

Client Intake 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. ***Please provide supporting documentation whenever possible.*** 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 your answers.

Date: _____ Referred By: _____

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____

2. All previous names used _____

3. Present Address _____

City _____ County _____ State _____ Zip _____

Do you anticipate this to be your residence for the immediate future? _____

How long have you lived at this address? _____

4. **If you would like your mail sent to another address, please provide:**

5. Home Phone _____ Business Phone _____

Cell Phone: _____

6. Email Address: _____

7. Social Security Number _____

8. Length of Residence in Minnesota _____

9. Birthplace _____ Birth Date _____ Age _____
10. Highest Level of Education _____ Year Completed _____
11. Present Health _____
12. Are you presently in the military service? _____
 Have you been in the military in the recent past? _____ When? _____

SPOUSE'S PERSONAL INFORMATION:

1. Full Name _____
2. All previous names used _____
3. Present Street Address _____
 City _____ County _____ State _____ Zip _____
4. Home Phone _____ Business Phone _____
 Cell Phone: _____
5. Email Address: _____
6. Social Security Number _____
7. Length of Residence in Minnesota _____
8. Birthplace _____ Birthdate _____ Age _____
9. Highest Level of Education _____ Year Completed _____
10. Present Health _____
11. Is your spouse presently in the military service? _____
 Has your spouse been in the military in the recent past? _____ When? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital (ante-nuptial) 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. Have either you or your spouse commenced a dissolution proceeding in the past? If so, please explain: _____

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

10. If there have been acts of physical abuse, when was the last incident? _____
11. Have you or your spouse ever sought an order for protection or other restraining order? If so, when and is it still in place (please provide a copy) _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

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

2. Where are the children residing primarily? _____
3. What do you believe to be the appropriate custodial arrangement for the children?

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

INFORMATION ABOUT YOUR PREVIOUS MARRIAGE OR CHILDREN (if any):

1. Were you previously married? _____
2. When were you divorced or widowed? _____
3. City, county and state of divorce _____
4. Children from previous marriage or relationship:

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

5. If the children are minors, who has custody? _____

6. 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 _____ To _____
 Child Support \$ _____ Per _____ To _____

INFORMATION ABOUT SPOUSE'S PREVIOUS MARRIAGE OR CHILDREN (if any):

1. Was your spouse previously married? _____
2. When was your spouse divorced or widowed? _____
3. City, county and state of divorce _____
4. Children of spouse's previous marriage or relationship:

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

5. If the children are minors, who has custody? _____
6. Maintenance and child support payments received by spouse:

Maintenance \$ _____ Per _____ From _____

Child Support \$ _____ Per _____ From _____

Maintenance and child support payments paid by spouse:

Maintenance \$ _____ Per _____ To _____

Child Support \$ _____ Per _____ To _____

REAL ESTATE OWNED BY YOU, YOUR SPOUSE OR IN WHICH EITHER OF YOU HAS AN INTEREST: (provide a copy of a deed or other document which shows the legal description of each piece of real estate)

A. Homestead:

1. Address _____
City _____ County _____ State _____
2. When was this homestead purchased? _____
Original purchase price of the home: _____

3. Amount of down payment _____
Source of down payment _____
4. In whose name(s) is the title? _____
5. What is the present value? _____
How did you determine this value: _____
6. Present outstanding mortgage/Contract for Deed balance _____
8. Monthly payment _____
9. To whom are the payments made? _____
10. Does the payment include taxes? _____ Insurance? _____
11. What are the yearly taxes? _____ Insurance? _____
12. Are house payments delinquent? _____ How much? _____
13. Please list all mortgage refinances, if any, including date and amount of new mortgage:

14. Please list all other homes you have owned during the marriage and when sold:

15. Did you or your spouse own real estate prior to your marriage? _____
If so, where and what was the disposition of this property? _____

B. Other Real Estate:

1. Address _____
City _____ County _____ State _____
2. Type _____
3. When was it purchased? _____ Cost _____
What was the original purchase price? _____
4. Amount of down payment _____
5. Source of down payment _____
6. In whose name(s) is the title? _____
7. What is the present value? _____
How did you determine this value? _____
8. Present mortgage/ Contract for Deed balance _____
as of _____ (date)
9. Monthly payment _____
10. To whom are the payments made? _____
11. Does the payment include taxes? _____ Insurance? _____
12. What are the yearly taxes? _____ Insurance? _____
13. Are payments delinquent? _____ How much? _____

If you own or have a titled interest in any other real estate, such as a business which owns real estate or a family recreational property that is not listed above, please attach a separate sheet answering the same questions.

ASSETS:

A. Household Goods & Furnishings:

1. Estimated value _____

2. Balance owed _____ Payments _____ Per _____

3. Payments made to whom? _____

Other Valuables:

Jewelry \$ _____ Furs \$ _____ Art \$ _____

Precious Metals \$ _____ Collections (Describe) \$ _____

Describe any other tangible or personal property assets that you know of _____

B. Motor Vehicles:

Driven By You:

1. Year _____ Make _____ Model _____

2. Is it owned or leased by you and when was it purchased/leased? _____

3. Current value of the vehicle? _____

4. In whose name? _____

5. Balance owed on the debt or lease, if any \$ _____ as of _____

Payment amount _____ Per _____

6. Payments made to whom? _____

Driven By Spouse:

1. Year _____ Make _____ Model _____

2. Is it owned or leased and when was it purchased/leased _____

3. Current value of the vehicle? _____
4. In whose name? _____
5. Balance owed on the debt or lease, if any \$ _____ as of _____
Payment amount _____ Per _____
6. Payments made to whom? _____

Other Vehicle: Driven by _____

1. Year _____ Make _____ Model _____
2. Is it owned or leased and when was it purchased/leased _____

3. Current value of the vehicle? _____
4. In whose name? _____
5. Balance owed on the debt or lease, if any \$ _____ as of _____
Payment amount _____ Per _____
6. Payments made to whom? _____

C. Recreational Vehicles:

	<u>Make & Model</u>	<u>\$ Value</u>	<u>\$ Payments</u>	<u>\$ Balance</u>
Motorcycles	_____	_____	_____	_____
Snowmobiles	_____	_____	_____	_____
Boat, Motor & Trailer	_____	_____	_____	_____
Campers	_____	_____	_____	_____
Other:	_____			

YOUR EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3. Occupation _____

4. Length of time with this employer _____

5. How often are you regularly paid? **PLEASE ATTACH A PAYSTUB**

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, etc.)

11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)

12. Detail your prior work experience (what, when and where) in the last five years:

13. If you are currently a homemaker, a student or are otherwise unemployed, please state:

How long have you been out of the workforce? _____

What was your last occupation and employer: _____

Why did you leave the workforce? _____

What are your plans for employment, if any? _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3. Occupation _____

4. Length of time with this employer _____

5. How often is spouse regularly paid? **PLEASE ATTACH A PAYSTUB (if possible)**

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 spouse's paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other (Specify) \$ _____ Per _____

Who provides health insurance coverage for your children? _____ You _____ Spouse

Please list the carrier currently providing coverage and the types of coverage currently in place:

		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 _____	_____	_____	_____

FINANCIAL AND RETIREMENT ACCOUNTS:

A. Bank Accounts:

Checking Accounts you use or have an interest in:

1. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____

2. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____

Checking Accounts your spouse uses or has an interest in (if different than above):

1. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____

2. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____
Savings Account

1. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____

2. Bank Name and Address: _____
Balance \$ _____ as of _____
Name(s) on Account _____

B. Certificates of Deposits (owned by you or your spouse):

Depository _____
Balance \$ _____ as of _____
Name(s) on Account _____
When was the account opened? _____
When does the certificate mature? _____

C. Stock, Bond or Mutual Fund Accounts: (Specify if an IRA)

1. Depository _____
Balance \$ _____ as of _____
Name(s) on Account _____
When was the account opened? _____

What is or was the source of the funds used? _____

2. Depository _____

Balance \$ _____ as of _____

Name(s) on Account _____

When was the account opened? _____

What is or was the source of the funds used? _____

D. Savings Bonds: (attach a separate sheet if necessary)

Type of Bond	In Whose Name?	Face Value	Purchase Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Pension/Retirement Plans:

Defined Benefit Pension Plans: _____

Defined Contribution Retirement Plans (List all IRA's, 401(k) Plans, Keogh's, Profit Sharing, ESOP's, SEP's, PAYSOP's, etc.)

Type	In Whose Name?	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Life Insurance:

1. Company _____
Type of Policy _____
Name of Insured _____
Name of Beneficiary _____
Death Benefit \$ _____
Cash Value (if any) \$ _____

2. Company _____
Type of Policy _____
Name of Insured _____
Name of Beneficiary _____
Annual Premium _____ Face Value _____ Cash Value _____

MISCELLANEOUS:

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

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

3. Describe any inheritance you have received _____

4. Describe any inheritance your spouse has received _____

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

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

7. Does anyone owe you or your spouse money?

Who? _____ How much? _____

Who? _____ How much? _____

8. Do you or your spouse have a Will? _____

When were the Wills executed or last revised? _____

9. Do you and your spouse have a safe deposit box? _____

Depository _____

Who has access? _____

10. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?

11. Do you or your spouse desire to have a name change as a result of this proceeding?

If so, what name is desired? _____

DOCUMENTS, INSTRUMENTS, AND DATA
NECESSARY FOR DISSOLUTION PROCEEDINGS

Please compile the following, if you are able, and return with this questionnaire:

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. **PLEASE NOTE:** A tax statement does not provide a full legal description.
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, a 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 you 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 purposes 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 you or your spouse's earnings and qualifications for retirement benefits.

PARTIES' MONTHLY EXPENSES

	For Wife	For Husband	For Children
1. Residence:			
a. Rent or Mortgage Payment			
b. Contract for Deed Payment			
c. Real Estate Taxes			
d. Insurance			
2. Utilities:			
a. Heat (Fuel)			
b. Water, Sewer			
c. Electricity			
d. Gas			
e. Telephone			
f. Refuse Disposal			
3. Laundry and Dry Cleaning			
4. Home Maintenance			
a. Housecleaning			
b. Household Repairs			
c. Yard & Landscaping Expenses			
d. Snow Removal			
5. Food and Other Grocery Store Household Items			
6. Automobile			
a. Gas and Oil			
b. Repairs and Maintenance			
c. License			
d. Insurance			

e. Installment Payments			
7. Clothing			
8. Grooming, Cosmetics, Haircuts			
9. Medical			
a. Insurance			
b. Unreimbursed Doctor and Hospital Expense			
c. Unreimbursed Drug and Medical Expense			
d. Unreimbursed Dental and Orthodontic Expense			
e. Counseling/Therapy			
10. Insurance			
a. Life Insurance			
b. Personal Property Insurance			
11. Hobbies, Entertainment			
12. Miscellaneous Personal Expenses			
a. Newspapers, Magazines, Books			
b. Charitable Contributions			
c. Club or Association Dues			
d. Vacations			
e. Other (Describe Specific Items)			
13. Educational Expenses			
a. Tuition, Room & Board			
b. Transportation			
c. Books and Supplies			
d. School Activities			
14. Debt Payments (List Each Debtor and Monthly Payment Separately)			

15. Child Care			
16. Veterinary Expenses, Pet Food, Etc.			
17. Individual Retirement Acct.			
18. Savings			
19. Other Expense Items (List Each Item)			