

**MARRIAGE DISSOLUTION
CLIENT QUESTIONNAIRE**

DECKERT & VAN LOH, P.A.

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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 attach a separate sheet. The completed questionnaire will be kept confidential and will remain in our possession.

Please Print Your Answers

DATE: _____

1. How were you referred to or find this office?
 - a. Friend _____, if so, who? _____
 - b. Internet _____
 - c. Counselor _____, if so, who? _____
 - d. Other _____, explain _____

PERSONAL INFORMATION - CLIENT:

1. Full Name _____
2. Present Address _____
City _____ State _____ County _____ Zip _____
3. Social Security Number _____
4. Home Phone /Area Code _____ Cell Phone/Area Code _____
Work Phone/Area Code _____ May you be called at work?
When _____ Work Email Address _____
Personal Email Address _____
5. List all prior/names you have been known by, including maiden name

6. Length of Residence in Minnesota _____

7. Birthplace _____ Birthdate _____ Age _____

8. Religion _____

9. Education: High School _____ Year Completed _____

Post Graduate _____, Years _____, Degree _____

Trade/VoTech _____

Other Education/Training _____

10. Present Health - especially conditions which may affect income production or parenting

Treating Doctors or Clinics _____

Does your spouse or anyone else claim drug or alcohol abuse on your part?

Does your spouse claim domestic violence? _____. If so, explain on separate page.

11. Are you presently in the Military Service of the U.S.? _____

12. Name and telephone number of at least two people (other than your spouse) who would be most likely to always know where you can be reached:

Name _____ Relationship _____

Address City/State/Zip _____

Cell phone _____ Business phone _____

Name _____ Relationship _____

Address/City/State/Zip _____

Cell phone _____ Business phone _____

PERSONAL INFORMATION - SPOUSE:

1. Full Name _____
2. Present Address _____
City _____ State _____
County _____ Zip _____
3. Social Security Number _____
4. Home Phone/Area code _____ Business Phone/Area code _____
Cell Phone/Area Code _____ Email Address _____
5. List all prior/names you have been known by, including maiden name

6. Length of Residence in Minnesota _____
7. Birthplace _____ Birth date _____ Age _____
8. Religion _____
9. Education: High School _____ Year Completed _____
Post Graduate _____, Years _____, Degree _____
Trade/VoTec _____
Other Education/Training _____
10. Present Health - especially conditions which may affect income production or parenting

Treating Doctors or Clinics _____

Drug or alcohol abuse? _____

Domestic violence? _____. If yes, explain on separate page.

11. Is spouse presently in the Military Service of the U.S.? _____

MARITAL INFORMATION:

1. Date of present marriage _____

2. Place of marriage: City _____ County _____ State _____

3. With respect to any counseling received by you and/or your spouse, state:

Name of counselors: _____

Address _____

Phone Number _____ Dates of counseling _____

4. Do you feel there is a chance to save the marriage? Explain. _____

5. Summarize the situation or your spouse's conduct that you feel may cause a dissolution of your marriage. _____

6. What would be your spouse's primary complaints about you? _____

7. Are you and your spouse living together? _____

8. If not, date of separation. _____
9. Who moved out? _____
10. Are you or your spouse pregnant? _____

CHILDREN FROM THIS MARRIAGE OR ADOPTED INTO THIS MARRIAGE:

1. Children's names, ages, birth dates, and Social Security number:

| Child's Name Social Security Number | Age | Birth Date |
|--|-----|------------|
| | | |
| | | |
| | | |
| | | |

2. Do the children now live with Client _____ Spouse
Both _____
3. Do you want custody of these children?
(If so, fill out separate Custody Questionnaire)
4. Do the children have special health, emotional or educational needs? If so, explain
briefly. _____

PREVIOUS MARITAL INFORMATION - CLIENT:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____
4. Names and ages of minor children by previous marriage

5. Who received custody? _____

6. Are you receiving or are you paying spousal maintenance from a previous marriage?
How much? _____ per _____.

7. Are you receiving or are you paying child support from a previous marriage?
How much _____ per _____.

PREVIOUS MARITAL INFORMATION-SPOUSE:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City county and state of divorce _____

4. Names and ages of minor children by spouse's previous marriage:

5. Who received custody? _____

6. Is your spouse receiving or is he/she paying spousal maintenance from a previous
marriage? _____ How much? _____ per _____.

