



2626 EAST 82ND STREET, STE 355
BLOOMINGTON, MN 55425
PHONE: (952) 955-8008
FAX: (952) 955-8009

DISSOLUTION QUESTIONNAIRE

Date: _____ How did you hear about us? _____

GENERAL INFORMATION: YOU

Your Full Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
(City) (State)

Address: _____

County: _____

What other names have you used (including maiden name, etc.)? _____

Do you wish to have your name changed, if so to what? _____

Your Addresses for past twelve months: (include all dates)

Your Length of Residence in Minnesota: _____

Telephone Numbers: _____ (Home) _____ (Business) _____ (Other)

e-mail: _____

How may we contact you? (circle all that are acceptable): Home Telephone Work Telephone Cell Phone
(digital cell phones only) e-mail U.S. Mail (home) U.S. Mail (work) U.S. Mail (P.O. Box)

Your Nearest

Relative: _____
(Name)

(Address) _____

(Relationship) _____ (Phone) _____

Date of Marriage: _____

Place of Marriage: _____
(County) (City) (State)

Name of Previous Attorney: _____

Are you and your spouse presently living in the same home? _____
(Yes) (No)

If not, date of separation: _____
Month/day/year

Your

Health: _____

Doctors: (include address and phone)

Prior Marriages:	Name of Spouse	Dissolution Date(s)
_____	_____	_____
_____	_____	_____

Are you receiving or paying any money for the support of children of a former marriage? _____
(Yes) (No) Amount: \$ _____

Are there any arrearages? _____
(Yes) (No) Amount: \$ _____

Are you receiving or paying any money for alimony or spousal maintenance? _____
(Yes) (No) Amount: \$ _____

Are there any arrearages? _____
(Yes) (No) Amount: \$ _____

GENERAL INFORMATION: SPOUSE

Spouses Full Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
(City) (State)

Address: _____

County: _____

Addresses for past twelve months: (include all dates)

What other names has your spouse used (including maiden name, etc.)? _____

Length of Residence in Minnesota: _____

Telephone Numbers: _____

(Home)

(Business)

(Other)

Spouse's Attorney: _____

Spouse's

Health: _____

Doctors: (include address and phone)

Prior Marriages:	Name of Spouse	Dissolution Date(s)
_____	_____	_____
_____	_____	_____

Is spouse receiving or paying any money for the support of children of a former marriage? _____ Amount: \$ _____
 (Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
 (Yes) (No)

Is spouse receiving or paying any money for alimony or spousal maintenance? _____ Amount: \$ _____
 (Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
 (Yes) (No)

CHILDREN OF MARRIAGE

<u>Name</u>	<u>Soc. Sec.</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

With whom do the children currently live: _____

Where and with whom has each child resided over the past five years: _____

Do you want custody of the child(ren)? _____
(Yes) (No)

Does your spouse want custody of the children? _____
(Yes) (No)

Do you believe custody will be disputed? _____
(Yes) (No)

If so why? _____

Are you (or your spouse) now pregnant?
(Yes) (No)

Are there any special physical or emotional disabilities concerning any of the children requiring special care or expenses, and if so please identify the children and explain the circumstances: _____

Do either of you have children not of this marriage? (Indicate whether child is yours or spouse's)

<u>NAME</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR DISSOLUTION

If you are seeking Dissolution or Legal Separation, explain why you believe this action is necessary (If your spouse is seeking Dissolution or Legal Separation, explain why he or she found this action necessary.):

Have there been any attempts at counseling or mediation?
(Yes) (No)

If so explain: _____

Name, Address, and Phone of
Counselor/Mediator: _____

Do you believe that further counseling would be helpful?
(Yes) (No)

Any previous court action?
(Yes) (No)

If so, date of filing and explain: _____

Does your spouse have a girl or boy friend? _____
(Yes) (No)

If so, name, age, and
address: _____

Do you have a girl or boy friend? _____
(Yes) (No)

If so, name, age, and
address: _____

INCOME INFORMATION: YOU

Occupation (Job Title): _____

Employer: _____

Address: _____

Phone: _____

Length of employment there: _____

Frequency of pay-checks: (circle one) weekly / bi-weekly / bi-monthly / monthly

Gross Salary: \$_____ per (circle one) weekly / bi-weekly / bi-monthly / monthly

Bonus: \$_____ per year quarter month (circle one)

