ____ No Trust? ____ Yes ____ No



- N. Are you or the opposing party involved in any legal actions or proceedings? If so, describe in detail.

- O. Have you or opposing party/spouse ever filed for an Order of Protection against the other? If so, please provide detailed information about each such filing and the results, including whether any Order of Protection is currently in place.

- P. If there has been any history of domestic violence in your relationship with opposing party/spouse, please describe in detail.

11. HEALTH INSURANCE:

- A. Who has health insurance benefits through employment?

_____self _____opposing party _____other

- B. Who currently provides coverage for you and/or the minor child(ren)?

_____self _____opposing party _____other

- C. What is the cost? \$_____

_____weekly _____biweekly _____monthly _____semi-monthly



- D. If the health insurance is provided through an employer, what would the cost be for the employee only?

\$ _____

_____ weekly _____ biweekly _____ monthly _____ semi-monthly

- E. List all individuals covered by the policy:

12. **ADDITIONAL INFORMATION:**

- A. State the name, address and telephone number of your mother and father.

Name	Address	Phone No.
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Mother: _____

Father: _____

- B. Provide the name, address, telephone number and relationship of someone most likely to know where you are in the event the office must contact/locate you on short notice.

- C. If you know that spouse/opposing party has retained an attorney, please provide the name, address and telephone number, if available.

- D. Do you plan on returning to a former name?

_____ Yes _____ No If yes, Name: _____



- E. Is there any child involved in these proceedings whose name you desire to change? If so, provide name of child and name exactly as you wish it to appear on the birth certificate.

- F. Please provide any other information which you believe your attorney should know regarding this matter. Provide additional materials.

13. SERVICE

If you are the party filing this action, the other party must be served either by the Sheriff in the County of his/her residence or by some other means.

- A. How do you suggest service be accomplished?

- (1) _____ Sheriff/Deputy (Standard process for issuance of service of summons in a lawsuit)
- (2) _____ Spouse to pick up at Sheriff Department
- (3) _____ Spouse's Attorney to accept service
- (4) _____ Special Process Server designated by Stange Law Firm, LLC (Usually at same price as sheriff)
- (5) _____ Other: Please explain:



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- B. If service is to be by Sheriff or Special Process Server, provide address for service and suggest best time for service.
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14. SOCIAL NETWORKING PAGES

Do you or the other party have a Facebook, MySpace or Twitter page? If so, please list the addresses:

Your Pages: _____

Other party's pages: _____