7. Is your spouse receiving or is he/she paying child support from a previous marriage?
_____ How much? _____ per _____.

ASSETS:

A. Homestead

1. Address _____

2. City _____ State/Zip _____ County _____

3. Legal Description _____

Is property Abstract? _____ or Torrens? _____

(Please provide copy of deed or mortgage and tax statement and Abstract 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 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? _____

B. Other Real Estate (for each parcel, provide the following)

1. Location _____
2. Type of property _____
3. Legal Description _____

Is property Abstract? _____ or Torrens? _____

(Please provide copy of deed or mortgage and tax statement and Abstract of Title).

4. When was it purchased? _____ Cost _____
5. Amount of down payment _____

6. Source of down payment _____
7. In whose name(s) is the title? _____
8. What is approximate present 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 payments delinquent? _____ How much? _____
15. Any rent income? _____

C. Banking

1. Savings Accounts:

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

2. Checking Accounts:

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

3. Brokerage/Stock Accounts:

Bank or Firm _____ Balance _____

Name(s) on Account _____ Account Number _____

Bank or Firm _____ Balance _____

Name(s) on Account _____ Account Number _____

4. Do you or your spouse have a safe deposit box? _____

Name of Bank _____ Account Number _____

5. Provide average monthly interest received from all accounts _____

If more space is needed provide the same information on a separate sheet.

D. Stock and Bonds

Client:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

Spouse:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

Joint:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

E. Dividends

Provide average monthly dividends from all securities. _____

Does anyone owe you or your spouse money? _____

1. Who _____ How much _____
2. In whose name? _____ Value _____

F. Non-Marital Claims:

Did you or your spouse (a) bring into this marriage, (b) inherit during this marriage, or (c) were given by someone outside the marriage, property or money in excess of \$500.00. If so, describe in detail:

- a. List all assets with a value excess of \$500.00 that you owned at the time of marriage.

| Assets | Value |
|--------|-------|
| | |
| | |
| | |

- b. List all assets inherited by you during the marriage. _____

- c. List all assets given to you alone by a third party during the marriage _____

G. Claims:

Do you or your spouse have any personal injury claim or workers compensation claim pending or have you or your spouse received any settlement or award before or during your marriage (what, when and by whom)? _____

H. Furniture and Appliances

1. Estimated value _____

2. Balance owed _____ Payments _____ Per _____

3. Payments made to whom? _____
4. Any special items? (Jewelry, antiques, musical instruments, etc.) _____

5. If you expect a contest over personal property, please schedule items and values.
room by room, including basement and garage, video of contents are helpful.

I. Motor Vehicles

1. Make _____ Model _____ Year _____
Major Options: _____
General condition _____ Mileage _____
Vehicle Identification Number _____
In whose name _____
Value _____
Encumbered to _____
Balance _____ Payments _____
Used by whom _____
2. Make _____ Model _____ Year _____
Major Options: _____
General condition _____ Mileage _____
Vehicle Identification Number _____
In whose name _____
Value _____
Encumbered to _____

Balance _____ Payments _____

Used by whom _____

3. Make _____ Model _____ Year _____

Major Options: _____

General condition _____ Mileage _____

Vehicle Identification Number _____

In whose name _____

Value _____

Encumbered to _____

Balance _____ Payments _____

Used by whom _____

J. Recreational Vehicles: (Please complete the following information for each item if applicable)

| <i>Year/Make/Model</i> | <i>Value</i> | <i>Owed</i> | <i>Payment</i> | <i>Date Purchased</i> |
|------------------------|--------------|-------------|----------------|-----------------------|
|------------------------|--------------|-------------|----------------|-----------------------|

Boat _____

Motorcycle _____

Camper _____

Trailer _____

Snowmobile _____

ATV _____

Other _____

K. Miscellaneous Assets:

Are there other assets that you know of? _____

L. Life Insurance:

a. Through work

1. Company _____
2. Type of Policy _____ Policy No. _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

b. Privately Purchased

1. Company _____
2. Type of Policy _____ Policy No. _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

(If more space is needed attach a separate sheet)

EMPLOYMENT INFORMATION - CLIENT

1. Employer _____
2. Address/City/State/Zip _____
3. Position _____
4. Job Duties _____
5. Date employment commenced _____
6. Periodic layoffs? _____ If so, average duration _____
7. Regular overtime? _____ If so, average amounts, \$ _____ per _____
8. Paydays - (Weekly, Every other week, Bi-monthly, etc.) _____

9. State your hourly wage \$ _____, or salary \$ _____ per _____
10. Your MONTHLY Income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:

| | Base Pay | Last 6 month average including overtime |
|-------------------------|----------|--|
| Gross Pay | \$ _____ | _____ |
| Federal withholding | \$ _____ | _____ |
| State withholding | \$ _____ | _____ |
| FICA | \$ _____ | _____ |
| Medical/Dental | \$ _____ | _____ |
| Union Dues | \$ _____ | _____ |
| Retirement | \$ _____ | _____ |
| Credit Union Payment | \$ _____ | _____ |
| Other (Specify) | \$ _____ | _____ |
| Take-Home Pay Per Month | \$ _____ | _____ |

