

MARRIAGE DISSOLUTION INFORMATION QUESTIONNAIRE

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____
2. All previous full names you have ever used _____

3. Present Street Address _____
City _____ County _____ State _____ ZIP _____
4. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

5. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
Email address _____
6. Social Security Number _____
7. Length of Residence in Minnesota _____
8. Birthplace _____ Birthdate _____ Age _____
9. Religion _____ Race _____
10. Highest Level of Education _____ Year Completed _____
11. Present Health _____
12. Physician or Clinic _____
13. Are you presently in the military service? _____
14. Name of person [other than your spouse] who would be most likely to always know
where you can be reached _____
Telephone Number _____ Relationship to you _____

YOUR EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid:
 Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal M- _____ State M- _____
 S - _____ S - _____
9. Deductions from your paycheck:

Federal	\$ _____	Per _____
State	\$ _____	Per _____
FICA	\$ _____	Per _____
Medical/Dental	\$ _____	Per _____
Other [Specify]	\$ _____	Per _____
10. Describe the type and amount of other income [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.] _____

12. Detail your prior work experience [what, when and where] _____

13. Do you receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child[ren]	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

SPOUSE'S PERSONAL INFORMATION:

1. Full Name _____
2. All previous full names your spouse has ever used _____

3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. Home Phone _____ Business Phone _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Religion _____ Race _____
9. Highest Level of Education _____ Year Completed _____
10. Present Health _____
11. Physician or Clinic _____
12. Is your spouse presently in the military service? _____
13. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

SPOUSE'S EMPLOYMENT INFORMATION:

- 1. Employer _____
- 2. Address _____
- 3. Occupation _____
- 4. Length of Time with this Employer _____
- 5. How often is spouse regularly paid: _____
Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____
- 6. Gross Earnings \$ _____ Per _____
- 7. Net Earnings \$ _____ Per _____
- 8. Exemptions Claimed: Federal M - _____ State M - _____
 Federal S - _____ State S - _____
- 9. Deductions from your spouse=s paycheck:

Federal	\$ _____	Per _____
State	\$ _____	Per _____
FICA	\$ _____	Per _____
Medical/Dental	\$ _____	Per _____
Other [Specify]	\$ _____	Per _____
- 10. Describe the type and amount of your spouse=s other income [overtime, bonuses, commissions, other employment] _____

- 11. Describe all other employment benefits of your spouse [car, car allowance, meals, memberships, etc.] _____

- 12. Detail your spouse's prior work experience [what, when and where] _____

13. Does your spouse receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Himself/Herself	_____ Yes	_____ No
Social Security Benefits for Child[ren]	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE: [Do **not** list children from previous marriages or other relationships]:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with Client? _____ Spouse _____ Both _____

3. Do you want custody of this child/these children? _____

4. Do you expect a contest over who should have custody of the children? _____
Why? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital [antenuptial] agreement? _____

2. Date of present marriage _____

3. City, county, and state where you were married _____

4. Are you and your spouse living together? _____

5. If not, date of separation _____

6. Are you, or your spouse, pregnant? _____

7. Describe any action that has been taken by either you or your spouse to dissolve this marriage

8. State the date, purpose and names of individuals involved in any counseling of you and/or your spouse

9. Do you feel there is any chance to save this marriage? _____
10. What are your primary complaints about your spouse? _____

11. What are your spouse's primary complaints about you? _____

12. Is there a history of domestic abuse in your marriage relationship? _____
Describe _____

13. Have you or your spouse ever sought an order for protection as a result of domestic abuse? _____

INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____

4. Minor children from your **previous** marriages or relationships: [Do **not** list children born or adopted into your current marriage]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Who received custody? _____

6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued _____

7. Maintenance and child support payments **received by you:**
Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

Maintenance and child support payments **paid by you:**

Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

8. Assets awarded to you _____

INFORMATION ABOUT YOUR SPOUSE'S OTHER MARRIAGES OR RELATIONSHIPS:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City, county and state of divorce _____

4. Minor children by from your **spouse's previous** marriages or relationships: [Do **not** list minor children born or adopted into your current marriage]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Who received custody? _____
6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued

7. Maintenance and child support payments **received by your spouse:**
 Maintenance \$ _____ per _____ from _____
 Child Support \$ _____ per _____ from _____
- Maintenance and child support payments **paid by your spouse:**
 Maintenance \$ _____ per _____ from _____
 Child Support \$ _____ per _____ from _____
8. Assets awarded to your spouse _____

YOUR HEALTH INSURANCE:

Coverage provided for:
 [Check all that apply]

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

SPOUSE'S HEALTH INSURANCE:

Coverage provided for:
 [Check all that apply]

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____

4. Other _____

ASSETS:

A. Homestead:

1. Address _____
City _____ County _____ State _____
2. Do you have a copy of a deed to this property? _____
3. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
4. When was this homestead purchased? _____ Cost _____
5. Amount of down payment _____
6. Source of down payment _____

7. In whose name(s) is the title? _____
8. What is the present fair market value? _____
9. Present mortgage or contract for deed balance _____
10. Monthly payment _____
11. To whom are the payments made? _____
12. Does the payment include taxes? _____ Insurance? _____
13. What are the yearly taxes? _____ Insurance? _____
14. Are house payments delinquent? _____ How much? _____
15. On the reverse side of this page, describe all improvements made to the property during the marriage.

