

DISSOLUTION OF MARRIAGE
QUESTIONNAIRE

I. GENERAL INFORMATION

Your Name: _____
 First Middle Last Maiden

Your Address, including county: _____

Your Date of Birth: _____ Age: _____

Your Social Security No.: _____

Name of Spouse: _____
 First Middle Last Maiden

Spouse's Address: _____

What is your spouse's birth date? _____ Age: _____

Spouse's Social Security No.: _____

On what date were you married to your present spouse? _____

In what city/county and state were you and your present spouse married? _____

If separated, what date did you and your spouse separate? _____

Have you or your present spouse ever started a separate divorce action in this marriage? _____

If yes, in which county? _____ Date action was started: _____

How long have you _____ and/or your spouse _____ resided in this state?

Are you _____ or your spouse _____ presently in the military service?

Do you wish to have your name changed as a part of this proceeding? Yes ____ No ____

If yes, what do you want your name changed to? _____

II. CHILDREN

Children born or legally adopted of this marriage

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Could you (or your wife) be pregnant? Yes ___ No _____

Will custody be an issue? Yes _____ No _____

If yes, please complete Appendix A, Childcare Duties.

If you have a proposed parenting time schedule, please complete the schedule attached as Appendix B, Parenting Time.

Do you _____ or your spouse _____ have children from a prior marriage or relationship? If so, what are their names and dates of birth? _____

Parent education program. By statute, in any dissolution case in which custody is contested, the parties MUST attend a court-approved parenting education program. Furthermore, even if custody is not contested, most courts make attendance at a parenting education program mandatory. If you decide to enroll in such a program, you may wish to wait until you know the initial pleadings have been filed in the case, as some courts, such as Hennepin County, require the program to be completed within 60 days of service of the original complaint. Your children may also be required to attend a separate education program, designed to address the feelings your children may experience as a result of your separation and divorce. Your certificate(s) must be filed with the court before the dissolution will be granted.

You may review class information and sign up for a class at www.storefront.org. Please notify me as soon as you have signed up for a class.

**III. CHILD SUPPORT
& SPOUSAL MAINTENANCE**

A. General

Child support is required by statute when minor children are involved in a dissolution. Are there any facts regarding child support that you think I should know? _____

B. Your Employment and Income

Are you presently employed? Yes ___ No ___ If yes, specify the following:

Employer: _____ Occupation: _____

Gross income per _____ \$ _____

Net take home pay (Gross) \$ _____ minus deductions \$ _____ = \$ _____

C. Other Party's Employment and Income

Is your spouse presently employed? Yes ___ No ___ If yes, specify the following:

Employer: _____ Occupation: _____

Gross income per _____ \$ _____

Net take home pay (Gross) \$ _____ minus deductions \$ _____ = \$ _____

D. Insurance

Do you _____ or your spouse _____ provide insurance for the children?

What is the cost? \$ _____ per _____.

Whom does the insurance cover? _____

E. Child Care Expenses

Where do your children receive daycare/after school care? _____

What are your monthly child care expenses? _____ per _____

Who pays those? You _____ Other parent _____

Are you _____ or your spouse _____ requesting spousal maintenance? If yes, please complete Appendix C, Necessary Monthly Expenses.

IV. RETIREMENT ACCOUNTS

a. *Your retirement accounts*

Account Name or Institution	Approximate value	Year started

b. *Your spouse's retirement accounts*

Account Name or Institution	Approximate value	Year started

V. BUSINESS INTERESTS

Do you ___ or your spouse ___ have any interest in any business? If yes, please complete Appendix D, Business Interests.

VI. LIFE INSURANCE

Do you ___ or your spouse ___ own any life insurance? Yes ___ No ___ If yes, please complete Appendix E, Life Insurance.

VII. NON-MARITAL ASSETS

Did you ___ or your spouse ___ enter into this marriage with separate money or property in excess of \$1,000? If yes, please detail:

Was there an antenuptial (pre-marriage) agreement executed between you and your spouse?
_____ Yes ___ No

Did you ___ or your spouse ___ receive money or assets during the marriage from inheritance?
Did you ___ or your spouse ___ receive a gift to one of you but not the other from a third party, such as your parents or in-laws?

Did you ___ or your spouse ___ receive a personal injury or worker's compensation award during the marriage?

Are you ____, your spouse ____, or both of you beneficiaries of any trust? Yes ___ No

Details of the above: _____

VIII. REAL ESTATE

Do you and/or your spouse own real estate? ____ Yes ____ No If yes, please complete

Appendix F, Real Estate.

IX. PERSONAL PROPERTY

Please give us your estimate of the fair market value of the following items, indicate who currently has possession of the items, and indicate to whom you believe the asset should belong.

Item	Husband	Wife	Joint	Possession	Proposal
Household contents					
Stocks bonds					
Securities					
Checking Account #1					
Checking Account #2					
Savings Account #1					
Savings Account #2					

Motor Vehicles

Year	Make & Model	How titled	Current Value	Lien Amount	Lien Holder	Monthly payment	In whose possession now?	Who should keep?

Boats, Motors, Campers, Snowmobiles, Trailer, etc. (for boats, include model number)

Year	Make & Model	How titled	Current Value	Lien Amount	Lien Holder	Monthly payment	In whose possession now?	Who should keep?

Other: (Such as Power Equipment, Tools, Guns, Valuable Animals, etc.)

Item Description	Year purchased	How titled	Current value	Lien Amount	In whose possession	Who should keep?

XV. DEBTS

Secured Debts (include car loans and real estate mortgages)

Creditor	Amount owing	Monthly payment	When incurred	Debt in whose name?	Reason for debt	Collateral given	Who should pay?

Unsecured Debts (credit cards, etc.):

Creditor	Amount owing	Monthly payment	When incurred	Debt in whose name?	Reason for debt	Who should pay?

How do you believe the debts should be divided and why? _____

XVII. DOCUMENTS

Please provide the following documents for me:

1. Your latest three (3) pay stubs.
2. Your spouse's latest three (3) pay stubs, if you can get them.
3. Your most recent tax return.
4. A copy of the deed(s) for all real estate you and/or your spouse own, if in your possession.

Appendix A
CHILDCARE DUTIES

Child-related duties	Your %	Your spouse %
Bathing		
Preparing meals		
Putting children to bed		
Attending to them during the night		
Getting them up in the morning		
Getting them ready in the morning		
Feeding		
Dressing		
Laundry		
Making sure they are well-equipped for school		
Helping with homework		
Supervising toothbrushing		
Hairwashing		
Nail clipping		
Getting them to and from school		
Getting them to and from school events		
Getting them to and from sporting/extracurricular events		
Parent Teacher meetings		
Discipline/manners		
Rewarding them for good grades/good conduct in school		
Making doctor and dentist appointments		
Grocery shopping		
Shopping for their clothes		
Taking them to and from doctor appointments		
Taking them to and from dentist appointments		
Taking them to and from daycare		
Other (please specify)		

Legal custody identifies who will have a right to make decisions regarding the education, religious, and medical upbringing of the child(ren). Are you asking the court to grant legal custody of the child(ren) to yourself _____ the other parent _____ Both _____

Are you and the other parent in agreement regarding legal custody? _____

Physical custody identifies with whom the child(ren) will live. Are you asking the court to grant physical custody of the child(ren) to yourself _____ the other parent _____ Both _____

Are you and the other parent in agreement regarding physical custody? _____

Are you asking that the other parent's parenting time be supervised? _____

Appendix B
PARENTING TIME SCHEDULE

- a) Weekends: _____

- b) Week nights or after school: _____

- c) Holidays: _____

- d) School release days: _____

- e) Birthdays: _____

- f) Summers: _____

- g) Telephone Contact: _____

- h) Other: _____

Are you and the other parent in agreement regarding this schedule? _____

Appendix C
NECESSARY MONTHLY EXPENSES

Debt	Your current	Your projected	Total owed	Children
Mortgage/rent				
Hazard Insurance				
Real Estate Taxes				
Utilities				
Heat				
Food				
Clothing				
Laundry				
Medical				
Dental				
Car payment				
Gasoline				
Car insurance				
Car Maintenance				
Health Insurance				
Life Insurance				
Entertainment				
Charitable Contribs.				
Child Care				
Home Maintenance				
School				
Allowances				
Credit Cards				
Bank Loans				
Other Loans				
Misc.				
TOTALS				