11. List interest received and dividend from all sources during last 6 months. _____

12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, day care expense accounts, etc.) _____

13. Does your employer sponsor a retirement plan/pension? _____
Present amount on deposit _____
If you were to terminate today, what would be the monthly benefit at age 65? _____
Full name, title, address, and phone number of the person who has information and knowledge of your pension benefits. _____

- Please provide all documents you have describing your pension plan.
14. Do you participate in other retirement plans or optional programs? (i.e., profit sharing,

savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, date of initiation, and accrued amounts. Provide documentation.

Plan _____ Started _____ Value _____

Plan _____ Started _____ Value _____

15. Do you have retirement benefits accrued through previous employers? _____ If so, give employer name, description of benefit and value? Provide documentation.

16. Employment History:

| <u>Employer</u> | <u>Position</u> | <u>Dates</u> | <u>Job</u> |
|-----------------|-----------------|--------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

17. Other income during past year?

- | | |
|-------------------------|--------------------|
| a. Unemployment | f. Military |
| b. Workers Compensation | g. Self Employment |
| c. Public Assistance | h. Rents |
| d. Disability Benefits | i. Other |
| e. Social Security | |

| <u>Dates</u> | <u>How Much</u> |
|--------------|-----------------|
| _____ | _____ |
| _____ | _____ |

18. Do you have medical health coverage through work?

If so, full coverage? _____ partial coverage? _____

Cost for yourself \$ _____ per _____

Dependent premium \$ _____ per _____

Do you have dental insurance through work? _____

If so, extent of coverage _____

Cost for yourself \$ _____ Dependent \$ _____

Who presently covers family members (other than you) _____

EMPLOYMENT INFORMATION-SPOUSE:

1. Employer _____

2. Address/City/State/Zip _____

3. Position _____

4. Job Duties _____

5. Date employment commenced _____

6. Periodic layoffs? _____ If so, average duration _____

7. Regular overtime? _____ If so, average amounts, \$ _____ per _____

8. How often is spouse paid? (Weekly, Every other week, Bi-monthly, etc.)

9. State your hourly wage \$ _____, or salary \$ _____ per _____

10. Spouse's MONTHLY Income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:

| | Base Pay | Last 6 month average including overtime |
|-------------------------|----------|--|
| Gross Pay | \$ _____ | _____ |
| Federal withholding | \$ _____ | _____ |
| State withholding | \$ _____ | _____ |
| FICA | \$ _____ | _____ |
| Medical/Dental | \$ _____ | _____ |
| Union Dues | \$ _____ | _____ |
| Retirement | \$ _____ | _____ |
| Credit Union Payment | \$ _____ | _____ |
| Other (Specify) | \$ _____ | _____ |
| Take-Home Pay Per Month | \$ _____ | _____ |

(Please provide all paycheck stubs for last two months)

11. List interest received and dividend from all sources during last 6 months. _____

12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, etc.) _____

13. Does your spouse's employer sponsor a retirement plan/pension? _____
If so, type of plan _____
Vesting requirement or time _____
Please provide information regarding the pension and documents stating accrued benefits available at retirement were they to terminate employment now.
14. Does spouse participate in other retirement plans or optional programs? (i.e. profit sharing, savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, date of initiation, and accrued amounts, Provide documentation.
Plan _____ Started _____ Value _____
Plan _____ Started _____ Value _____

15. Does spouse have retirement benefits accrued through previous employers? _____

If so, give employer name, description of benefit and value? Provide documentation. _____

16. Employment History:

Employer

Position

Dates

Job

17. Other income (self-employment, part-time work, rent, craft sales, welfare benefits, etc.)

describe and give amounts earned. _____

EXPENSES

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(NOTE: expenses are to be entered on a monthly basis.)