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

Number of Exemptions Claimed: _____

Deductions: Federal Tax: \$ _____
 State Tax: \$ _____
 Social Security (FICA): \$ _____
 Medical Dental Insurance: \$ _____
 Life Insurance: \$ _____
 IRA/Pension: \$ _____
 Others (Specify) \$ _____

***Please attach copies of two of your most recent pay-stubs.**

Income from all other sources (specify): _____

Your Business/Name of Company: _____

Address: _____

Phone: _____

Service or Product Line: _____

Date acquired: _____

Cost of Investment: \$ _____

Structure (partnership, corporation, etc.): _____

Percentage interest in the business: _____%

Directors/Officers: _____

Employment History (last ten years, excluding current):

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Dates Employed</u>

Do you have an interest in a pension plan, 401(k), IRA, or other retirement plan? _____

If yes describe plan(s), your contribution, value, and what portion if any is vested: _____

Your Education

	<u>Name</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Date of Graduation</u>
Degree				
High School:				
Vocational/ Technical:				
College:				
Grad School:				

INCOME INFORMATION: SPOUSE

Occupation (Job Title): _____

Employer: _____

Address: _____

Phone: _____

Length of employment there: _____

Frequency of pay-checks: (circle one) weekly / bi-weekly / bi-monthly / monthly

Gross Salary: \$_____ per (circle one) weekly / bi-weekly / bi-monthly / monthly

Bonus: \$_____ per year quarter month (circle one)

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

Number of Exemptions Claimed: _____

Deductions: Federal Tax: \$_____

State Tax: \$_____

Social Security (FICA): \$_____

Medical Dental Insurance: \$_____

Life Insurance: \$_____

IRA/Pension: \$_____

Others (Specify) \$_____

* Please attach copies of your spouse's two most recent pay-stubs.

Income from all other sources (specify): _____

Spouse's Business/Name of Company: _____

Address: _____

Phone: _____

Service or Product Line: _____

Date acquired: _____

Cost of Investment: \$_____

Structure (partnership, corporation, etc.): _____

Percentage interest in the business: _____%

Directors/Officers: _____

Employment History (last ten years, excluding current):

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Dates Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your spouse have an interest in a pension plan, 401(k), IRA, or other retirement plan? _____

Mortgage Holder:

Balance owing: \$ _____

Monthly Payment: \$ _____

Second Mortgage Holder: _____

Balance owing: \$ _____

Monthly Payment: \$ _____

Contract for Deed Holder:

Balance owing: \$ _____

Monthly Payment: \$ _____

Are there any other encumbrances on the homestead? _____

If so, explain? _____

Approximate Present Value of Homestead: \$ _____

Annual Taxes: \$ _____

Approximate Equity in Homestead: \$ _____

Since the date of purchase, what major improvements have been made in the homestead?

Other Real Estate

Address:

(Street)

(City)

(County)

(State)

Who is listed as owner(s)?

Legal Description:

Is the property abstract or Torrens? _____

Date of Purchase: _____ Purchase Price: \$ _____

Amount of Down Payment and Source?

Mortgage Holder:

Balance owing: \$ _____

Monthly Payment: \$ _____

Contract for Deed Holder:

Balance owing: \$ _____

Monthly Payment: \$ _____

Are there any other encumbrances on the property? _____

If so, explain? _____

Approximate Present Value of Property: \$ _____

Annual Taxes: \$ _____

Approximate Equity in Property: \$ _____

Since the date of purchase, what major improvements have been made in the property? _____

Other Assets

Savings Accounts

1. Institution: _____

Account Number: _____

Approximate Balance: \$ _____

Account in Name of:

2. Institution: _____

Account Number: _____

Approximate Balance: \$ _____

Account in Name of:

Checking Accounts

1. Institution: _____

Account Number: _____

Approximate Balance: \$ _____

Account in Name of:

-
2. Institution: _____
Account Number: _____
Approximate Balance: \$ _____
Account in Name of:

BROKERAGE ACCOUNTS

1. Company Name: _____
Number of Shares: _____
Approximate Value: \$ _____
Name on Account: _____
2. Company Name: _____
Number of Shares: _____
Approximate Value: \$ _____
Name on Account: _____
3. Company Name: _____
Number of Shares: _____
Approximate Value: \$ _____
Name on Account: _____

MUTUAL FUNDS

1. Fund Name: _____
Number of Shares: _____
Approximate Value: \$ _____
Name on Account: _____
2. Fund Name: _____
Number of Shares: _____
Approximate Value: \$ _____
Name on Account: _____
3. Fund Name: _____
Number of Shares: _____
Approximate Value: \$ _____