B. Other Real Estate:

1. Address _____
City _____ County _____ State _____

2. Type _____
3. Do you have a copy of a deed to this property? _____
4. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
5. When was it purchased? _____ Cost _____
6. Amount of down payment _____
7. Source of down payment _____
8. In whose name(s) is the title? _____
9. Present fair market value _____
10. Present mortgage or contract for deed balance _____
11. Monthly payment _____
12. To whom are the payments made? _____
13. Does the payment include taxes? _____ Insurance? _____
14. What are the yearly taxes? _____ Insurance? _____
15. Are payments delinquent? _____ How much? _____
16. On the reverse side of this page, describe all improvements made to the property during the marriage.

C. Other Real Estate:

1. Address _____
City _____ County _____ State _____
2. Type _____
3. Do you have a copy of a deed to this property? _____
4. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____

5. When was it purchased? _____ Cost _____
6. Amount of down payment _____
7. Source of down payment _____
8. In whose name(s) is the title? _____
9. Present fair market value _____
10. Present mortgage or contract for deed balance _____
11. Monthly payment _____
12. To whom are the payments made? _____
13. Does the payment include taxes? _____ Insurance? _____
14. What are the yearly taxes? _____ Insurance? _____
15. Are payments delinquent? _____ How much? _____
16. On the reverse side of this page, describe all improvements made to the property during the marriage.

**WE WILL NEED A COPY OF A DEED OR MORTGAGE CONTAINING THE
LEGAL DESCRIPTION FOR EACH PARCEL OF REAL ESTATE.**

E. Savings Accounts:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____
Name(s) on Account _____

F. Certificates of Deposit:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____

Name(s) on Account _____

G. Checking Accounts:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

H. Cash Management or Brokerage Accounts:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

I. Stock:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

J. Bonds:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

K. Safe Deposit Box:

Depository _____

Describe contents _____

Who has access? _____

L. List all Pension/Retirement Plans [IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.]

Type	In Whose Name?	Value	Date
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

M. Does anyone owe you or your spouse money? _____

1. Who _____ How much \$ _____

2. Who _____ How much \$ _____

N. Did **you** bring property or money into this marriage? _____

Describe _____

O. Did **your spouse** bring property or money into this marriage? _____

Describe _____

P. Describe any inheritance **you** have received _____

Q. Describe any inheritance **your spouse** has received _____

R. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? _____

S. Does **your spouse** have any personal injury or worker's compensation claim pending or has **your spouse** received any settlement or award? _____

T. Life Insurance

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

U. Motor Vehicles Driven by **YOU**:

1. Kind _____ Year _____ Model _____
VIN _____
2. In whose name? _____
3. Balance owed \$ _____ As of Date _____ Payments \$ _____ Per _____
4. Payments made to whom? _____

Motor Vehicles Driven by **SPOUSE**:

1. Kind _____ Year _____ Model _____
VIN _____
2. In whose name? _____
3. Balance owed \$ _____ As of Date _____ Payments \$ _____ Per _____
4. Payments made to whom? _____

V. Recreational Vehicles:

	Make and Model	Value	Payments	Balance(Date)
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat/Motor/Trailer	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles	_____	\$ _____	\$ _____	\$ _____

W. Value of:

Jewelry \$ _____ Furs \$ _____ Art \$ _____
Precious Metals \$ _____ Collections [describe] \$ _____

X. Household Goods and Furnishings:

1. Estimated value _____
2. Balance owed \$ _____ Payments \$ _____ Per _____
3. Payments made to whom? _____

Y. Describe any other assets that you know of _____

DEBTS:

	<u>Creditor</u>	<u>Balance Due</u>	<u>Date</u>	<u>Monthly Payment</u>	<u>Who Incurred</u>	<u>Reason for Debt</u>
1.	_____					
2.	_____					
3.	_____					
4.	_____					
5.	_____					
6.	_____					
7.	_____					
8.	_____					
9.	_____					
10.	_____					

MISCELLANEOUS:

1. Do you or your spouse have a will? _____
2. When were the wills executed or last revised? _____
3. Do you or your spouse desire to have a name change as a result of this proceeding?

If so, what name is desired? _____
4. Are you or your spouse named as a party in any pending lawsuit, including
bankruptcy? _____
5. _____

Documents to get into me:

1. A copy of the deed(s) transferring all real estate you or your spouse currently own to you and/or your spouse.

2. A copy of your tax returns for the past 5 years, including W-2s and attachments.
3. A copy of your last month's paycheck stubs.
4. A copy of your spouse's last month's paycheck stubs . (if available).
5. Mortgage and debt documents showing current balances.
6. Pension, retirement plan, stock, or similar asset statements showing current value.

Return to:

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