

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. 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 names you have ever used \_\_\_\_\_  
\_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_
5. Email \_\_\_\_\_ Cell Phone \_\_\_\_\_
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. Does anyone else live with you? If yes, who? \_\_\_\_\_
15. 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 (provide a current paycheck stub):**

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. How often are you paid:  
Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_

**ATTACH A CURRENT PAYCHECK STUB**

6. Describe the type and amount of other income (overtime, bonuses, commissions, other employment) \_\_\_\_\_  
\_\_\_\_\_
7. Describe all other employment benefits (car, car allowance, meals, memberships, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. Detail your prior work experience (what, when and where) \_\_\_\_\_  
\_\_\_\_\_
9. Do you receive, or expect to receive, any of the following as income:  
Public Assistance  Yes  No  
Social Security Benefits  Yes  No  
    for Yourself  
Social Security Benefits  Yes  No  
    for Child(ren)  
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 names your spouse has ever used \_\_\_\_\_  
\_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_
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 (provide a paycheck stub, if possible):**

1. Employer\_\_\_\_\_
2. Address\_\_\_\_\_
3. Occupation\_\_\_\_\_
4. Length of Time with this Employer\_\_\_\_\_
5. How often is spouse paid:  
 Weekly  Every two weeks  Twice per month  Monthly

**ATTACH A CURRENT PAYCHECK STUB**

6. Describe the type and amount of your spouse's other income (overtime, bonuses, commissions, other employment)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. Describe all other employment benefits of your spouse (car, car allowance, meals, memberships, etc.)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Detail your spouse's prior work experience (what, when and where)\_\_\_\_\_
- \_\_\_\_\_
9. Does your spouse receive, or expect to receive, any of the following as income:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Public Assistance                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Benefits<br>for Himself/Herself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Benefits<br>for Child(ren)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unemployment Compensation                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Worker's Compensation                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rental Income                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Income                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. If yes, please state the custody arrangement you would like: \_\_\_\_\_

5. Do you expect a contest over who should have custody of the children: \_\_\_\_\_

Why? \_\_\_\_\_

6. What type of parenting time arrangement would you like? \_\_\_\_\_

7. Do the children have any physical or mental disabilities? If so, what are they? \_\_\_\_\_

8. Have you engaged in any Assisted Reproductive Technology (ART) resulting in frozen sperm, eggs, or embryos? \_\_\_\_\_

**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 your spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Maintenance and child support payments made by your spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

8. Was your spouse previously married? \_\_\_\_\_

9. When was your spouse divorced? \_\_\_\_\_

10. City, county and state of divorce \_\_\_\_\_

11. 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 _____	_____	_____	_____

Who carries this insurance?: \_\_\_\_\_

What is the MONTHLY cost for only the CHILDREN? \_\_\_\_\_

**DAYCARE:**

If you incur daycare expenses, what is the weekly amount? \_\_\_\_\_

Is this amount pre-tax through employment (flex plan, etc.)? \_\_\_\_\_

**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.

IF YOU OWN OTHER REAL ESTATE, PLEASE PROVIDE THAT INFORMATION ON AN ADDITIONAL PAGE.

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

B. Bank Accounts, Stocks, Other Investment Accounts:

For each bank account you and your spouse have, list the following:

<u>Bank Name</u>	<u>Balance</u>	<u>Name(s) on Account</u>	<u>Type</u>
------------------	----------------	---------------------------	-------------

- 1.
- 2.
- 3.
- 4.

LIST ADDITIONAL ACCOUNTS ON AN ATTACHED SHEET IF NEEDED

C. Safe Deposit Box:

Depository \_\_\_\_\_

Describe contents \_\_\_\_\_

Who has access? \_\_\_\_\_

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

<u>Type</u>	<u>In Whose Name</u>	<u>Value</u>
-------------	----------------------	--------------

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

E. Does anyone owe you or your spouse money?

1. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

2. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

F. Did you bring property or money into this marriage?

Describe \_\_\_\_\_

\_\_\_\_\_

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

Describe \_\_\_\_\_

\_\_\_\_\_



H. Describe any inheritance you have received  
\_\_\_\_\_

I. Describe any inheritance your spouse has received  
\_\_\_\_\_

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

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

L. PayPal, Venmo, or Similar Account

	<u>Type</u>	<u>In Whose Name</u>	<u>Value</u>
1.	_____	_____	_____
2.	_____	_____	_____

M. 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 \_\_\_\_\_

N. Motor Vehicles Driven by YOU:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_
5. Number of Miles \_\_\_\_\_
6. Approximate value \_\_\_\_\_

Motor Vehicles Driven by your SPOUSE:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_
5. Number of Miles \_\_\_\_\_
6. Approximate value \_\_\_\_\_

O. Recreational Vehicles:

	<u>Make and Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	_____	_____	_____
Snowmobiles	_____	_____	_____	_____
Boat, Motor and Trailer	_____	_____	_____	_____
Recreational Vehicles	_____	_____	_____	_____

P. Value of:

Jewelry \$ \_\_\_\_\_ Furs \$ \_\_\_\_\_ Art \$ \_\_\_\_\_

Precious Metals \$ \_\_\_\_\_ Collections (describe) \$ \_\_\_\_\_

Q. Household Goods and Furnishings:

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

Q. Business Interests.

R. Describe any other assets that you know of:

S. Cryptocurrency:

T. **DEBTS:**

	<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**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. Who is or who is likely to be your spouse's attorney? \_\_\_\_\_

