

DOMESTIC INFORMATION SHEET

As a general proposition, if I am hired as your attorney, everything you tell us will be treated as confidential information. There are certain rare exceptions. For example, we might be required to reveal information necessary to prevent a crime, death or substantial bodily harm. Information provided by someone pretending to seek legal advice, for the purpose of disqualifying this firm, is generally considered non-confidential. If you have any questions about the scope of the attorney-client privilege, they should be discussed at the beginning of the consultation.

The following information will be 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 and fill out all of the sheets.** This information will help us help you.

Your Full Name:	Spouse/Other Parent's Full Name:
Maiden Name: (If applicable)	Maiden Name: (If applicable)
Other names you have been known by:	Other names your Spouse/Other Parent has been known by:
Present Address:	Spouse/Other Parent's Present Address:
Confidential Mailing Address (if different from above):	
Your: Home Phone:	Spouse/Other Parent's:
Work Phone:	Date of Birth:
Cell Phone:	State of Birth:
E-Mail:	Social Security #:
Date of Birth:	
State of Birth:	
Social Security #:	
How long at present address?	How long has your Spouse/Other Parent resided in
If you reside in Kansas, how long?	KS/MO?
If you reside in Missouri, how long?	
Do you own or rent?	Does your Spouse/Other parent own or rent?
Name and Address of Employer:	Name and Address of Spouse/Other Parent's Employer:
How long employed?	How long employed?
Gross Salary (before deductions):	Spouse/Other Parent's Gross Salary (before deductions):
\$ _____ per hour \$ _____ per week	\$ _____ per hour \$ _____ per week
\$ _____ per month \$ _____ per year	\$ _____ per month \$ _____ per year
Do you have a pension or profit-sharing plan through your employer? () Yes () No	Does your Spouse/Other Parent have a pension or profit-sharing plan through their employer? () Yes () No

Date of this Marriage:	Date of Separation:			
Place Marriage Took Place: (City, County, State)				
Number of Marriages:	Number of Marriages of Spouse/Other Parent:			
Date Last Marriage Ended:	Date Last Marriage Ended:			
Last Marriage Ended due to: () Death () Divorce	Last Marriage Ended due to: () Death () Divorce			
Highest Level of Education:	Spouse/Other Parent's Highest Level of Education:			
Member of Armed Forces? () Yes () No	Member of Armed Forces? () Yes () No			
Are There Minor Children of the Marriage/Relationship? () Yes () No				
If Yes: Name	Date of Birth	SSN	Reside with:	School Attending:
Are There Minor Children Not of the Marriage/Relationship? () Yes () No				
If Yes: Name	Date of Birth	SSN	Reside with:	School Attending:
Are there any cases pending or previously heard in any court related to dissolution of marriage, custody, visitation, paternity, guardianship, adoption, child support, maintenance, abuse, neglect, or adult abuse of or by the parties or the children of this matter? () Yes () No If Yes, please explain and state where (what court) and when the action took place and the case number:				
Did you and your Spouse/Other Parent enter into a prenuptial or postnuptial agreement? () Yes () No				
Briefly describe your view of the basic problems:				
Briefly describe any complaints your Spouse/Other Parent would have against you:				
Do you or your Spouse/Other Parent have any physical disabilities? () Yes () No If so describe:				
At what address should your Spouse/Other Parent be served?				
How do you suggest we accomplish service?				
() Sheriff/Deputy () Spouse to pick up at Sheriff's Department () Spouse to pick up at MannTuckerMuir				
() Spouse's Attorney to accept service () Other:				
Is other parent a good, involved parent? () Yes () No				

Please explain:

Have the minor child(ren) ever lived with anyone other than you or your Spouse/Other Parent? () Yes () No

Please list all addresses and dates the minor child(ren) have lived at for the past five (5) years:

From	To	Address

Have there been any discussions or agreements regarding child support or spousal support? () Yes () No
If so, please describe.

Are you or your Spouse/Other Parent pregnant at this time? () Yes () No

Is there any question regarding paternity of the minor child(ren)? () Yes () No
If so, please explain:

Do you or the other parent have any frozen sperm or eggs? () Yes () No

Have you or the other parent attempted in vitro fertilization, assisted reproduction, surrogacy, artificial insemination or other methods of assisted reproduction at any time? () Yes () No
If so, please explain:

If this matter involves minor children, are there grandparent or step-parent visitation issues? () Yes () No
If so, please describe.

Do you have a will? () Yes () No

Does your Spouse/Other Parent have a will? () Yes () No

Who referred you to this firm?

DOES CLIENT HAVE A SOCIAL MEDIA PAGE?
(Facebook, Twitter, Blog)

() Yes. If yes, what media: _____

() No.

Information currently on your social media site may potentially have an impact on your case, either positively or negatively. Information you place on your social media site in the future may also potentially affect your case. Generally, it is advisable NOT to discuss the merits or details of your case, the opposing party, counsel, judge, witnesses, etc., in any open forum. NEVER discuss with ANYONE, or disclose in any manner, discussions we have with you regarding your case, whether on a social media site or any setting. Doing so may raise issues of waiver of the attorney-client privilege.

Please review your social media sites promptly. If you have any questions regarding how a prior entry or posting may potentially affect your case, please feel free to discuss the issue with us.

Your postings on social media sites are NOT private to the extent they may be discoverable. Parties to litigation have been ordered by judges to provide opposing parties access codes, passwords, etc., to social media sites and those postings have been reviewed by judges and parties and their attorneys for potential relevant information.

There may be legal issues in how to handle previously posted items to your sites. Do not destroy or delete postings unless you have discussed the matter with your attorney.

CYBER SECURITY RISKS

CLIENT CONTACT INFORMATION

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMAIL:

Many email attorney-client communications involve relatively innocuous information and do not present a great concern even if they are intercepted. On the other hand, any communication from an attorney that can be accessed by others may be of concern in some situations. Please think carefully about your email process. Do other persons, who are not parties to this matter, have access to the email? For example, if emailing from home, does your spouse or other family members also have access to this computer and the email program? If emailing from work, does your company reserve the right to view all email traffic on their servers? By and large, most do. Any unprotected access to our email communications may raise issues of whether the attorney-client privilege was waived, and if so, the communication may be available for review and use by the adverse party.

Anytime you communicate with your attorney, include only the attorney in the communication. DO NOT "cc" the other parties to the action, adverse counsel, judges, family, friends, relatives or ANYONE else.

Where is the computer you use for Email? _____

Does anyone else use or have access to use that computer? _____

Is that computer connected to a network? _____

() Client was consulted regarding the risks of email communications

Client's Email Address: _____
