

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important you attempt to answer the following questions fully and accurately. Please print your answers. If additional space is needed, please use the back of a page. If a question is not applicable, indicate that with either "N/A" or strike through the question.

The completed questionnaire will be kept confidential and will remain in our possession. Prior to commencement of your work on your dissolution, we will need a copy of the legal description to any real property, if applicable.

You will likely need to gather a significant amount of financial information including pay stubs (3 consecutive pay periods), account statements, tax returns and other financial records. Start gathering information now, making copies as you go. The more organized you are, the better.

Who referred you to us? _____ Date of Interview: _____

YOURSELF

Your Name: _____

Address: _____
Street City State Zip

Future (new address) _____
Street City State Zip

Date of Birth: _____ Age: _____ Social Security Number: _____

Length of time resident in Minnesota: _____ Any Former Names: _____

Education: _____

Phone: Home _____ Cell: _____ Business: _____

Email: _____

Are you a U.S. citizen? ____ Yes ____ No. Is your spouse a U.S. citizen? ____ Yes ____ No

If you answered no where do you or your spouse currently have citizenship? _____

Closest relative: _____
Name Address Relationship Phone

Your Health: _____ Physician: _____

Under Treatment for: _____

Have you and/or your spouse dealt with infertility issues whereby you or your spouse to have stored genetic/reproductive/biological samples? _____

Present Marriage: Date: _____ City _____ County: _____ State: _____

Were you previously married: _____

If so, when and where was your marriage dissolved: _____

Are you receiving or paying any money for the support of children of a former marriage: _____

If so, receiving or paying? _____ Number of Children: _____ If so, amount: _____

Are any arrearages due for support? _____ Are you receiving or paying maintenance to or from

previous spouse: _____ Receiving or paying: _____ If so, amount: _____

arrearages: _____

Do you receive public assistance? _____ If so, What kind? _____

SPOUSE

SPOUSE NAME: _____

Address: _____
Street City State Zip

Future (new address) _____
Street City State Zip

Date of Birth: _____ Age: _____ Social Security Number: _____

Length of time resident in Minnesota: _____

Any Former Names: _____

Education: _____

Phone: Home _____ Cell: _____ Business: _____

Closest relative: _____
Name Address Relationship Phone

Spouse Health: _____ Physician: _____

Under Treatment for: _____

Have you and/or your spouse dealt with infertility issues whereby you or your spouse to have stored genetic/reproductive/biological samples? _____

Present Marriage: Date: _____ City _____ County: _____ State: _____

Were you previously married: _____

If so, when and where was your marriage dissolved: _____

Are you receiving or paying any money for the support of children of a former marriage: _____

If so, receiving or paying? _____

Number of Children: _____ If so, amount: _____ Are any arrearages due for support? _____

Are you receiving or paying maintenance to or from previous spouse: _____

Receiving or paying: _____ If so, amount: _____ Arrearages: _____

Do you receive public assistance? _____ If so, What kind? _____

CHILDREN OF THIS MARRIAGE:

Full Name:	Birthdate:	Age:	Social Security Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Living with: _____ At: _____

Physical or emotional disabilities of children: _____

Names and dates of birth of any children of previous marriages:

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

With whom are they living: _____ Who has legal custody: _____

Do any of these children have an income: _____

Are you (or your wife) pregnant or could you (or your wife be pregnant) _____

Are the parties in the same home? _____ If not, date of separation: _____

Previous separations: _____ From _____ to _____

Previous Court Actions: _____ Date filed by attorney _____ Dismissed: _____

Do you consider your marital problems irreconcilable: _____

Do you have reason to believe there will be a dispute over the custody of your minor children:

_____ Yes _____ No _____

If so, Why: _____

Who is or is likely to be your spouse's attorney: _____

Do you desire your former name restore: _____ If so, what is your former name: _____

INCOME INFORMATION

Husband's Occupation: 1. Employment, 2. Business (Fill out either or both as applicable)

1. Employed by: _____ Length of time: _____
Address: _____ Phone _____
Occupation: _____ Gross Salary per month: \$ _____ Bonus: _____

List all deductions from gross

Federal Tax	\$ _____	State Tax	\$ _____	FICA	\$ _____
Other					
\$ _____	Purpose	\$ _____	Purpose		
Net monthly salary (Take Home) \$ _____			SSN: _____		

Number of Exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer: _____

Does Husband do any additional part-time work: _____ Explain: _____

2. Business: Name of Company: _____
 Address: _____ Phone: _____
 Service or Product: _____
 Date acquired: _ Cost of Investment: \$_____ Position Held: _____
 Stock Interest: _ Spouse's Interest _____ Number of Shareholders: _____
 Directors/Officers: _____