**SERVICE:**

6. 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. \_\_\_\_\_  
\_\_\_\_\_
7. Give make, model, year, color, and license number of car your spouse is driving: \_\_\_\_\_  
\_\_\_\_\_
8. Would the opposing party be willing to acknowledge receipt of paperwork instead of having them personally served? \_\_\_\_\_

## Example Parenting Time Schedules

### 25% Parenting Time

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Week 1</b>	Parent A	Parent A	Parent A	Parent B	Parent A	Parent B	Parent B
<b>Week 2</b>	Parent A	Parent A	Parent A	Parent B	Parent A	Parent A	Parent A

### 2-2-3 Schedule

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Week 1</b>	Parent B	Parent A	Parent A	Parent B	Parent B	Parent A	Parent A
<b>Week 2</b>	Parent A	Parent B	Parent B	Parent A	Parent A	Parent B	Parent B

### 5-2-2-5 Schedule

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Week 1</b>	Parent A	Parent A	Parent A	Parent B	Parent B	Parent B	Parent B
<b>Week 2</b>	Parent B	Parent A	Parent A	Parent B	Parent B	Parent A	Parent A

### Week on/Week off

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Week 1</b>	Parent A	Parent A	Parent A	Parent A	Parent A	Parent A	Parent A
<b>Week 2</b>	Parent B	Parent B	Parent B	Parent B	Parent B	Parent B	Parent B

### Example Holiday Schedule

Holiday	Odd Number Years	Even Number Years
<b>Children's Birthdays</b> If the birthday conflicts with a holiday, the holiday schedule applies.	Follow regular schedule. Both parents shall have access to the minor child for at least 2 hours.	
<b>Spring Break</b> After school on last day of school until return to school after break.	Father	Mother
<b>Easter Sunday</b> – 10am – 6pm	Mother	Father
<b>Mother's Day Weekend*</b> After school on FRI until return to school on MON	Mother	
<b>Memorial Day Weekend*</b> Afterschool (or 5 pm) on FRI – Return to school/daycare on TUE	Father	Mother
<b>Father's Day Weekend*</b> 5 pm FRI until return to daycare (9 am) on MON	Father	
<b>Fourth of July</b> FRI: 10 am on Friday - 8 pm on Sunday SAT or SUN: 5 pm Friday - 8 pm on Monday MON: 5 pm on Friday – 10 am on Tuesday TUE, WED or THU: 10 am - Return to regular schedule on the 5 <sup>th</sup>	Father	Mother
<b>Labor Day Weekend*</b> 5 pm on FRI – Return to school/daycare on TUE	Mother	Father
<b>MEA Break</b> After school on last day of school until return to school after break.	Mother	Father
<b>Halloween</b> After school (or 5 pm) – Return to school (or 9 am) on NOV 1	Father	Mother
<b>Thanksgiving</b> 9am Thursday until 9am Friday	Mother	Father
<b>Christmas Eve</b> 9am on DEC 24 – 9am DEC 25	Mother	Father
<b>Christmas Day</b> 9am DEC 25 – 9am DEC 26	Father	Mother
<b>New Year's Eve &amp; Day<sup>1</sup></b> 5 pm on DEC 31 – Return to school/daycare (or 9 am) on JAN 2 <sup>1</sup> Odd/Even determined by NY Eve	Mother	Father
<b>*Three Weekend Rule</b> The parents shall adjust weekends as needed to avoid either parent having 3 weekends in a row. If unable to agree, the weekend after the holiday weekend will be traded so that each parent receives two weekends in a row.		

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

A complete picture of the assets and income of you and your spouse is absolutely necessary, and by providing us with the information and items requested below, you will save time and money and assist us in preparing the necessary legal papers. In addition, possession of this information and these items will help in preventing your spouse from dissipating or secreting any assets. The following items should be provided to us following your initial consultation:

### ***ELECTRONIC COPIES OF DOCUMENTS IS PREFERRED AND SAVES US TIME SCANNING ALL DOCUMENTS.***

1. Your paycheck stubs from the last three (3) months.
2. Your spouse's paycheck stubs, if you can get them, from the last three (3) months.
3. Copies of your joint, individual, and/or business income tax returns, both state and federal, for the past three (3) years.
4. Documentation detailing health insurance costs for the parties as well as for the parties' minor children, if applicable. Please include the breakdowns for single, family, single+children, etc.
5. 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.
6. Mortgage or contract-for-deed balance on homestead and any other real estate. Bring the last monthly mortgage payment statement if you have one.
7. All papers and documents covering the initial purchase of your homestead, including purchase agreement.
9. Checking, Savings, and Money Market accounts statements from the last twelve (12) months along with documentation of any other assets held by a bank or other third party such as CDs and savings certificates held by you and/or your spouse.
10. List of corporate stocks and/or stock certificates, if possible, owned by you and your spouse, individually or jointly. Also, give name of broker or brokers.
11. Current life insurance policies, with statements of loans against them.
12. A list of the outstanding bills of you and your spouse and for whom and when incurred, amount still owed, name of creditor, and original amount. This includes loans and credit cards. Please also provide statement for these debts from the last six (6) months.
13. A copy of any pension or retirement programs, profit-sharing or investment programs you or your spouse are involved in through employment, and records of any savings account reflecting your and your spouse's Individual Retirement Account (IRA) from the last six (6) months.
14. Title or registration cards to all automobiles or other motor vehicles owned by you or your spouse, individually or jointly. Please also provide the Kelley Blue Book private party values for any vehicles owned by you or your spouse, and copies of statements for any loans against the vehicles.
15. 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.
16. 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.
17. Any pleadings and legal papers in your possession relating to this action, any other dissolution (divorce) proceeding, or any other legal proceeding involving you or your spouse.
18. Any social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.