

## DISSOLUTION OF MARRIAGE DATA FORM

With this information, your attorney will be better able to answer the many questions you will have concerning your marital situation, to render advice, to evaluate your marital and legal problems, and to prepare the necessary legal papers. If a question does not apply to your situation, go on to the next question.

With this questionnaire, you have received a request for documentary data. The documentary data should be secured before you attempt to fill out this form, if possible, as the two requests go together.

### MARITAL INFORMATION

How did you find out about us? \_\_\_\_\_

Date of interview: \_\_\_\_\_

Your Name: \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Religion and ethnic origin: \_\_\_\_\_

Education: \_\_\_\_\_

Length of time resident in Minnesota: \_\_\_\_\_

### CURRENT ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### FUTURE ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MARITAL INFORMATION CONTINUED

**Closest Relative:** \_\_\_\_\_  
name and relationship

Street

City

County

State

Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Rate your health:**  Good  Fair  Poor

**Physician's name:** \_\_\_\_\_

Under treatment for: \_\_\_\_\_

## PRESENT MARRIAGE

**Date of marriage:** \_\_\_\_\_

**Place of marriage:** \_\_\_\_\_  
City County State

**Were you previously married?**  Yes  No

**If so, when and where was your marriage dissolved?**

Date of dissolution: \_\_\_\_\_

Place of dissolution: \_\_\_\_\_  
City County State

**Are you receiving or paying any money for the support of children of a former marriage?**  Yes  No

If so, are you  receiving or  paying? Number of children: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Are any arrearages due for support?  Yes  No If so, amount: \$ \_\_\_\_\_

**Are you receiving from or paying maintenance to previous spouse?**  Yes  No

If so, are you  receiving or  paying? Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Arrears: \$ \_\_\_\_\_

## SPOUSE

Name of spouse: \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Religion and ethnic origin: \_\_\_\_\_

Education: \_\_\_\_\_

Length of time resident in Minnesota: \_\_\_\_\_

## SPOUSE'S PRESENT ADDRESS

Street \_\_\_\_\_

City County State Zip

## FUTURE (NEW) ADDRESS

Street \_\_\_\_\_

City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Closest Relative: \_\_\_\_\_  
name and relationship

Street \_\_\_\_\_

City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Rate your spouse's health:  Good  Fair  Poor

Physician's name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

## SPOUSE CONTINUED

Was your spouse previously married?  Yes  No

If so, when and where was your spouse's marriage dissolved?

Date of dissolution: \_\_\_\_\_

Place of dissolution: \_\_\_\_\_  
City County State

Is your spouse receiving or paying any money for the support of children of a former marriage?  Yes  No

If so,  receiving or  paying? Number of children: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Are any arrearages due for support?  Yes  No If so, amount: \$ \_\_\_\_\_

Is spouse receiving from or paying maintenance to previous spouse?  Yes  No

If so, are you  receiving or  paying? Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Arrears: \$ \_\_\_\_\_

## CHILDREN OF THIS MARRIAGE

	Full Name	Birthdate	Age	Social Security #
1.				
2.				
3.				
4.				
5.				
6.				
7.				

With whom are they living? \_\_\_\_\_

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

Do any of the children have income?  Yes  No

## ADDITIONAL INFORMATION

Are you (or your wife) pregnant or could you (or your wife) be pregnant?  Yes  No

Are the parties in the same home?  Yes  No If not, date of separation: \_\_\_\_\_

Previous separations?  Yes  No

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Previous court action?  Yes  No

Date filed by an attorney: \_\_\_\_\_ Dismissed?  Yes  No

Do you consider your marital problems irreconcilable?  Yes  No

Have you had marriage counseling?  Yes  No

If so, when? \_\_\_\_\_

Name of counselor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Professional affiliation of counselor: \_\_\_\_\_

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a marriage dissolution, would be helpful?  Yes  No

Does your spouse have a girl/boy friend?  Yes  No

If yes, give name, age, and address: \_\_\_\_\_

\_\_\_\_\_

Do you have a girl/boy friend?  Yes  No

If yes, give name, age, and address: \_\_\_\_\_

\_\_\_\_\_

Do you have reason to believe there will be a dispute as to the custody of your minor children?  Yes  No

If so, why?

## ADDITIONAL INFORMATION CONTINUED

Who is, or is likely to be, your spouse's attorney? \_\_\_\_\_

Do you wish to have your former name restored?  Yes  No

If so, what is your former name? \_\_\_\_\_

Please list all other names known by: \_\_\_\_\_

## FINANCIAL INFORMATION

**HUSBAND** - fill out either (1) or (2), or both, as applicable

### I. Employment

Employed by: \_\_\_\_\_ For how long? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Bonus: \$ \_\_\_\_\_ per \_\_\_\_\_

List all deductions from gross:

Federal tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

State tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

FICA tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

Net salary (take home): \$ \_\_\_\_\_ per \_\_\_\_\_

Social Security number: \_\_\_\_\_

Number of exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_

Expense account: \_\_\_\_\_

Profit sharing: \_\_\_\_\_

Stock interest: \_\_\_\_\_

Savings plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

What other benefits are provided by the employer? \_\_\_\_\_

Does husband also do any additional part-time work?  Yes  No

Explain:

# FINANCIAL INFORMATION CONTINUED

## 2. Business

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date acquired: \_\_\_\_\_ Cost of investment: \_\_\_\_\_

Service or product: \_\_\_\_\_

Position held: \_\_\_\_\_ Other partners: \_\_\_\_\_

Stock interest: \_\_\_\_\_ Number of shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

Spouse's interest: \_\_\_\_\_

**WIFE** - fill out either (1) or (2), or both, as applicable

### I. Employment

Employed by: \_\_\_\_\_ For how long? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Bonus: \$ \_\_\_\_\_ per \_\_\_\_\_

List all deductions from gross:

Federal tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

State tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

FICA tax: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ purpose: \_\_\_\_\_

Net salary (take home): \$ \_\_\_\_\_ per \_\_\_\_\_

Social Security number: \_\_\_\_\_

Number of exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_

Expense account: \_\_\_\_\_

Profit sharing: \_\_\_\_\_

Stock interest \_\_\_\_\_

Savings plan: \_\_\_\_\_

Pension plan \_\_\_\_\_

What other benefits are provided by the employer? \_\_\_\_\_

Does husband also do any additional part-time work?  Yes  No

Explain:

# FINANCIAL INFORMATION CONTINUED

## 2. Business

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date acquired: \_\_\_\_\_ Cost of investment: \_\_\_\_\_

Service or product: \_\_\_\_\_

Position held: \_\_\_\_\_ Other partners: \_\_\_\_\_

Stock interest: \_\_\_\_\_ Number of shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

Spouse's interest: \_\_\_\_\_

Are there any child care costs incurred while the parents work?  Yes  No Amount: \$ \_\_\_\_\_

Spouse's previous work history and skills, including approximate dates: \_\_\_\_\_

If no answers to previous questions, what has spouse done or what is spouse capable of doing to help support himself/herself? \_\_\_\_\_

Do you receive or does your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc.?  Yes  No Amount: \$ \_\_\_\_\_

From whom? \_\_\_\_\_ For whom? \_\_\_\_\_

Do you receive or does your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source?  Yes  No Amount: \$ \_\_\_\_\_

From whom? \_\_\_\_\_ For whom? \_\_\_\_\_



# ASSETS

## Homestead

Address:

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Is this homestead abstract property or torrens property? \_\_\_\_\_

Plat number: \_\_\_\_\_ Parcel number: \_\_\_\_\_

Legal description: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_

In name of: \_\_\_\_\_

Present mortgage balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Name and address of contract for deed holder: \_\_\_\_\_

Your market value of property: \$ \_\_\_\_\_ Approximate equity: \$ \_\_\_\_\_

Real estate taxes: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_ Included in house payment?  Yes  No

House payments are in arrears by: \$ \_\_\_\_\_ Taxes are in arrears by: \$ \_\_\_\_\_

Date, type, and cost of any major improvements since purchase: \_\_\_\_\_

# ASSETS CONTINUED

## Other Real Estate

Type: \_\_\_\_\_

Location: \_\_\_\_\_

Street

City

County

State

Zip

Legal description: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_

In name of: \_\_\_\_\_

Approximate present value: \$ \_\_\_\_\_ Approximate present equity: \$ \_\_\_\_\_

Present mortgage balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Contract for deed balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Real estate taxes: \$ \_\_\_\_\_

Any rental income from property?  Yes  No If yes, state amount: \$ \_\_\_\_\_

List any additional real estate below:

# ASSETS CONTINUED

## Other Personal Assets

Savings account or savings certificates at: \_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

Checking account at: \_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

### STOCKS

attach additional sheets if needed

Company Name	# Shares	Value	In Name Of
1.			
2.			
3.			
4.			
5.			
6.			
7.			

### BONDS

attach additional sheets if needed

Company Name	# Shares	Value	In Name Of
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Do you or your spouse have any money or property held by others?  Yes  No

If yes, give details: \_\_\_\_\_

At the time of marriage, did you or your spouse have money or property in excess of \$1,000?  Yes  No

If yes, explain: \_\_\_\_\_

## ASSETS CONTINUED

### Other Personal Assets

What part, if any, of your marriage estate was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims (state by whom received, from whom received, nature, and date received):

By Whom Received	From Whom Received	Nature	Date Received

### Life Insurance Privately Obtained

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

On life of: \_\_\_\_\_ for \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Yearly premium: \$ \_\_\_\_\_ Cash surrender or loan value: \$ \_\_\_\_\_

### Life Insurance Through Employer

Describe any life insurance you or your spouse has through an employer or labor union, in the same terms as above, if possible:

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

On life of: \_\_\_\_\_ for \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Yearly premium: \$ \_\_\_\_\_ Cash surrender or loan value: \$ \_\_\_\_\_

### Medical Insurance

Check any of the following that are applicable:  Medical  Hospital  Major medical  Dental  Glasses

Provided by employer or labor union?  Yes  No

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

Purchased privately?  Yes  No By whom? \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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

## ASSETS CONTINUED

### Individual Retirement Trust Account

**For yourself:** Name of institution deposited with: \_\_\_\_\_

Amount currently on deposit: \$ \_\_\_\_\_

**For your spouse:** Name of institution deposited with: \_\_\_\_\_

Amount currently on deposit: \$ \_\_\_\_\_

### Automobiles or Other Motor Vehicles

**Husband:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

In name of: \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

**Wife:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

In name of: \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles, campers, or other motor vehicles: \_\_\_\_\_

### Furniture

General description: \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

### Antiques

General description: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

### Tools and Yard Equipment

General description: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

## DEBTS

Creditor	Purpose of Debt	Balance	Monthly Payment	Husband/Wife/Joint

### List credit cards you have

Credit Card Name	In Whose Name	How Many Cards

## SERVICE

Please give an accurate physical description of your spouse (e.g., height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname). 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.

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

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

## NOTE

In the event you must be reached by this office on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached: \_\_\_\_\_

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 item:

### Property

### Spousal Support (formally call alimony)

### Support For Children

Do you clearly understand that the attorney you hire to represent you looks to you for fees and not to your spouse? Reread the entire questionnaire again, and be sure you have included everything that is asked of you.

What do you consider the monetary value of all of the assets you and your spouse own? (market or cash value minus indebtedness): \_\_\_\_\_

## FUTURE ESTIMATED MONTHLY LIVING EXPENSES

Home Mortgage, Rent or Contract	Toiletries (Hair spray, toothpaste, kleenex, etc.)
Real Estate Taxes	Entertainment (Movies, sporting events, etc.)
House Insurance or Renter's Insurance	School Lunches
Upkeep on House or Apartment	Child Care and Babysitters
Electricity	Water Softener
Fuel (Natural Gas, Propane, Fuel Oil, etc.)	Bank Loan Payment
Telephone	Bank Loan Payment
Garbage Removal	Bank Loan Payment
Cable TV	Bank Loan Payment
Car Payment	Credit Card
Car Gas	Credit Card
Car Insurance	Credit Card
Car Maintenance (Oil changes, etc.)	Life Insurance
Health Insurance	Union Dues
Medical Expenses	
Dental Expenses	
Subscriptions (Magazines, newspaper, etc.)	
Gifts (Birthdays, holidays, graduation, etc.)	
Church Contributions	
Other Charity	
Clothing	
Food	
	<b>TOTAL</b>



## 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 brought 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. Your spouse's paycheck stubs, if you can get them, 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.
- 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 and/or your spouse.
- 9. 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.
- 10. Current life insurance policies, with statements of loans against them.
- 11. 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.
- 12. A copy of any pension or retirement programs, profitsharing 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).
- 13. Title or registration cards to all automobiles or other motor vehicles owned by you or 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, any other dissolution (divorce) proceeding, or any other legal proceeding involving you or your spouse.
- 17. Any social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.