

# ANDERSON LAW FIRM

## DISSOLUTION QUESTIONNAIRE

It is absolutely necessary that you answer all the questions on the following pages. 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

Who referred you to me? \_\_\_\_\_

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

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ first middle last

Date of birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnic origin: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Present address: \_\_\_\_\_  
\_\_\_\_\_

street address

\_\_\_\_\_  
city/suburb county state zip

Future (new) address: \_\_\_\_\_  
\_\_\_\_\_

street address

\_\_\_\_\_  
city/suburb county state zip

Phone: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

Closest relative:

\_\_\_\_\_  
\_\_\_\_\_  
name and relationship

— Address  
Phone: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

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**

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ first middle last

Date of birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Ethnic origin: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Present address: \_\_\_\_\_  
\_\_\_\_\_ street address

— \_\_\_\_\_ city/suburb county state zip

Future (new) address: \_\_\_\_\_ street address

— \_\_\_\_\_ city/suburb county state zip

Phone: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

Closest relative: \_\_\_\_\_  
\_\_\_\_\_ name and relationship

—

Address

Phone: Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_

Rate your spouse's health: Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

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

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

Was your spouse previously married? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when and where was your 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, are you 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	birth date	Age	Social Security Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Living with:

\_\_\_\_\_

Living at:

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

Physical or emotional disabilities of children:

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

**CHILDREN OF PREVIOUS MARRIAGES**

	full name	birth date	age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 \_\_\_\_\_

Date of last sexual intercourse with spouse:

\_\_\_\_\_

Are the parties in the same home?

\_\_\_\_\_

If not, date of separation:

\_\_\_\_\_

Previous separations:

Date started:

Date ended:

Previous court action:

Date filed by 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?

\_\_\_\_\_

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?

\_\_\_\_\_

### FINANCIAL INFORMATION

Husband (fill out either (1) or (2), or both, as applicable)

(1) Employment

Employed by: \_\_\_\_\_ for \_\_\_\_\_ years

Address:

\_\_\_\_\_

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

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

Gross salary: \$\_\_\_\_\_ per \_\_\_\_\_

Bonus: \$\_\_\_\_\_ per \_\_\_\_\_

List all deductions from gross:

Federal tax: \$\_\_\_\_\_

State tax: \$\_\_\_\_\_

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

Other: \$\_\_\_\_\_ Purpose:

\_\_\_\_\_

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

(2) Business

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

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

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

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

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

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)

(1) Employment

Employed by: \_\_\_\_\_ for \_\_\_\_\_ years

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

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

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

Gross salary: \$ \_\_\_\_\_ per

Bonus: \$ \_\_\_\_\_ per

List all deductions from gross: \_\_\_\_\_

Federal tax: \$

State tax: \$

FICA: \$

Other: \$ \_\_\_\_\_ Purpose:

\$ \_\_\_\_\_ 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 wife do any additional part-time work? Yes \_\_\_\_\_ No

Explain:

(2)Business

Name of company:

Address:

Phone:

Service or product:

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

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/suburb

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:

Other Real Estate

Location:

Type:

Legal description:

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

In name of:

Approximate present value: \$

Approximate present equity: \$

Mortgage balance: \$

Payable: \$ \_\_\_\_\_ per

Taxes: \$

Contract for deed balance: \$

Payable: \$ \_\_\_\_\_ per

Any rental income from property? Yes \_\_\_\_\_ No

If yes, state amount: \$

List any additional real estate below:

Other Personal Assets

Savings account or savings certificates at

Approximate balance: \$

In name of:

Checking account at

Approximate balance: \$

In name of:

Stocks:

Company name:

Number of shares: \_\_\_\_\_ Value: \$

In name of:

Bonds:

Type:

In name of:

Value: \$

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:

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):

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved):

Life Insurance Privately Obtained

Policy number:

Company:

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:

Policy number:

Company:

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

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

Purchased privately \_\_\_\_\_ By whom?

Cost: \$

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

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: \$

Debts

Give name of creditor, purpose of debt or for whom, present balance, monthly payment, whose obligation (husband, wife, joint)

- 1.
- 2.
- 3.
- 4.

List credit cards you have, in whose name, and 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 (FORMERLY CALLED 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

Rent, mortgage, or contract for deed payment

Taxes

Insurance

Furniture rental

Utilities

Heat and fuel

Water

Electricity

Gas (if separate from heat)

Laundry and dry cleaning

Child support or spousal  
maintenance from previous  
marriage

Home maintenance: yard, repair,  
decorating

Food and household items (meals eaten out)

Payment of present indebtedness

Automobile

Gas and oil  
Repairs  
License and insurance (half)  
Installment payments

Personal

Grooming  
Clothing  
Medical: doctor  
dentist  
drugs  
Insurance: life  
medical

Miscellaneous

Dues: union or professional  
Social obligations  
Church or other donations  
Newspapers and magazines  
Entertainment and recreation  
Other: \_\_\_\_\_

Children (number ^)

Clothing  
Grooming  
Education: books, tuition  
school activities  
transportation  
lunches  
Medical: doctor  
dentist  
drugs  
Personal allowance

Babysitting

Visitation expenses

Entertainment, food, transportation

TOTAL ESTIMATED MONTHLY LIVING EXPENSES

**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, profit-sharing 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.