Name on Account: _____

Individual Stocks

1. Company Name:

Number of Shares: _____

Approximate Value: \$ _____

Holder of Record: _____

2. Company Name:

Number of Shares: _____

Approximate Value: \$ _____

Holder of Record: _____

3. Company Name:

Number of Shares: _____

Approximate Value: \$ _____

Holder of Record: _____

Bonds

1. Company Name:

Number of Bonds: _____

Approximate Value: \$ _____

Holder of Record: _____

2. Company Name:

Number of Bonds: _____

Approximate Value: \$ _____

Holder of Record: _____

3. Company Name:

Number of Bonds: _____

Approximate Value: \$ _____

Holder of Record: _____

Other: Safety deposit box, certificates of deposit, treasury notes, etc. Please specify.)

1. _____

2. _____

3. _____

Life Insurance (through employment or privately obtained)

1. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____; beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type: (circle one) term / life /
whole life / universal life
2. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____ beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type: (circle one) term / life /
whole life / universal life
3. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____; beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type: (circle one) term / life /
whole life / universal life
4. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____; beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type: (circle one) term / life /
whole life / universal life

Medical Insurance (indicate coverages you or your spouse may have)

Through you:

Insurance company/HMO: _____

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by spouse's employer; \$ _____ cost to spouse.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover? _____

How much of the cost is related to your spouse? \$ _____ How much is related to the child(ren)? \$ _____

Through your spouse:

Insurance company/HMO: _____

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by spouse's employer; \$ _____ cost to spouse.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover? _____

How much of the cost is related to your spouse? \$ _____ How much is related to the child(ren)? \$ _____

Dental Insurance (indicate coverages you or your spouse may have)

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by spouse's employer; \$ _____ cost to spouse.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover? _____

How much of the cost is related to your spouse? \$ _____ How much is related to the child(ren)? \$ _____

Automobiles or Other Motor Vehicles

1. Make: _____ Model: _____ Year: _____

VIN: _____ Approximate value: _____

Registered owner _____

Encumbrance: \$ _____ Monthly Payment: \$ _____

Lending Institution: _____

Mileage _____ Type of Engine _____

Circle One: Automatic Transmission Manual Transmission

Circle One: Two Door Four Door Hatchback Van Truck

Circle One: 2 Wheel Drive 4 Wheel Drive Front Wheel Drive

Circle vehicle features:

Air Conditioning	Compact Disc	Flip-Up Sun Roof
Power Steering	CD Changer/Stacker	Sliding Sun Roof
Power Windows	Premium Sound	Moon Roof
Power Door Locks	Dual Air Bags	Rear Spoiler
Tilt Wheel	ABS (4Wheel)	Alloy Wheels
Cruise Control	Leather	Premium Wheels
AM/FM Stereo	Power Seat	Running Boards
Cassette	Dual Power Seats	Tinted Windows

Other Amenities _____

Select the Condition of the Vehicle: Poor Fair Good Excellent

2. Make: _____ Model: _____ Year: _____

VIN: _____ Approximate value: _____

Registered owner _____

Encumbrance: \$ _____ Monthly Payment: \$ _____

Lending Institution: _____

Mileage _____ Type of Engine _____

Circle One: Automatic Transmission Manual Transmission

Circle One: Two Door Four Door Hatchback Van Truck

Circle One: 2 Wheel Drive 4 Wheel Drive Front Wheel Drive

Circle vehicle features:

Air Conditioning	Compact Disc	Flip-Up Sun Roof
Power Steering	CD Changer/Stacker	Sliding Sun Roof
Power Windows	Premium Sound	Moon Roof
Power Door Locks	Dual Air Bags	Rear Spoiler
Tilt Wheel	ABS (4Wheel)	Alloy Wheels
Cruise Control	Leather	Premium Wheels
AM/FM Stereo	Power Seat	Running Boards

Cassette Dual Power Seats Tinted Windows
 Other Amenities _____
 Select the Condition of the Vehicle: Poor Fair Good Excellent

3. Make: _____ Model: _____ Year: _____
 VIN: _____ Approximate value: _____
 Registered owner _____
 Encumbrance: \$ _____ Monthly Payment: \$ _____
 Lending Institution: _____
 Mileage _____ Type of Engine _____

Circle One: Automatic Transmission Manual Transmission
 Circle One: Two Door Four Door Hatchback Van Truck
 Circle One: 2 Wheel Drive 4 Wheel Drive Front Wheel Drive
 Circle vehicle features:
 Air Conditioning Compact Disc Flip-Up Sun Roof
 Power Steering CD Changer/Stacker Sliding Sun Roof
 Power Windows Premium Sound Moon Roof
 Power Door Locks Dual Air Bags Rear Spoiler
 Tilt Wheel ABS (4Wheel) Alloy Wheels
 Cruise Control Leather Premium Wheels
 AM/FM Stereo Power Seat Running Boards
 Cassette Dual Power Seats Tinted Windows
 Any other Amenities _____
 Select the Condition of the Vehicle: Poor Fair Good Excellent

List and describe, including approximate value and encumbrance, any boats, motors, trailers, motorcycles, snowmobiles, campers, etc.:

1. _____
2. _____
3. _____

Furniture

General description of household furnishings: _____

Approximate Fair Market Value: \$ _____

Loans 1. \$ _____ in favor of : _____
 Payment per month: \$ _____
 2. \$ _____ in favor of : _____
 Payment per month: \$ _____

What part, if any, of you or your spouse's property was brought into the marriage or obtained by inheritance, gift, or personal injury claim. Please explain in detail from whom received, when received, what received, and the nature of the claim:

Are you or your spouse a beneficiary under any trust, life insurance policy, or estate now in probate? _____

If so, explain: _____

LIABILITIES

Outstanding bills of both husband and wife:

	<u>Name of Creditor</u>	<u>Purchased for</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Whose Obligation</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

CREDIT CARDS: (Name of card, current balance, and in whose name)

1. _____
2. _____
3. _____
4. _____
5. _____

Service Information

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

Attach a recent color photograph of your spouse if you have one. This information is necessary in order to insure prompt service of papers upon your spouse

Where and when should papers be served upon your spouse?

YOUR FUTURE ESTIMATED MONTHLY EXPENSES

Rent, mortgage, or
Contract for Deed: \$ _____
Real Estate
Real Estate Taxes: \$ _____
Insurance: \$ _____
Utilities

Heat/Fuel:	\$ _____
Gas:	\$ _____
Electricity:	\$ _____
Telephone:	\$ _____
Water:	\$ _____
Cable TV:	\$ _____
Garbage:	\$ _____
Food:	\$ _____
<u>Insurance</u>	
Life:	\$ _____
Medical:	\$ _____
Dental:	\$ _____
Clothing:	\$ _____
Personal Grooming:	\$ _____
Laundry:	\$ _____
<u>Transportation</u>	
Gas and Oil:	\$ _____
Repairs:	\$ _____
Insurance:	\$ _____
Licensing:	\$ _____
Household Maintenance	\$ _____
<u>Children</u>	
Clothing:	\$ _____
Grooming:	\$ _____
Babysitting:	\$ _____
Medical:	\$ _____
Education:	\$ _____
Tuition:	\$ _____
Books:	\$ _____
Lunches:	\$ _____
Gifts/Donations:	\$ _____
Entertainment:	\$ _____
Miscellaneous	\$ _____
Total Monthly Expenses	\$ _____

Has your spouse ever pushed, slapped, hit, or hurt you in some way? _____

Has your spouse ever threatened you? _____

Do you believe that a protective order will be necessary? _____

ELECTRONIC DATA

Please identify all computers in your and/or your spouse's possession (include make and model).

What year were the above computers purchased? _____

Who uses these computers? _____

What are these computers used for? _____

Are these computers backed-up? _____ How are they backed-up? _____

If the computers are backed-up, how often?

Is there an external drive for each computer? _____

Are there backup discs? _____

Do these computers contain either of the following: personal financial data __ e-mail __

If yes, explain which computers contain what information: _____

Do these computers contain information regarding this case? _____

If yes, explain which computers contain the information: _____

Is there password protection for each computer? _____

Who knows the password(s)? _____

E-MAIL

What are all the e-mail addresses in the household? _____

Who has access to each e-mail account? _____

Who has the passwords? _____

Do you believe that your spouse may have access to your e-mail or other password(s)? _____

OTHER DATA STORAGE

Does anyone in the household store electronic data at work? _____

Does anyone in the household store electronic data online (Google, Yahoo, AOL, etc.)? _____

MISCELLANEOUS

Other information not covered by this questionnaire that you believe is important:

