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 BLOOMINGTON, MN 55425  
 PHONE: (952) 955-8008  
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**INTERNATIONAL DISSOLUTION/CUSTODY 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? \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Yes) (No)

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

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

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

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have a concern about parental child abduction, has your spouse in the past abducted your child(ren) or threatened to abduct your child(ren)?** \_\_\_\_\_

\_\_\_\_\_

**Has a prior action to prevent abduction been filed by anyone having custody of the child(ren)? If so, provide the date, location, and disposition of the action.** \_\_\_\_\_

**Please identify any other countries your spouse has citizenship in and/or strong emotional or cultural ties to:**

\_\_\_\_\_  
**Does your spouse have any family or friends living abroad? If so, please provide their names, address, telephone number, e-mail address and any other contact information.**

\_\_\_\_\_  
**If you have a concern about parental child abduction, has your spouse engaged in any abduction planning activities, such as recently quitting a job, selling a home, terminating a lease, closing a bank account, liquidating assets, applying for a passport or visa for him/herself or child(ren)? If so, please describe:**

\_\_\_\_\_  
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? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) Amount: \$ \_\_\_\_\_

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

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

Are there any arrearages?

                   
(Yes) (No)

Amount: \$                     

**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

Name                      Location                      Dates of Attendance                      Date of Graduation

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>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes describe plan(s), spouse's contribution, value, and what portion if any is vested: \_\_\_\_\_

\_\_\_\_\_

### Spouse's Education

Name	Location	Dates of Attendance	Date of Graduation	Degree
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High School: \_\_\_\_\_

Vocational/  
Technical: \_\_\_\_\_

College: \_\_\_\_\_

Grad School: \_\_\_\_\_

Do you or your spouse have any Federal Income Tax Refunds due? \_\_\_\_\_

(Yes) (No)

Are you or your spouse named as a party in any existing lawsuit or other legal proceedings? \_\_\_\_\_

(Yes) (No)

If so, explain: \_\_\_\_\_

### ASSETS

Is your spouse likely to try to hide assets? If yes why do you believe so? \_\_\_\_\_

\_\_\_\_\_

### Homestead:

Address:

\_\_\_\_\_

(Street)

(City)

\_\_\_\_\_

(County)

(State)

Owner(s) (exactly as listed on deed) \_\_\_\_\_

\_\_\_\_\_



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

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:	\$ _____
<u>Real Estate</u>	
Real Estate Taxes:	\$ _____
Insurance:	\$ _____
<u>Utilities</u>	
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? \_\_\_\_\_



Appraisal and tax statement for homestead

Office Use

\_\_\_\_\_ Bluebook

\_\_\_\_\_ Missing Information