Explanation of other expenses above: _____

Appendix D
BUSINESS INTERESTS

Name of business: _____

Is this business a corporation ____, partnership ____, or other ____? (specify: _____)

Percentage interest owned by you _____% or your spouse _____%

Service or product: _____

Date interest was acquired, and extent of interest: _____

Initial investment: _____

Position held: _____

Names and addresses of other shareholders, partners, or participants: _____

If a corporation, what is your or your spouse's stock interest? _____

Names and addresses of directors/officers and their respective titles: _____

Does your spouse provide any services to this business? Yes ____ No ____ If yes, give detail:

Is your spouse compensated for the services rendered? Yes ____ No ____ If yes, give detail:

Have you and your spouse reached an agreement regarding the disposition of this business?
Yes ____ No ____ If yes, give details:

Appendix E
LIFE INSURANCE

Carrier: _____ Owner of policy: _____

Policy No.: _____ On life of: _____

Face amount \$ _____ Cash value: \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Carrier: _____ Owner of policy: _____

Policy No.: _____ On life of: _____

Face amount: \$ _____ Cash value: \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Carrier: _____ Owner of policy: _____

Policy No.: _____ On life of: _____

Face amount: \$ _____ Cash value: \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Carrier: _____ Owner of policy: _____

Policy No.: _____ On life of: _____

Face amount: \$ _____ Cash value: \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Appendix F
REAL ESTATE

Homestead address: _____

Legal description: _____

Is the realty abstract ___ or Torrens ___ property?

If Torrens, state Certificate of Title No. ____, and where the certificate is located: _____

Date purchased: _____ Purchase price: _____

Down payment: \$_____ Source of down payment: _____

In whose name is the property held? _____

Mortgage Type <small>(1st, 2nd, HELOC, etc.)</small>	Mortgage Holder	Loan #	Original Balance	Current Balance

Contract for deed balance: \$_____ Owners of contract for deed: _____

Address: _____

What do you believe the home is worth?: \$_____

What was the most recent tax assessed value: \$_____ For what year? _____

Monthly payment: \$_____

Are the real estate taxes ___ and/or insurance ___ included in the mortgage or contract for deed payment?

If no, are the real estate taxes ___ and/or insurance ___ payments escrowed?

If yes, where? _____

When is your homeowner's insurance due and payable? _____

What is the cost of your homeowner's insurance per year? _____

How much are the real estate taxes on the property per year? _____

When is your mortgage or contract for deed payment payable? _____

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has these records? _____

Have you and your spouse agreed on a way of distributing this property? For instance, you purchase your spouses's interest in the property, or your spouse might purchase your interest, the two of you might agree to sell it and split the proceeds...) Please list details of agreement: _____

Other Real Estate
ADDENDUM

Property address: _____

Legal description (from Deed, Abstract, or Certificate of Title—Not Tax Statement): _____

Is the realty abstract ____ or Torrens ____ property? If Torrens, state Certificate of Title No. ____, and where the certificate is located: _____

Date purchased: _____ Purchase price: _____

Down payment: \$ _____ Source of down payment: _____

In whose name is the property held? _____

Mortgage Type (1 st , 2nd, HELOC, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance

Contract for deed balance: \$ _____ Owners of contract for deed: _____

Address: _____

What is the property worth? \$ _____ Tax assessed value: \$ _____
Approximate Equity: \$ _____

Monthly payment: \$ _____ Are the real estate taxes ____ and/or insurance ____ included in the mortgage or contract for deed payment? If no, are the real estate taxes ____ and/or insurance payments escrowed? If yes, where? _____

When is your homeowner's insurance due and payable? _____

What is the cost of your homeowner's insurance per year? _____

How much are the real estate taxes on the property per year? _____

When is your mortgage or contract for deed payment payable? _____

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has these records? _____