Wife's Occupation: 1. Employment, 2. Business (Fill out either or both as applicable)

1. Employed by: _____ Length of time: _____
 Address: _____ Phone _____
 Occupation: _____ Gross Salary per month: \$_____ Bonus: _____

List all deductions from gross

Federal Tax	\$ _____	State Tax	\$ _____	FICA	\$ _____
Other					
\$ _____	Purpose _____	\$ _____	Purpose _____		
Net monthly salary (Take Home) \$ _____			SSN: _____		

Number of Exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer: _____

Does Wife do any additional part-time work: _____ Explain: _____

2. Business: Name of Company: _____
Address: _____ Phone: _____
Service or Product: _____
Date acquired: _____ Cost of Investment: \$ _____ Position Held: _____
Stock Interest: _____ Spouse's Interest _____ Number of Shareholders: _____
Directors/Officers: _____

Are there any babysitting costs incurred while parents work? _____

Spouse's previous work history and skills, including approximate dates:

If no answers to previous questions, what has spouse done or what is spouse capable of doing to help support himself/herself? _____

Do you receive or does your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc.? _____

If so, from whom, for whom, and amount: _____

Do you receive or does your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source? _____

ASSETS

Homestead:

Address: _____
(street) (city) (county) (state)

Is this homestead Abstract property or Torrens property? _____

List Plat No. _____ Parcel No. (PID) _____

Legal description: _____

Date purchased: _____ Price: \$ _____ In name of: _____

Present mortgage balance: \$ _____ Payable: \$ _____ Per _____

Name and address of contract for deed holder: _____

Your market value of property: \$ _____ Approximate equity: \$ _____

Real estate taxes/monthly: \$ _____ Insurance/monthly \$ _____ Included in house payment: _____

House payments are in arrears by: \$ _____ Taxes are in arrears by: \$ _____

Date, type, and cost of any major improvements since purchase: _____

Other Real Estate:

Other Personal Assets

Bank Accounts:

Savings account or savings certificates at _____

Approximate balance: \$ _____ In name of: _____

Checking account at _____

Approximate balance: \$ _____ In name of: _____

Stocks: Company name: _____ No. of shares: _____

In name of: _____ Value: \$ _____

Bonds: Type _____

In name of: _____ Value: \$ _____

Do you or your spouse have any money or property held by others? _____

If so, give details: _____

At the time of marriage, did you or your spouse have money or property in excess of \$1,000.00? _____

If so, please explain: _____

What part, if any, of your marriage estate was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims (state by whom received, from whom, nature, and date received)?

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved)? _____

Life Insurance (privately obtained):

Policy No.: _____ with _____

On life of: _____ for _____

Beneficiary: _____ Yearly premium: \$ _____

Cash surrender or loan value: \$ _____

Life Insurance (through employer):

Describe any life insurance you or your spouse have through an employer or labor union,
in the same terms as above, if possible: _____

Medical Insurance: Check any of the following that are applicable:

_____ Medical _____ Hosp. _ Maj. Medical _____ Dental _____ Glasses _____

Provided by employer or labor union. Monthly cost to you \$ _____

Monthly cost to spouse: \$ _____ Purchased privately _____

By whom? _____ Cost: \$ _____

If any of the above insurance does not cover the entire family, explain: _____

Retirement Plans:

For yourself: Name of employer providing plan: _____

Percentage vested: _____ Amount vested: \$ _____ Date of full vesting: _____

Amount of employer contribution per pay period: _____

Amount of employee contribution per pay period: _____

Estimated present cash value: \$ _____

For your spouse: Name of employer providing plan: _____

Percentage vested: _____ Amount vested: \$ _____ Date of full vesting: _____

Amount of employer contribution per pay period: _____

Amount of employee contribution per pay period: _____

Estimated present cash value: \$ _____

Other Employee Benefits:

Describe any other employee benefits, such as stock options, you or your spouse have through an employer:

Individual Retirement Trust Account:

For yourself: Name of institution deposited with: _____

Amount currently on deposit: \$ _____

For your spouse: Name of institution deposited with: _____

Amount currently on deposit: \$ _____

Automobiles or Other Motor Vehicles:

Husband drives: Year _____ Make _____ Model _____ In name of _____

Security interest: \$ _____ payable \$ _____ per _____

Wife drives: Year _____ Make _____ Model _____ In name of _____

Security interest: \$ _____ payable \$ _____ per _____

List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles, campers, or other motor vehicles:

Furniture:

General description: _____ Security interest: \$ _____ payable \$ _____ per _____

Antiques:

General description: _____ Security interest: \$ _____ payable \$ _____ per _____

Tools and yard equipment:

General description: _____ Security interest: \$ _____ payable \$ _____ per _____

DEBTS:

Name of <u>Creditor</u>	Purpose, or for <u>whom</u>	Present <u>Balance</u>	Monthly <u>Payment</u>	Whose obligation (<u>wife, husband, joint</u>)
1.		\$ _____	\$ _____	
2.		\$ _____	\$ _____	
3.		\$ _____	\$ _____	
4.		\$ _____	\$ _____	
5.		\$ _____	\$ _____	
6.		\$ _____	\$ _____	

State what credit cards you have, in whose name, and how many cards:

SERVICE

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc.). This information is necessary in order to ensure prompt service of papers on your spouse. Also attach a recent photograph of your spouse if you have one.

Give make, model, year, color, and license number of car your spouse is driving:

When and where should dissolution papers be served on your spouse?

Would your spouse be willing to come to our office to be served the dissolution papers? _____

NOTE

In case our office must reach you on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached: _____

FUTURE ESTIMATED MONTHLY LIVING EXPENSES

	Husband	Wife	Children
Rent, mortgage, or contract for deed payment	\$	\$	
Taxes	\$		\$
Insurance	\$		\$
Utilities:			
Heat/fuel	\$		\$
Water	\$		\$
Electricity	\$		\$
Gas (if separate from heat)	\$		\$
Child support or spousal maintenance obligation from former marriage	\$		\$
Home maintenance: yard, repair and decorating	\$	\$	
Food and household items (meals eaten out)	\$	\$	
Payment of present indebtedness	\$	\$	
Automobile:			
Gas and oil	\$		\$
Repairs	\$		\$
License and insurance (monthly)	\$		\$
Installment payments	\$		\$
Personal:			
Grooming			
Clothing/ Laundry and dry cleaning	\$		\$
Medical:	\$		\$
Doctor	\$		\$
Dental	\$		\$
Medications	\$		\$
Insurance:			
Life	\$		\$
Medical	\$		\$
Dental	\$		\$
Dues: union or professional	\$		\$
Social obligations	\$		\$
Church or other donations	\$		\$
Newspapers and magazines	\$		\$
Entertainment and recreation	\$		\$
Other: _____	\$		\$
Clothing	\$		\$
Grooming	\$		\$
Education/Books tuition:	\$		\$
School Activities	\$		\$
Transportation	\$		\$
Lunches	\$		\$
Personal allowance	\$		\$
Babysitting	\$		\$
Visitation Expenses/Entertainment, food, transportation	\$		\$
TOTAL ESTIMATED MONTHLY LIVING EXPENSES:	\$	\$	

**DOCUMENTS, INSTRUMENTS, AND DATA
NECESSARY FOR DISSOLUTION PROCEEDINGS**

You should bring the following items with you at the time of your first interview:

1. Your paycheck stubs: from January 1 of the current year if possible; paycheck stubs for the last three months are required.
2. If you can get them, your spouse's paycheck stubs: from January 1 of the current year if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal, for the past three years.
4. Deeds, abstracts, and Torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse individually or jointly. Secure these from your mortgage company or lending institution if you do not have them.
5. Mortgage or contract for deed balance on homestead and any other real estate. Bring the last monthly mortgage payment statement if you have one.
6. All papers and documents covering the initial purchase of your homestead, including purchase agreement.
7. Tax assessor's statements on homestead and other real properties.
8. Savings passbooks and savings certificates of individual or joint accounts held by you or your spouse individually or jointly.
9. If possible, list of corporate stocks or stock certificates owned by you or your spouse individually or jointly. Also give name of broker or brokers.
10. Current life insurance policies, with statements of loans against them.
11. A list of the outstanding bills of you and your spouse, including for whom and when incurred, amount still owed, name of creditor, and original amount.
12. A copy of any pension, retirement, profit sharing, or investment program you or your spouse is involved in through employment; records of any savings account reflecting your or your spouse's Individual Retirement Account (IRA).
13. Title or registration cards to all automobiles or other motor vehicles owned by you and your spouse individually or jointly.
14. A copy of any financial statements or statements of net worth prepared by you or your spouse for the purpose of securing bank loans or for any other purpose.
15. Any other information that will help establish your net worth, your spouse's net worth, your joint net worth, your income, and your spouse's income.
16. Any pleadings and legal papers in your possession relating to this action or any dissolution (divorce) proceeding for you or your spouse.
17. Any U.S. social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.