| | Self (only) | Child(ren) involved in this matter. | All members of your current household (including children <u>not</u> involved in this matter) |
|--|-------------|---|---|
| <u>HOUSING:</u> | | | |
| Rent | | | |
| Mortgage payment (principal and interest only) | | | |
| Contract for Deed payment | | | |
| Home Equity Credit Line payment | | | |
| Property taxes | | | |
| Homeowners insurance | | | |
| <u>MAINTENANCE:</u> | | | |
| Yard service | | | |
| Pool service | | | |
| House cleaning-service | | | |
| Snow removal service | | | |
| Garbage pickup | | | |
| Home furnishings replacement reserve | | | |
| <u>UTILITIES:</u> | | | |
| Electric | | | |
| Gas | | | |
| Fuel oil | | | |
| Sewer/water | | | |
| Telephone (base charge) | | | |
| Telephone (long distance) | | | |
| Water softener rental | | | |
| <u>TRANSPORTATION:</u> | | | |
| Vehicle(s) installment payments | | | |
| Vehicle(s) insurance | | | |
| Maintenance and repairs | | | |
| Gasoline | | | |
| License | | | |
| Parking | | | |
| Public transportation (bus/taxi/train) | | | |
| Vehicle replacement reserve | | | |

| | Self (only) | Child(ren) involved in this matter. | All members of your current household (including children <u>not</u> involved in this matter) |
|--|-------------|-------------------------------------|---|
| Disability income insurance | | | |
| Umbrella liability insurance | | | |
| Boat insurance | | | |
| Other insurance | | | |
| <u>EDUCATION:</u> | | | |
| Adult(s): | | | |
| Continuing education expense | | | |
| Tuition, books, supplies, and fees for: | | | |
| College | | | |
| Graduate school | | | |
| Vocational school | | | |
| Child(ren): | | | |
| Tuition, books, supplies, and fees for: | | | |
| Grade school | | | |
| High school | | | |
| College | | | |
| Graduate school | | | |
| Vocational school | | | |
| Transportation: | | | |
| Special activities / athletic activities | | | |
| Lunch money | | | |
| Tutoring | | | |
| <u>FOOD/BEVERAGES/HOUSEHOLD SUPPLIES:</u> | | | |
| Groceries and household supplies | | | |
| Out-of-home meals, i.e. burgers, pizza, etc. | | | |
| <u>WEARING APPAREL/UPKEEP:</u> | | | |
| Clothing - Adult(s) | | | |
| Clothing - Child(ren) | | | |
| Laundry and dry cleaning | | | |
| <u>MEDICAL CARE:</u> | | | |
| Insurance | | | |
| Unreimbursed / uninsured expenses for: | | | |
| Doctor | | | |

EXPENSES (continued)

| | Self (only) | Child(ren) involved in this matter. | All members of your current household (including children <u>not</u> involved in this matter) |
|--|-------------|-------------------------------------|---|
| Hospital | | | |
| Dentist | | | |
| Orthodontist | | | |
| Medicine and drugs | | | |
| Therapy and / or counseling | | | |
| <u>INSTALLMENT PAYMENTS:</u> (Record payment amount for debts not previously recorded.) Credit card charges (list name of card & amount of monthly payment below). | | | |
| | | | |
| | | | |
| Bank debt (list name of bank and amount of monthly payment) | | | |
| | | | |
| | | | |
| Other debt (list name of lender and amount of monthly payment). | | | |
| | | | |
| <u>CHILD(REN) CARE:</u> | | | |
| Babysitter | | | |
| Daycare | | | |
| Allowance | | | |
| Gifts - birthday, Christmas, etc. | | | |
| Summer / day camps | | | |
| Lessons | | | |
| Diaper service | | | |
| Visitation expenses: | | | |
| Entertainment | | | |
| Transportation | | | |
| Food | | | |
| Miscellaneous visitation | | | |
| Miscellaneous child care | | | |

EXPENSES (continued)

| | Self (only) | Child(ren) involved in this matter. | All members of your current household (including children <u>not</u> involved in this matter) |
|---|-------------|-------------------------------------|---|
| <u>OTHER EXPENSES:</u> | | | |
| Child support | | | |
| Maintenance (alimony) | | | |
| Entertainment | | | |
| Vacation(s) | | | |
| Gifts | | | |
| Memberships / club dues | | | |
| Paper / books / magazines | | | |
| Barber / beautician / manicurist | | | |
| Cosmetics / toiletries | | | |
| Donations to charities and church | | | |
| Pet expenses | | | |
| Cable television | | | |
| Regular monthly savings not previously recorded. | | | |
| Retirement plan contributions not previously recorded, i.e. IRA | | | |
| Expenses associated with maintaining employment | | | |
| Income taxes (not withheld) | | | |
| TOTAL MONTHLY EXPENSES | | | |

Is there any court-ordered support obligation for any of the child(ren) residing with you whether or not they are included in this action? If so, what child(ren)? _____ Monthly obligation?

State the amount of any arrearages (unpaid amounts), if any. \$ _____

CREDIT CARDS:

Complete the following section which concerns the credit and cash cards that you carry.

| Name of Card | Owner | Expiration Date | Card Number | Average - Approximate Balance | Monthly Payment |
|--------------|-------|-----------------|-------------|-------------------------------|-----------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |