

**Client Information Questionnaire  
MARRIAGE DISSOLUTION**

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 attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page or add additional pages. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

<b>PERSONAL INFORMATION - CLIENT</b>
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1. Full Name: \_\_\_\_\_
2. Present Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Future Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Length of Residence in Minnesota: \_\_\_\_\_
8. Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
9. Religion: \_\_\_\_\_
10. Highest Level of Education: \_\_\_\_\_ Year Completed: \_\_\_\_\_
11. Present Health: \_\_\_\_\_
12. Physician and Clinic: \_\_\_\_\_  
Under Treatment For: \_\_\_\_\_

13. Are you presently in the Military Service of the United States?: \_\_\_\_\_

14. Name and telephone number of person (other than your spouse) who would be most likely to always know where you can be reached: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

<b>PERSONAL INFORMATION - SPOUSE</b>
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1. Full Name: \_\_\_\_\_

2. Present Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Future Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Length of Residence in Minnesota: \_\_\_\_\_

7. Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

8. Religion: \_\_\_\_\_

9. Highest Level of Education: \_\_\_\_\_ Year Completed: \_\_\_\_\_

10. Present Health: \_\_\_\_\_

11. Physician and Clinic: \_\_\_\_\_  
Under Treatment For: \_\_\_\_\_

12. Is your spouse presently in the Military Service of the United States?: \_\_\_\_\_

13. Name and telephone number of person (other than yourself) who would be most likely to always know where your spouse can be reached: \_\_\_\_\_

Relationship to your spouse: \_\_\_\_\_

**EMPLOYMENT INFORMATION - CLIENT**

1. Employer: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Occupation: \_\_\_\_\_

4. Length of Time with this Employer: \_\_\_\_\_

5. Gross Earnings: \_\_\_\_\_ Per: \_\_\_\_\_

6. Net Earnings: \_\_\_\_\_ Per: \_\_\_\_\_

7. How many exemptions do you claim?: \_\_\_\_\_

8. Itemize those items that are deducted from your paycheck:

Federal: \_\_\_\_\_ Medical/ Dental: \_\_\_\_\_

State: \_\_\_\_\_ Other (specify): \_\_\_\_\_

FICA: \_\_\_\_\_ Other (specify): \_\_\_\_\_

9. Any other income (overtime, bonuses, commissions, other employment)?: \_\_\_\_\_

10. Do you have a pension plan with this or any previous employer?: \_\_\_\_\_

11. Any profit sharing?: \_\_\_\_\_

12. Any stock interest?: \_\_\_\_\_

13. Expense account?: \_\_\_\_\_

14. What other benefits are provided by this employer?: \_\_\_\_\_

15. Are there any day care or babysitting costs incurred while you are at work?: \_\_\_\_\_

If yes, how much and whom do you pay?: \_\_\_\_\_

16. Detail your previous work history and skills, including approximate dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. If you are unemployed, what have you done or what are you capable of doing to help support yourself?: \_\_\_\_\_

18. Do you receive any financial assistance from a welfare department, social security, unemployment compensation, etc.?: \_\_\_\_\_

If yes, from whom, for whom, and for what amount: \_\_\_\_\_

19. Do you receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source?: \_\_\_\_\_

<b>EMPLOYMENT INFORMATION - SPOUSE</b>
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1. Employer: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Occupation: \_\_\_\_\_

4. Length of Time with this Employer: \_\_\_\_\_

5. Gross Earnings: \_\_\_\_\_ Per: \_\_\_\_\_

6. Net Earnings: \_\_\_\_\_ Per: \_\_\_\_\_

7. How many exemptions does your spouse claim?: \_\_\_\_\_

8. Itemize those items that are deducted from your spouse's paycheck:

Federal: \_\_\_\_\_

Medical/ Dental: \_\_\_\_\_

State: \_\_\_\_\_

Other (specify): \_\_\_\_\_

FICA: \_\_\_\_\_

Other (specify): \_\_\_\_\_

9. Any other income (overtime, bonuses, commissions, other employment)?: \_\_\_\_\_

10. Does your spouse have a pension plan with this or any previous employer?: \_\_\_\_\_

11. Any profit sharing?: \_\_\_\_\_

12. Any stock interest?: \_\_\_\_\_

13. Expense account?: \_\_\_\_\_

14. What other benefits are provided by this employer?: \_\_\_\_\_

15. Are there any babysitting costs incurred while your spouse is at work?: \_\_\_\_\_

16. Detail your spouse's previous work history and skills, including approximate dates:

\_\_\_\_\_

\_\_\_\_\_

17. If your spouse is unemployed, what has your spouse done or what is your spouse capable of doing to help support himself/herself?: \_\_\_\_\_

