

Ronald W. Nelson, PA

11900 W. 87th St. Pkwy., Suite 117
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New Client Information Sheet

Client Information

Date of Initial Appointment: _____	File No. (Office Use Only): _____
Your Name: _____	Birthdate: _____
Current Address: _____	Social Security No.: _____
City, State, Zip _____	Best Phone No. to Reach You: _____
How long at this address? _____	(Circle one) Cell Home Work Other (Is this phone secure?) Yes No
Previous Address: _____ (if less than 6 mos at current address)	Alternate Phone No.: _____
	(Is this phone no. confidential?) Yes No
Your Current Employer: _____	Email: _____
Your Current Position: _____	Emergency Contact Name: _____
Employer Address: _____	Relationship: _____
	Phone No.: _____
Petitioner / Respondent (circle one if applicable)	(Is this phone no. confidential?) Yes No

Client Education

Highest Level of Education: _____	Pursuing further education? Yes No
If Yes, describe: _____	

Adverse Party (Spouse/Partner or Ex-spouse/partner)

Name: _____	Birthdate: _____
Current Address: _____	Social Security No.: _____
City, State, Zip _____	Employer: _____
How long at this address? _____	Employer Address: _____
Previous Address: _____ (if less than 6 mos at current address)	Represented by (Attorney): _____

Adverse Party's Education

Highest Level of Education: _____	Pursuing further education? Yes No
If Yes, please describe: _____	

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Children's Information

Child's Name:

First Middle Last

Date of Birth & Age: _____ Social Security No.: _____

Where is the child living now?
(list all locations for the past 5 years)
and with whom?

Is this a child of this marriage? _____

Describe child's special needs, if any _____

Child's Name:

First Middle Last

Date of Birth & Age: _____ Social Security No.: _____

Where is the child living now?
(list all locations for the past 5 years)
and with whom?

Is this a child of this marriage? _____

Describe child's special needs, if any _____

Child's Name:

First Middle Last

Date of Birth & Age: _____ Social Security No.: _____

Where is the child living now?
(list all locations for the past 5 years)
and with whom?

Is this a child of this marriage? _____

Describe child's special needs, if any _____

Please continue with additional children on separate sheet.

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Have you and your spouse/partner discussed which parent will be primarily responsible for the child/ren following divorce/separation? Yes _____ No _____

What is the current parenting time schedule?: _____

What Parenting Time arrangement would you prefer?: _____

Do your children require work-related child-care?: Yes _____ No _____
If yes, what is the monthly amount _____

Who is responsible for health insurance coverage of children?: _____
Premium Amount: _____ Family: _____ Children only: _____

Any children from a previous marriages or relationships?

Marriage Information

Date and Place of Marriage: _____

Kansas Residency : _____

How long have you been resided in Kansas?: _____
How long has your spouse resided in Kansas?: _____

Prior Marriages:

Number of Marriages for you (including this one): _____
Number of marriages for spouse (including this one): _____

If you are not living with your spouse/partner, what is the date of separation?: _____

Counseling

Have you or your spouse received counseling or otherwise consulted with a counselor, psychologist, social worker, or psychiatrist? Yes _____ No _____

If yes, who has received the counseling? _____

What type of counseling or treatment? _____

Dates of counseling: _____

Name (s) of Counselor (s): _____

May we have permission to contact counselor? Yes _____ No _____

If yes, please supply:

Address: _____

City, State, Zip: _____

Telephone: _____

Income Tax Information

