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**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. This information will help us help you. This information will be kept confidential.**

**Today's Date:** \_\_\_\_\_

**1. PERSONAL INFORMATION—CLIENT**

**A. Your full name:**

\_\_\_\_\_  
(Last) (First) (Middle Initial) (Maiden)

**B. Have you ever been known by any other names? If so, what names:**

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

**C. Present address:**

\_\_\_\_\_  
(Street or apartment number)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

**D. Mailing Address, if different from above, for mail during pendency of case where spouse will not have access:**

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**E.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Social Security No.) (Home Phone) (Business Phone)

**F. How long have you lived at present address?** \_\_\_\_\_

G. How long have you lived in Missouri? \_\_\_\_\_

H. Do you: \_\_\_\_\_ own, \_\_\_\_\_ rent, or \_\_\_\_\_ live with relatives?

I. Date of your birth: \_\_\_\_\_ Age: \_\_\_\_\_

State of your Birth: \_\_\_\_\_

J. Highest grade you completed in school:

\_\_\_\_\_

(High School)

(College)

(Degree)

K. How many times, including the present marriage, have you been married? \_\_\_\_\_

If married previously, how many marriages were ended due to death of your spouse? \_\_\_\_\_

How many were ended due to divorce or dissolution? \_\_\_\_\_

Date(s) of such death(s) or divorce(s)? \_\_\_\_\_

2. CLIENT'S EMPLOYMENT INFORMATION:

A. Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Name, full address, and telephone number of employer:

\_\_\_\_\_

C. How long have you been so employed? \_\_\_\_\_

D. What is your approximate gross salary (before deductions)?

\$ \_\_\_\_\_ per hour    \$ \_\_\_\_\_ per week    \$ \_\_\_\_\_ per month

E. What is your job title? \_\_\_\_\_

F. Do you have a pension or profit-sharing plan through your employment?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Fully vested \_\_\_\_\_

G. If you are not presently employed, when and where were you last employed?

When: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary at time of employment  
termination \$ \_\_\_\_\_

Why was employment terminated? \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, explain in detail:

\_\_\_\_\_

3. **PERSONAL INFORMATION—SPOUSE (or FORMER SPOUSE or PARENT OF CHILD)**

A. Name of spouse/co-parent:

\_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

B. Spouse's address:

\_\_\_\_\_  
(Street or apartment number)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

C.

\_\_\_\_\_  
(Social Security Number) (Home Phone) (Business Phone)

D. How long has he/she lived at present address: \_\_\_\_\_

E. How long has spouse lived in Missouri? \_\_\_\_\_

F. Does spouse/co-parent: \_\_\_\_\_ own, \_\_\_\_\_ rent, or \_\_\_\_\_ live with  
relatives?

G. His/her birth date: \_\_\_\_\_ Age: \_\_\_\_\_

His/her State of birth: \_\_\_\_\_

H. His/her highest grade completed in school:

\_\_\_\_\_  
(High School) (College) (Degree)

I. How many times, including present marriage, has spouse/co-parent been married? \_\_\_\_\_

If married previously, how many marriages were ended due to death of spouse? \_\_\_\_\_

J. How many were ended due to divorce or dissolution? \_\_\_\_\_

Date(s) of such death(s) or divorce(s)? \_\_\_\_\_

4. SPOUSE/CO-PARENT EMPLOYMENT INFORMATION:

A. Is your he/she employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Name, full address, and telephone number of employer:

\_\_\_\_\_

C. How long so employed? \_\_\_\_\_ retirement \_\_\_\_ vested \_\_\_\_\_

D. Approximate gross salary (before deductions):

\$\_\_\_\_\_ per hour      \$\_\_\_\_\_ per week      \$\_\_\_\_\_ per month

E. What is his/her job title?

\_\_\_\_\_

F. If he/she is not presently employed, when and where was your their last employment?

\_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Title: \_\_\_\_\_ Salary at time of employment termination? \_\_\_\_\_

Why was employment terminated?

\_\_\_\_\_

G. Does he/she have any income other than from employment? (Child support, disability, etc.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail:

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5. Are you or your spouse/co-parent an active member of the Armed Forces? \_\_\_\_\_

6. Who referred you to this law firm?

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7. **MARRIAGE/RELATIONSHIP STATISTICS:**

A. Date of marriage or when relationship began: \_\_\_\_\_

B. Marriage License obtained at:

\_\_\_\_\_  
(City) (County) (State)

C. Where married:

\_\_\_\_\_  
(City) (County) (State)

D. Did you live with your spouse before marriage? \_\_\_\_ Yes \_\_\_\_ No

E. Date of separation or when relationship ended: \_\_\_\_\_

8. **CHILDREN OF MARRIAGE or RELATIONSHIP: List children born to you and your spouse/co-parent.**

**INCLUDE ANY CHILD BORN by you or your spouse during the time of the marriage, even if the child is not the child of both you and your spouse/co-parent.**

**Include children adopted by you and your spouse. List oldest child first. Indicate whether child was born to you or adopted. Do not include children of a previous marriage who have not been adopted by you or your spouse.**

Full Name	Soc.Sec.number	Date of Birth	Age	Married	Health	Grade	Private/Public School

Please indicate whether any of the children have ever received Medicaid or other government assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ - If yes, please list dates and type of assistance \_\_\_\_\_

9. Where was child(ren) born: Hospital: \_\_\_\_\_ Address: \_\_\_\_\_

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10. CUSTODY OF CHILDREN:

A. Who has actual physical custody of the minor children at this time?

\_\_\_\_\_ Wife \_\_\_\_\_ Husband \_\_\_\_\_ Joint

B. Who do you feel is best suited to have legal custody of the minor children?

\_\_\_\_\_ Wife \_\_\_\_\_ Husband \_\_\_\_\_ Joint

Why? Please be specific:

\_\_\_\_\_

C. Is your spouse a good parent to the minor children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

D. Have the minor children ever lived with anyone other than you or your spouse?

\_\_\_\_\_ Yes \_\_\_\_\_ No

E. Please list the addresses where the children have lived for the last five (5) years and the dates they lived at such addresses:

Address	Date
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\_\_\_\_\_

\_\_\_\_\_

F. Has there ever been any litigation concerning custody of these children in Missouri or in any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No - INCLUDE ORDERS OF PROTECTION CASES

PARTIES INVOLVED: \_\_\_\_\_

CASE NUMBERS: \_\_\_\_\_

G. Have there been any discussions or agreements concerning child support or maintenance?

If so, please advise and state amounts agreed upon:

\_\_\_\_\_

\_\_\_\_\_

11. Is wife pregnant at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Does wife wish to have maiden name restored by Court? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate full name *after* restoration \_\_\_\_\_

12. Have you and your spouse entered into any antenuptial agreement (before marriage) or postnuptial agreement (after marriage)? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Do you have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your spouse have a will? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Within the past two years have you sold a home or residence?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide the following information:

A. Date of sale: \_\_\_\_\_

B. Buyer's name: \_\_\_\_\_

C. Sale price: \_\_\_\_\_

D. Your purchase price: \_\_\_\_\_

E. Amount spent on improvements: \_\_\_\_\_

F. Was the home ever appraised? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please state the following:

(1) Date of each such appraisal: \_\_\_\_\_

(2) Appraised value: \_\_\_\_\_

G. The actual monetary basis that you had in the home at the time of its sale:

\_\_\_\_\_  
15. MARITAL/RELATIONSHIP PROBLEMS:

A. Please state briefly your view of the basic marital problems:

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

B. Please state briefly any complaints your spouse would have against you at this time:

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

**C. Does your spouse have any physical disabilities? If so, describe:**

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**D. Do you have any physical disabilities? If so, describe:**

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**16. SERVICE OF PETITION:**

**A. At what address(es) should your spouse be served?**

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**B. What time of day is best to serve petition at each address?**

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**C. How do you suggest service to be accomplished?**

(1) \_\_\_\_\_ Sheriff/Deputy

(2) \_\_\_\_\_ Spouse to pick up at Sheriff Department

(3) \_\_\_\_\_ Spouse to pick up at our law office and  
sign Acknowledgment of Service

(4) \_\_\_\_\_ Spouse's Attorney to accept service

(5) \_\_\_\_\_ Other: Please explain:

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