18. Does your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc.?: \_\_\_\_\_

If yes, from whom, for whom, and for what amount: \_\_\_\_\_

19. Does your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source?: \_\_\_\_\_

<b>MARITAL INFORMATION</b>
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1. Date of present marriage: \_\_\_\_\_

2. Where you were married?

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

5. Do you feel there is any chance to save this marriage?: \_\_\_\_\_

6. Summarize the situation of your spouse's conduct that you feel may cause dissolution of your marriage.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does your spouse have a girlfriend/boyfriend?: \_\_\_\_\_  
If yes, please provide name, age, and address: \_\_\_\_\_

8. Do you have a girlfriend/boyfriend?: \_\_\_\_\_  
If yes, please provide name, age, and address: \_\_\_\_\_

9. What would your spouse's primary complaints about you?: \_\_\_\_\_

10. Are you and your spouse living together?: \_\_\_\_\_

11. If not, date of separation: \_\_\_\_\_

12. Have you and your spouse been separated before?: \_\_\_\_\_  
Dates of separation(s): \_\_\_\_\_

13. Has there been any other court action in your marriage?: \_\_\_\_\_  
If yes, date filed by attorney: \_\_\_\_\_ Dismissed?: \_\_\_\_\_

14. Are you or your spouse pregnant?: \_\_\_\_\_

15. Children of this marriage:

List children(s) names, age and date of birth:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

Children are living with: \_\_\_\_\_ at: \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

Do any of these children have income?: \_\_\_\_\_

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

If so, why?: \_\_\_\_\_

16. Who is likely to be your spouse's attorney?: \_\_\_\_\_

17. Do you or your spouse desire to have a name change as a result of this proceeding?: \_\_\_\_  
If so, what name is desired?: \_\_\_\_\_

18. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?: \_\_\_\_\_

19. Is there an Order for Protection in effect against you or your spouse? \_\_\_\_\_  
If so, in what County and State?: \_\_\_\_\_

**OTHER MARITAL INFORMATION - CLIENT**

1. Were you previously married?: \_\_\_\_\_

2. When were you divorced?: \_\_\_\_\_

3. City, county and state of divorce: \_\_\_\_\_

4. Children of previous marriage:

List children(s) names, age and date of birth:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

Children are living with: \_\_\_\_\_ at: \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

Who has legal custody of these children?: \_\_\_\_\_

Do any of these children have income?: \_\_\_\_\_

5. Are you receiving or are you paying maintenance from a previous marriage?: \_\_\_\_\_

How much?: \_\_\_\_\_ Per: \_\_\_\_\_

6. Are you receiving or are you paying child support from a previous marriage?: \_\_\_\_\_

How much?: \_\_\_\_\_ Per: \_\_\_\_\_

Are there any arrearages due for support?: \_\_\_\_\_ How much?: \_\_\_\_\_

7. Assets received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER MARITAL INFORMATION - SPOUSE**

1. Was your spouse previously married?: \_\_\_\_\_

2. When was he/she divorced?: \_\_\_\_\_

3. City, county and state of divorce: \_\_\_\_\_

4. Name and ages of minor children by your spouse's previous marriage:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

5. Who received custody?: \_\_\_\_\_

6. Is your spouse receiving or paying maintenance from a previous marriage?: \_\_\_\_\_

How much?: \_\_\_\_\_ Per: \_\_\_\_\_

7. Is your spouse receiving or paying child support from a previous marriage?: \_\_\_\_\_

How much?: \_\_\_\_\_ Per: \_\_\_\_\_

Are there any arrearages due for support?: \_\_\_\_\_ How much?: \_\_\_\_\_

8. Assets your spouse received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE**

Check any of the following that are applicable:

<input type="checkbox"/> Medical	<input type="checkbox"/> Major Medical	<input type="checkbox"/> Glasses
<input type="checkbox"/> Hospital	<input type="checkbox"/> Dental	

Provided by employer or labor union

Cost to you: \_\_\_\_\_ Cost to spouse: \_\_\_\_\_

Purchased privately

By whom?: \_\_\_\_\_ Cost: \_\_\_\_\_

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

**ASSETS**

A. Homestead:

1. Address: \_\_\_\_\_

2. City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_



3. Is this homestead abstract property or Torrens property?: \_\_\_\_\_
4. List Plat Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_
5. Legal description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Do you have a copy of a deed to this property?: \_\_\_\_\_
7. When was this homestead purchased?: \_\_\_\_\_ Cost: \_\_\_\_\_
8. Amount of down payment: \_\_\_\_\_
9. Source of down payment: \_\_\_\_\_
10. In whose name(s) is the title: \_\_\_\_\_
11. What is the present value?: \_\_\_\_\_
12. Present mortgage or Contract for Deed balance: \_\_\_\_\_
13. Monthly payment: \_\_\_\_\_
14. To whom are the payments made?: \_\_\_\_\_
15. Does the payment include taxes?: \_\_\_\_\_ Insurance: \_\_\_\_\_
16. What are the yearly taxes?: \_\_\_\_\_ Insurance: \_\_\_\_\_
17. Are house payments delinquent?: \_\_\_\_\_ How much?: \_\_\_\_\_
18. Date, type, and cost of any major improvements since purchase: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Other Real Estate:**

1. Location:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_
2. Type: \_\_\_\_\_

3. List Plat Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_
4. Legal description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do you have a copy of a deed to this property?: \_\_\_\_\_
6. When was this property purchased?: \_\_\_\_\_ Cost: \_\_\_\_\_
7. Amount of down payment: \_\_\_\_\_
8. Source of down payment: \_\_\_\_\_
9. In whose name(s) is the title: \_\_\_\_\_
10. What is the present value?: \_\_\_\_\_
11. Present mortgage or Contract for Deed balance: \_\_\_\_\_
12. Monthly payment: \_\_\_\_\_
13. To whom are the payments made?: \_\_\_\_\_
14. Does the payment include taxes?: \_\_\_\_\_ Insurance: \_\_\_\_\_
15. What are the yearly taxes?: \_\_\_\_\_ Insurance: \_\_\_\_\_
16. Are house payments delinquent?: \_\_\_\_\_ How much?: \_\_\_\_\_
17. Date, type, and cost of any major improvements since purchase: \_\_\_\_\_

C. Banking:

1. Savings Account(s):

- a. Bank: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Name(s) on Account: \_\_\_\_\_
- b. Bank: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Name(s) on Account: \_\_\_\_\_

2. Checking Account(s):

a. Bank: \_\_\_\_\_ Balance: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_

c. Bank: \_\_\_\_\_ Balance: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_

3. Do you or your spouse have a safe deposit box?: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_

D. Stock(s):

Client:

1. Company: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_ Value: \_\_\_\_\_

Spouse:

1. Company: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_ Value: \_\_\_\_\_

Joint:

1. Company: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_ Value: \_\_\_\_\_

E. Bonds:

Client:

1. Type: \_\_\_\_\_ Total face value: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_

Spouse:

1. Type: \_\_\_\_\_ Total face value: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_

Joint:

1. Type: \_\_\_\_\_ Total face value: \_\_\_\_\_  
2. In whose name?: \_\_\_\_\_

F. Retirement Plans (through employer):

Client:

Name of employer providing plan: \_\_\_\_\_  
Amount vested: \_\_\_\_\_  
Date of full vesting: \_\_\_\_\_  
Amount of employer contribution per day period: \_\_\_\_\_  
Amount of employee contribution per day period: \_\_\_\_\_  
Estimated present cash value: \_\_\_\_\_

Spouse:

Name of employer providing plan: \_\_\_\_\_  
Amount vested: \_\_\_\_\_  
Date of full vesting: \_\_\_\_\_  
Amount of employer contribution per day period: \_\_\_\_\_  
Amount of employee contribution per day period: \_\_\_\_\_  
Estimated present cash value: \_\_\_\_\_

G. Other Employee Benefits:

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

H. Individual Retirement Account(s):

Client:

Name of institution deposited with: \_\_\_\_\_  
Amount currently on deposit: \_\_\_\_\_

Spouse:

Name of institution deposited with: \_\_\_\_\_  
Amount currently on deposit: \_\_\_\_\_

I. Do you or your spouse have any money or property held by others?: \_\_\_\_\_

If so, give details: \_\_\_\_\_

J. Does anyone owe your spouse any money?: \_\_\_\_\_

1. Who: \_\_\_\_\_ How much: \_\_\_\_\_

2. Who: \_\_\_\_\_ How much: \_\_\_\_\_

K. Did you or your spouse bring property or money in excess of \$1,000.00 into this marriage?: \_\_\_\_\_

If so, give details: \_\_\_\_\_

L. What part, if any, of your marriage estate was received by you or your spouse by Inheritance or gift (state by whom received, from whom, nature, and date received)?:

\_\_\_\_\_

M. Do you or your spouse have any personal injury claim pending or have you or your spouse received any settlement or award before or during your marriage? (What, when and by whom)?: \_\_\_\_\_

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

O. Life Insurance (privately obtained):

1. Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Annual Premium: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

2. Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Annual Premium: \_\_\_\_\_ Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

P. Life Insurance (through employer):

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

\_\_\_\_\_

Q. Automobiles:

Client:

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Options: \_\_\_\_\_

In whose name?: \_\_\_\_\_

Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_

Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

Spouse:

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

R. Recreational Vehicles:

1. Snowmobile:

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

2. Trailer:

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

3. Motorcycle

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

4. Boat and Motor

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_ Hours: \_\_\_\_\_

Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

5. ATV

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_ Mileage: \_\_\_\_\_  
Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

6. Campers

Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Model: \_\_\_\_\_  
Options: \_\_\_\_\_  
In whose name?: \_\_\_\_\_  
Balance owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments made to whom?: \_\_\_\_\_  
Used by whom?: \_\_\_\_\_

S. Furniture and Appliances:

General Description: \_\_\_\_\_  
Estimated value: \_\_\_\_\_  
Balanced owed: \_\_\_\_\_ Payments: \_\_\_\_\_ Per: \_\_\_\_\_  
Payments are made to whom?: \_\_\_\_\_

T. Antiques:

General description: \_\_\_\_\_  
Estimated value: \_\_\_\_\_

U. Tools and Yard Equipment:

General description: \_\_\_\_\_  
Estimated value: \_\_\_\_\_

V. Are there other assets that you know of?: \_\_\_\_\_

If so, please give details: \_\_\_\_\_  
\_\_\_\_\_

**DEBTS**

Name of Creditor	Purpose of Debt	Whose Obligation (wife/husband/joint)	Present Balance	Monthly Payments

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

**ESTATE:**

Do you have a Will?: \_\_\_\_\_

If so, describe any bequest for your spouse or for your children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

\_\_\_\_\_  
 \_\_\_\_\_



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

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

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<b>AWARD</b>
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What do you consider as a fair (not what you want) award of property and support money from the assets and earnings of the parties? Describe by items:

Property:

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(Please complete the attached Asset and Debt Schedule – page 21)

Spousal support (formerly alimony):

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Support for children:

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<b>FUTURE ESTIMATED MONTHLY LIVING EXPENSES</b>
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Rent, mortgage or Contract for Deed payment	\$	.
Real Estate Taxes:	\$	.
Household insurance:	\$	.
Household repairs & maintenance:	\$	.
Household furnishings:	\$	.

Health insurance:	\$	.
Life insurance:	\$	.
Auto insurance:	\$	.
Auto gasoline & oil:	\$	.
Auto repairs:	\$	.
Auto license:	\$	.
Food ( including school & work lunches):	\$	.
Clothing:	\$	.
Laundry & dry cleaning:	\$	.
Heat/fuel:	\$	.
Gas (if separate from heat):	\$	.
Electricity:	\$	.
Water/Sewer:	\$	.
Water softener:	\$	.
Trash removal:	\$	.
Telephone:	\$	.
Cable TV:	\$	.
Internet:	\$	.
Medical beyond insurance:	\$	.
Dental beyond insurance:	\$	.
Auto loan payment:	\$	.
Debt to :	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to:	\$	.
Debt to :	\$	.
Attorney's fees:	\$	.
Child care:	\$	.
Dancing/Art/Music classes:	\$	.
Newspapers, magazines, etc.:	\$	.
Entertainment:	\$	.
Sports activities (fees, etc.):	\$	.
Summer camp:	\$	.
School supplies & fees:	\$	.

Gifts (birthday, Christmas, showers, weddings, etc.):	\$	.
Miscellaneous supplies (cosmetics, toiletries, supplies):	\$	.
Prescription medication:	\$	.
Bank & credit card service charges and interest costs:	\$	.
Donations (United Way, Red Cross, etc.):	\$	.
Church or synagogue:	\$	.
Memberships:	\$	.
Prior child support obligation:	\$	.
Prior spousal maintenance obligation:	\$	.
Savings:	\$	.
Vacation reserve fund:	\$	.
Children's allowance:	\$	.
Other:	\$	.
Other:	\$	.
Other:	\$	.
Other:	\$	.
Other:	\$	.

<b>Total Monthly Expenses:</b>	\$	.
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<p><b>DOCUMENTS, INSTRUMENTS, AND DATA NECESSARY FOR DISSOLUTION PROCEEDINGS</b></p>
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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 five (5) 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.

18. Copies of most recent account statements from banks, brokers, and/or financial institutions.

### Asset and Liability Worksheet

Item	Value	Encumbrance	Who Should Retain the Asset/Debt:	
			Wife	Husband
example: Vehicle, year, make & model	\$ 15,000.00	\$ 10,000.00	\$ 5,000.00	\$ .
Credit Card		\$ 700.00		\$ (700.00)

	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .	\$ .
<b>Total:</b>	\$ .	\$ .	\$ .	\$ .