

KLUIB LAW OFFICE, LLC

~ Attorneys at Law ~

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Domestic Questionnaire

INFORMATION ABOUT YOU:

NAME: _____ AGE: _____ DATE OF BIRTH: _____

HIGHEST GRADE IN SCHOOL: _____

ADDRESS: _____ NO. OF PRIOR MARRIAGES: _____

_____ SOCIAL SECURITY #: _____-_____-_____

Is this the marital residence? [] YES [] NO

Is this property owned or rented? _____

PHONE #'s: home: _____ cell: _____ work: _____

message phone & name of person to leave message with: _____

EMPLOYER: _____ POSITION: _____

GROSS WAGE: \$ _____ hr _____ wk _____ mth _____ PAY PERIOD: wkly _____ bi-wkly _____ mthly _____

HAVE YOU BEEN A KANSAS RESIDENT FOR THE LAST 60 DAYS? [] YES [] NO

MAIDEN NAME (If applicable) : _____

DO YOU WISH TO RETURN TO YOUR MAIDEN NAME? [] YES [] NO

INFORMATION ABOUT OPPOSING PARTY (EX-SPOUSE/PARTNER):

NAME: _____ AGE: _____ DATE OF BIRTH: _____

HIGHEST GRADE IN SCHOOL: _____

ADDRESS: _____ NO. OF PRIOR MARRIAGES: _____

_____ SOCIAL SECURITY #: _____-_____-_____

Is this the marital residence? [] YES [] NO

Is this property owned or rented? _____

PHONE #'s: home: _____ cell: _____ work: _____

message phone & name of person to leave message with: _____

EMPLOYER: _____ POSITION: _____

GROSS WAGE: \$ _____ hr _____ wk _____ mth _____ PAY PERIOD: wkly _____ bi-wkly _____ mthly _____

MARRIAGE/RELATIONSHIP INFORMATION:

DATE OF MARRIAGE: _____

LOCATION: CITY: _____; COUNTY: _____; STATE: _____

If NOT MARRIED, HOW LONG HAVE YOU BEEN TOGETHER? _____

DATE OF SEPARATION: _____

INFORMATION ABOUT CHILDREN:

NAME	AGE	DATE OF BIRTH	SEX (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[if any of the children are from a previous marriage, so indicate with *]

WHERE AND WITH WHOM HAVE THE CHILDREN BEEN LIVING DURING THE PAST 5 YEARS?
location with whom dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU BEEN, OR ARE YOU NOW INVOLVED IN ANY OTHER LITIGATION INVOLVING CUSTODY OF THE MINOR CHILDREN? (if "yes", please give me the details)

[] NO [] YES

DOES ANYONE OTHER THAN YOU OR YOUR SPOUSE CLAIM CUSTODY OF THE MINOR CHILDREN? (if "yes", please give me the details)

[] NO [] YES

ARE YOU CURRENTLY IN A MARRIAGE/RELATIONSHIP WITH SOMEONE OTHER THAN THE OPPOSING PARTY LISTED ABOVE? IF SO COMPLETE THE FOLLOWING INFORMATION ON YOUR CURRENT PARTNER:

NAME: _____ AGE: _____ DATE OF BIRTH: _____

Are you living together? [] YES [] NO

ADDRESS: _____ PHONE #: _____ home
_____ cell

How long have you been together? _____