

ECKBERG, LAMMERS, BRIGGS, WOLFF & VIERLING

Client Information Questionnaire

Marriage Dissolution

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 use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: _____ Referred By: _____

Business Source: **FLYP** **SYP** **WYP** **WEB** **NEWS** **NEWSAD**
CLIENT **PROFESSIONAL** **SEMINAR** **CHURCH** **WORD**

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____
2. All previous names used _____
3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. Home Phone _____ Business Phone _____
Cell Phone _____ Email Address _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Highest Level of Education _____ Year Completed _____
9. Present Health _____
10. Are you presently in the military service? _____
11. Address for mail if different than home address: _____

SPOUSE'S PERSONAL INFORMATION:

1. Full Name _____
2. All previous names used _____
3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. Home Phone _____ Business Phone _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Highest Level of Education _____ Year Completed _____
9. Present Health _____
10. Is your spouse presently in the military service? _____
11. Address for mail if different than home address: _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of time with this employer _____
5. How often is spouse regularly paid?
Weekly _____ Every Two Weeks _____ Twice Per Month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal M _____ State M _____

S _____

S _____

9. Deductions from your spouse's paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other (Specify) \$ _____ Per _____

10. Describe the type and amount of other income (overtime, bonuses, commissions, other employment, etc.) _____

11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)

12. Detail your spouse's prior work experience (what, when and where)

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

1.	<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
	_____	___	_____	_____
	_____	___	_____	_____
	_____	___	_____	_____
	_____	___	_____	_____

2. Do the children now live with client? _____ Spouse _____ Both _____

3. Do you want custody of these children? _____

4. Do you expect a contest over who should have custody of the children? _____
Why? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital (antenuptial) agreement? _____
2. Date of present marriage _____
3. City, county and state where you were married _____

4. Are you and your spouse living together? _____
5. If not, date of separation _____
6. Are you or your spouse pregnant? _____
7. Describe any action that has been taken by either you or your spouse to dissolve this marriage _____

8. Is there a history of domestic abuse in your marriage relationship? _____
Describe _____

9. Have you or your spouse ever sought an order for protection as a result of domestic abuse? _____

YOUR OTHER MARITAL INFORMATION:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____
4. Minor children from previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Securiry #</u>
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

5. Maintenance and child support payments received by you:

Maintenance \$ _____ Per _____ From _____

Child Support \$ _____ Per _____ From _____

Maintenance and child support payments paid by you:

Maintenance \$ _____ Per _____ To _____

Child Support \$ _____ Per _____ To _____

SPOUSE'S OTHER MARITAL INFORMATION:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City, county and state of divorce _____

4. Minor children by spouse's previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

5. Who received custody? _____

6. Maintenance and child support payments received by spouse:

Maintenance \$ _____ Per _____ From _____

Child Support \$ _____ Per _____ From _____

Maintenance and child support payments paid by spouse:

Maintenance \$ _____ Per _____ To _____

Child Support \$ _____ Per _____ To _____

YOUR HEALTH INSURANCE:

Who provides health insurance coverage for you? ___ You ___ Your Spouse

If you do not provide the coverage, is it available to you through your employment? __ Yes __ No

Who provides health insurance coverage for your spouse? ___ You ___ Your Spouse

If you provide the coverage for your spouse, does he/she have coverage available to them through their employment? ___ Yes ___ No

Who provides health insurance coverage for your children? ___ You ___ Your Spouse

Please name the carrier currently providing coverage and the types of coverage currently in place:

		Coverage Provided For: (Check All That Apply)		
<u>Name of Carrier</u>		<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

ASSETS:

A. Homestead:

1. Address _____

City _____ County _____ State _____

2. When was this homestead purchased? _____ Cost _____

3. Amount of down payment _____

4. Source of down payment _____

5. In whose name(s) is the title? _____

6. What is the present value? _____

7. Present mortgage or Contract for Deed balance _____
8. Monthly payment _____
9. To whom are the payments made? _____
10. Does the payment include taxes? _____ Insurance? _____
11. What are the yearly taxes? _____ Insurance? _____
12. Are house payments delinquent? _____ How much? _____

B. Other Real Estate:

1. Address _____
 City _____ County _____ State _____
2. Type _____
3. When was it purchased? _____ Cost _____
4. Amount of down payment _____
5. Source of down payment _____

6. In whose name(s) is the title? _____
7. What is the present value? _____
8. Present mortgage or Contract for Deed balance _____
9. Monthly payment _____
10. To whom are the payments made? _____
11. Does the payment include taxes? _____ Insurance? _____
12. What are the yearly taxes? _____ Insurance? _____
13. Are payments delinquent? _____ How much? _____

C. Motor Vehicles:

Driven By You:

1. Year _____ Make _____ Model _____
Mileage _____
Special Features (i.e., 1/2 ton truck, extended cab, custom interior, alloy wheels, etc.): _____

2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____

Driven By Spouse:

1. Year _____ Make _____ Model _____
Mileage _____
Special Features (i.e., 1/2 ton truck, extended cab, custom interior, alloy wheels, etc.): _____

2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____

Recreational Vehicles:

	<u>Make & Model</u>	<u>\$ Value</u>	<u>\$ Payments</u>	<u>\$ Balance</u>
Motorcycles	_____	_____	_____	_____
Snowmobiles	_____	_____	_____	_____
Boat, Motor & Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

D. Household Goods & Furnishings:

1. Estimated value _____
2. Balance owed _____ Payments _____ Per _____
3. Payments made to whom? _____

E. Other Valuables:

Jewelry \$ _____ Furs \$ _____ Art \$ _____

Precious Metals \$ _____ Collections (Describe) \$ _____

Describe any other assets that you know of _____

F. Accounts:

Checking Accounts

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

Savings Accounts

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

Other Accounts

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

G. Certificates of Deposits: (Specify if an IRA)

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

H. Stock: (Specify if an IRA)

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

I. Bonds: (Specify if an IRA)

Depository _____ Balance _____

Name(s) on Account _____

Depository _____ Balance _____

Name(s) on Account _____

J. Pension/Retirement Plans: (List all IRA's, 401(k) Plans, Keogh's, Profit Sharing, ESOP's, SEP's, PAYSOP's, etc.)

Type	In Whose Name?	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Life Insurance:

1. Company _____
Type of Policy _____
Name of Insured _____
Name of Beneficiary _____
2. Annual Premium _____ Face Value _____ Cash Value _____
Company _____
Type of Policy _____
Name of Insured _____
Name of Beneficiary _____
Annual Premium _____ Face Value _____ Cash Value _____

DEBTS:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Incurred</u>	<u>Person Incurring Debt</u>

MISCELLANEOUS:

1. Did you bring property or money into this marriage? _____

2. Did your spouse bring property or money into this marriage? _____

3. Describe any inheritance you have received _____

4. Describe any inheritance your spouse has received _____

5. Do you have any personal injury or worker's compensation claim pending or have you received any settlement or award? _____
6. Does your spouse have any personal injury or worker's compensation claim pending or has your spouse received any settlement or award? _____

7. Does anyone owe you or your spouse money? _____
Who? _____ How much? _____
Who? _____ How much? _____
8. Do you or your spouse have a Will? _____
When were the Wills executed or last revised? _____
9. Do you and your spouse have a safe deposit box? _____
Depository _____
Who has access? _____
10. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?

11. Do you or your spouse desire to have a name change as a result of this proceeding?

If so, what name is desired? _____

A COPY OF THE SUMMONS AND PETITION,
ANY OTHER COURT DOCUMENTS CONCERNING YOUR CASE,
TAX RETURNS, FINANCIAL STATEMENTS
AND OTHER FINANCIAL RECORDS
SHOULD BE PROVIDED AS SOON AS POSSIBLE.

DOCUMENTS, INSTRUMENTS, AND DATA
NECESSARY FOR DISSOLUTION PROCEEDINGS

Documents necessary to commence your dissolution of marriage proceeding:

Please compile the following documents and return with this questionnaire:

1. A document showing the legal description of your homestead and any other real estate owned by you or your spouse individually or jointly, such as deed(s), mortgage(s), abstract(s), or Torrens certificate(s). Secure these from your mortgage company or lending institution if you do not have them. **PLEASE NOTE: A tax statement does not provide a full legal description. We will not be able to commence your paperwork without this information.**
2. Your paycheck stubs: from January 1 of the current year, if possible; paycheck stubs for the last three months are required.
3. If you can get them, your spouse's paycheck stubs: from January 1 of the current year, if possible, and at least for the last three months.
4. Copies of your joint or individual income tax returns, both state and federal, for the past three years.
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. Any pleadings and legal papers in your possession relating to this action or any dissolution (divorce) proceeding for you or your spouse.

The following are not necessary to commence the action, but may be needed during the dissolution process; therefore, you should locate these documents and provide them to your attorney as soon as possible:

7. All papers and documents covering the initial purchase of your homestead, including purchase agreement.
8. Tax assessor's statements on homestead and other real properties.
9. Savings passbooks and savings certificates of individual or joint accounts held by you or your spouse individually or jointly.
10. If possible, a list of corporate stocks or stock certificates owned by you or your spouse individually or jointly. Also give name of broker or brokers.
11. Current life insurance policies, with statements of loans against them.
12. A list of the outstanding bills of you and your spouse, including for whom and when incurred, amount still owed, name of creditor, and original amount.

13. A copy of any pension, retirement, profit sharing, 401(k) or investment program you or your spouse is involved in through employment; records of any savings account reflecting you or your spouse's Individual Retirement Account (IRA).
14. A copy of any financial statements or statements of net worth prepared by you or your spouse for the purposes 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 U.S. Social Security records or documents reflecting you or your spouse's earnings and qualifications for retirement benefits.

PARTIES' MONTHLY EXPENSES

	For Wife	For Husband	For Children
1. Residence:			
a. Rent or Mortgage Payment			
b. Contract for Deed Payment			
c. Real Estate Taxes			
d. Insurance			
2. Utilities:			
a. Heat (Fuel)			
b. Water, Sewer			
c. Electricity			
d. Gas			
e. Telephone			
f. Refuse Disposal			
3. Laundry and Dry Cleaning			
4. Home Maintenance			
a. Housecleaning			
b. Household Repairs			
c. Yard & Landscaping Expenses			
d. Snow Removal			
5. Food and Other Grocery Store Household Items			
6. Automobile			
a. Gas and Oil			
b. Repairs and Maintenance			
c. License			
d. Insurance			
e. Installment Payments			
7. Clothing			
8. Grooming, Cosmetics, Haircuts			

9. Medical			
a. Insurance			
b. Unreimbursed Doctor and Hospital Expense			
c. Unreimbursed Drug and Medical Expense			
d. Unreimbursed Dental and Orthodontic Expense			
e. Counseling/Therapy			
10. Insurance			
a. Life Insurance			
b. Personal Property Insurance			
11. Hobbies, Entertainment			
12. Miscellaneous Personal Expenses			
a. Newspapers, Magazines, Books			
b. Charitable Contributions			
c. Club or Association Dues			
d. Vacations			
e. Other (Describe Specific Items)			
13. Educational Expenses			
a. Tuition, Room & Board			
b. Transportation			
c. Books and Supplies			
d. School Activities			
14. Debt Payments (List Each Debtor and Monthly Payment Separately)			
15. Child Care			
16. Veterinary Expenses, Pet Food, Etc.			
17. Individual Retirement Acct.			

18. Savings			
19. Other Expense Items (List Each Item)			