

Today's Date: _____

How did you hear about my services? _____

Other Professionals (attorney, child specialist, financial, mental health professional)

Name: _____ Phone Number: _____ Email: _____

Name: _____ Phone Number: _____ Email: _____

(Please add additional information to page 12 if more detail is needed on questionnaire)

BACKGROUND INFORMATION

YOU

SPOUSE/PARTNER

Full Name: _____

Full Name: _____

Former Name(s): _____

Former Name(s): _____

Address: _____

Address: _____

Mailing Address: _____

Mailing Address: _____

Future Address: _____

Future Address: _____

As of (date): _____

As of (date): _____

Social Security No.: _____

Social Security No.: _____

Date of Birth: _____

Date of Birth: _____

Phone Numbers: Home: _____

Phone Numbers: Home: _____

Work: _____ Hours: _____

Work: _____ Hours: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Emergency Contact: _____

Emergency Contact: _____

Emergency Phone: _____

Emergency Phone: _____

If completing electronically, click at the start of each line or box to add information

Date of present marriage (if applicable): _____ Date of separation: _____

Place of marriage (if applicable) (city, county, state or country): _____

Highest level of education: You: _____ Spouse/Partner: _____

Do you (or your spouse/partner) desire a name change at the time of the dissolution? _____

From: _____ To: _____

Have you been a resident of Minnesota for more than six months? _____

In which County do you live? _____ Your Spouse/Partner? _____

Have you (or spouse/partner) ever started a divorce or legal separation proceeding before? _____

When? Where? What was the outcome? _____

Will you or your spouse/partner be moving out of state in the near future? _____

Are either you or your spouse/partner in the United States military service? _____

Explain: _____

CHILDREN BORN OR ADOPTED DURING THE MARRIAGE/PARTNERSHIP

Child's Name	Birthdate	Age	SSN	Living With	Special Needs

If completing electronically, click at the start of each line or box to add information

Are there children from a previous marriage/partnership or relationship whose interests may be affected by this dissolution? _____ Explain: _____

Are you or your spouse/partner currently pregnant? _____ Biological father (if known): _____

INCOME INFORMATION

*Attach paycheck stubs (if possible) from the last two pay periods

YOU

Degree(s) Obtained: _____
 Occupation: _____
 Employed by: _____
 Address: _____

SPOUSE/PARTNER

Degree(s) Obtained: _____
 Occupation: _____
 Employed by: _____
 Address: _____

For _____ years Hours per week: _____
 Gross Salary: _____ per: _____
 Bonus: _____
 Net Salary: _____ per: _____
 Other source of income or potential source of income? _____

For _____ years Hours per week: _____
 Gross Salary: _____ per: _____
 Bonus: _____
 Net Salary: _____ per: _____
 Other source of income or potential source of income? _____

SUPPORT OBLIGATIONS

List all current support paid or received by you or your spouse/partner. Include amounts paid since the date of separation from your spouse/partner.

CHILD SUPPORT	AMOUNT PAID		AMOUNT RECEIVED	
	Current Marriage	Former Relationship(s)	Current Marriage	Former Relationship(s)
You				
Your Spouse/Partner				

If completing electronically, click at the start of each line or box to add information

SPOUSAL MAINTENANCE	AMOUNT PAID		AMOUNT RECEIVED	
	Current Marriage	Former Relationship(s)	Current Marriage	Former Relationship(s)
You				
Your Spouse/Partner				

COUNTY/STATE BENEFITS

Welfare benefits received by you or your spouse/partner: County: _____

(Check all that apply)

- Cash Grant (AFDC or MFIP) Amount: _____
- Medical Assistance
- Minnesota Care
- Subsidized or sliding fee child care
- Veterans Administration
- Social Security for _____
- Unemployment Compensation
- Workers' Compensation
- Other, Explain: _____

HEALTH INFORMATION

<u>YOU</u>	<u>YOUR SPOUSE/PARTNER</u>	<u>YOUR FAMILY</u>
<i>COST PAID</i>	<i>COST PAID</i>	<i>COST PAID</i>
<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Dental	<input type="checkbox"/> Dental	<input type="checkbox"/> Dental
<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Orthodontic
<input type="checkbox"/> Visual	<input type="checkbox"/> Visual	<input type="checkbox"/> Visual
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Nursing Home
Through employment? _____	Through employment? _____	Through employment? _____
Whose? _____	Whose? _____	Whose? _____
Provider: _____	Provider: _____	Provider: _____

If completing electronically, click at the start of each line or box to add information

If any of the above policies are not obtained through employment or a union, from whom do you purchase the policies? _____

Do you have insurance available through your work? _____

Does your spouse/partner? _____

What is your general state of health? _____ Physician's Name: _____

Under treatment for: _____

Medications currently taking: _____

What is your spouse's/partner's general state of health? _____ Physician's Name: _____

Under treatment for: _____

Medications currently taking: _____

What is the general state of health for other family members (children)? _____

BUSINESS INTERESTS

Name of Company: _____

Address: _____

Phone: _____ Service or Product: _____

Date Acquired: _____ Cost of Investment: _____ Source of Investment: _____

Position Held: _____ Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Directors/Officers: _____

Additional Information: _____

If completing electronically, click at the start of each line or box to add information

REAL ESTATE

Home Address: _____

Title held by: You: Partner: Both: Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly P&I: _____ Insurance: _____ Property Tax: _____

Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Tax Assessed Value: _____

Source of Market Value: _____ Approximate Equity: _____

Other real property: include legal description, purchase price, market value, amount owed and title Information (if known): _____

AUTOMOBILES

Year/Make/Model	Name(s) on Title	In Possession of	Date & Source of Value	Loan Amount	Value

If completing electronically, click at the start of each line or box to add information

OTHER MOTOR VEHICLES

(e.g. boats, snowmobiles, motorcycles)

Year/Make/Model	Names on Title	In Possession of	Date & Source of Value	Loan Amount	Value

PERSONAL ACCOUNTS

(e.g. checking, savings, certificates, stocks & bonds, safety deposit boxes, persons that owe you money)

Type of Account	Name(s) on Account	Account Number	Location (bank or institution)	Approximate Value

If completing electronically, click at the start of each line or box to add information

RETIREMENT ACCOUNTS OR PLANS

(e.g. IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401k, 403b)

Name(s) on Account	Account Type	Account Number	Company	Current Value

PENSION PLANS

(Defined Benefit Plans)

Name(s) on Account	Company	Percent Vested	Date of Full Vesting	Projected Monthly Benefit	Estimated Present Value

If completing electronically, click at the start of each line or box to add information

Other Employee Benefits

Stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your spouse/partner has through employment: _____

OTHER PERSONAL PROPERTY

(e.g. pets, antiques, artwork)

Description	Ownership	Value

If completing electronically, click at the start of each line or box to add information

LIFE INSURANCE

YOU

Policy Number	Company	Type	Group/ Individual	Face Value	Beneficiary	Cash Value	Annual Premium

YOUR SPOUSE/PARTNER

Policy Number	Company	Type	Group/ Individual	Face Value	Beneficiary	Cash Value	Annual Premium

NON-MARITAL CLAIMS

Please identify any potential non-marital claims that you or your spouse/partner may have (inheritance, gifts from third parties, personal injury awards, property owned prior to marriage/partnership)

Asset	When Acquired	How Acquired	Whose Non - Marital Claim	Estimated Value

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

1. your rent or your home mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does it include property insurance? No Yes

2. electricity and heating \$ _____

3. water and sewage \$ _____

4. telephone service/long distance \$ _____

5. Do you have any other utility bills? If so, what, and how much per month?
\$ _____
\$ _____
\$ _____

6. home maintenance, including repairs and general upkeep \$ _____

7. food \$ _____

8. clothing \$ _____

9. laundry and dry cleaning \$ _____

10. medical and dental expenses \$ _____

11. transportation (not including car payments) \$ _____

12. entertainment, recreation, newspapers, magazines \$ _____

13. charitable contributions \$ _____

14. insurance not deducted from paycheck
a) homeowner's or renter's insurance \$ _____
b) life insurance \$ _____
c) health insurance \$ _____
d) auto insurance \$ _____
e) other insurance _____ \$ _____

15. taxes not deducted from paycheck \$ _____

16. installment payments for car, furniture, etc. (Specify)
\$ _____
\$ _____
\$ _____

17. alimony, maintenance, support paid to others \$ _____

18. payments for support of dependents not living at home \$ _____

19. expenses from operation of business \$ _____

Additional Expenses

20. mandatory payroll deductions not already listed _____ \$ _____
_____ \$ _____

- 21. court ordered payments not already listed _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 22. education necessary to maintain employment \$ _____
- 23. education for a physically or mentally challenged child \$ _____
- 24. childcare \$ _____
- 25. disability insurance (if not listed on line 14) \$ _____
- 26. health savings accounts \$ _____
- 27. care for elderly, chronically ill, or disabled family members \$ _____
- 28. protection from family violence \$ _____
- 29. education expense for your children under 18 \$ _____
- 30. non-mandatory contributions to retirement accounts (including loan repayment)
 _____ \$ _____
 _____ \$ _____
- 31. other expenses not listed above _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

REQUEST FOR DOCUMENTARY DATA

A complete picture of the assets and income for you and your spouse/partner is absolutely necessary. By providing us with the information and items requested below, you will **save time and money**, and assist us in preparing the necessary papers.

1. At least 2 consecutive paycheck stubs for both you and your spouse/partner.
2. Copies of your joint or individual income tax returns, both state and federal, for the most recent year.
3. Deeds, abstracts, and Torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse/partner, individually or jointly. Secure these documents from your Mortgage Company or lending institution, if you do not have them.
4. Mortgage or contract for deed balance on homestead and any other real estate, along with the last monthly mortgage payment statement, if you have one.
5. Statements from bank accounts and certificates of deposit owned by you and your spouse/partner, individually or jointly.
6. Statements and/or certificates from any stocks, bonds or mutual fund holdings owned by you and your spouse/partner, individually or jointly.
7. Current copies of life insurance policy statements, including loans against them.
8. Current copies of statements from outstanding bills, loans, or credit cards for you and your spouse/partner.
9. A copy of your and/or your spouse's/partner's Employee Benefits Package, including health insurance policies and statement of benefits, whether private or through employment.
10. Statements from any pension, retirement program, profit sharing or investment program you or your spouse/partner is involved in through employment. Statements from you and your spouse's/partner's Individual Retirement Account(s) (IRA).
11. A copy of any financial statements or statements of net worth prepared by you, your spouse/partner, or your financial planner.
12. A copy of you or your spouse's/partner's social security statement reflecting earnings and qualifications for retirement benefits.
13. A copy of cash flow or monthly budgets you or your spouse/partner has prepared.
14. Any other information you feel may be helpful in understanding your financial picture.