

ANDERSON LAW FIRM
1812 2nd Street Southwest, Suite B
Rochester, MN 55902
(507) 536-9933

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: _____

PERSONAL INFORMATION - CLIENT:

1. Full Name _____
2. Present Street Address _____
City _____ County _____ Zip _____
3. Home Phone _____ Business Phone _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthplace _____ Birthdate _____ Age _____
7. Religion _____
8. Highest Level of Education _____ Year Completed _____
9. Present Health _____
10. Physician and Clinic _____

11. Are you presently in the Military Service of the United States? _____

12. Name and telephone number of person (other than your spouse) who would be most likely to always know where you can be reached _____

Relationship to you _____

CHILDREN

List childrens names, age and date of birth:

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

PERSONAL INFORMATION - SPOUSE:

1. Full Name _____

2. Present Street Address _____

City _____ County _____ Zip _____

3. Home Phone _____ Business Phone _____

4. Social Security Number _____

5. Length of Residence in Minnesota _____

6. Birthplace _____ Birthdate _____ Age _____

7. Religion _____

8. Highest Level of Education _____ Year Completed _____

9. Present Health _____

10. Physician and Clinic _____

11. Is your spouse presently in the Military Service of the United States? _____

EMPLOYMENT INFORMATION - CLIENT:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. Gross Earnings _____ Per _____
6. Net Earnings _____ Per _____
7. How many exemptions do you claim? _____
8. Itemize those items that are deducted from your paycheck:
Federal _____
State _____
FICA _____
Medical/ Dental _____
Other (specify) _____
9. Any other income (overtime, bonuses, commissions, other employment)? _____
10. Do you have a pension plan with this or any previous employer? _____
11. Any profit sharing? _____
12. Detail your prior work experience _____

EMPLOYMENT INFORMATION - SPOUSE:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. Gross Earnings _____ Per _____
6. Net Earnings _____ Per _____
7. How many exemptions does your spouse claim? _____
8. Itemize those items that are deducted from your spouse's paycheck:
Federal _____
State _____
FICA _____
Medical/ Dental _____
Other (specify) _____
9. Any other income (overtime, bonuses, commissions, other employment)? _____
10. Does your spouse have a pension plan with this or any other previous employer? _____
11. Any profit sharing? _____

12. Detail your spouse's prior work experience _____

MARITAL INFORMATION

1. Date of present marriage _____
2. Where you were married? City _____ County _____ State _____
3. Describe any action that has been taken by either you or your spouse to dissolve this marriage

4. State the date, purpose and individuals involved in any counseling of you and/or your spouse.

5. Do you feel there is any chance to save this marriage? _____
6. Summarize the situation of your spouse's conduct that you feel may cause a dissolution of your marriage. _____

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

8. Are you and your spouse living together? _____
9. If not, date of separation _____
10. Are you or your spouse pregnant? _____

OTHER MARITAL INFORMATION - CLIENT:

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

5. Who received custody? _____
6. Are you receiving or are you paying 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 _____
8. Assets received _____

OTHER MARITAL INFORMATION - SPOUSE

1. Was your spouse previously married? _____
 2. When was your spouse divorced? _____
 3. City, county and state of divorce _____
 4. Name and ages of minor children by previous marriage _____
-
5. Who received custody? _____
 6. Is your spouse receiving or is he/she paying 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 _____
 8. Assets received _____

ASSETS:

A. Homestead

1. Address _____
2. City _____ State _____
3. Do you have a copy of a deed to this property? _____
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

1. Location _____
2. Type _____
3. Do you have a copy of deed to this property? _____
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? _____

C. Banking

1. Savings Accounts:

Bank _____ Balance _____

Name(s) on Account _____

Bank _____ Balance _____

Name(s) on Account _____

2. Checking Accounts:

Bank _____ Balance _____

Name(s) on Account _____

Bank _____ Balance _____

Name(s) on Account _____

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

Name of Bank _____

D. Stock _____

Client:

1. Company _____ No. of Shares _____

2. In whose name? _____ Value _____

Spouse:

1. Company _____ No. of Shares _____

2. In whose name? _____ Value _____

Joint:

1. Company _____ No. of Shares _____

2. In whose name? _____ Value _____

E. Bonds

Client:

1. Type _____ Total face value _____

2. In whose name? _____

Spouse:

1. Type _____ Total face value _____

2. In whose name? _____

Joint:

1. Type _____ Total face value _____

2. In whose name? _____

F. Does anyone owe your spouse any money?

1. Who _____ How much _____

2. Who _____ How much _____

G. Did you or your spouse bring property or money in excess of \$1,000.00 into this marriage?

Details _____

H. Are any part of the assets of you or your spouse inherited? _____

(What, when and by whom)? _____

I. Do you or your spouse have any personal injury claim pending or have you or your spouse received any settlement or award before or during your marriage? (What, when and by whom)?

J. Furniture and Appliances

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

K. Motor Vehicles

Client:

1. Kind _____ Year _____ Model _____
2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____
5. Used by whom? _____

Spouse:

1. Kind _____ Year _____ Model _____
2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____
5. Used by whom? _____

L. Recreational Vehicles

1. Make and model of:
Snowmobile _____ Trailer _____
Motorcycle _____ Boat and Motor _____
2. Estimated value of:
Snowmobile _____ Trailer _____
Motorcycle _____ Boat and Motor _____
3. Balance owed and monthly payments:
Snowmobile _____
Trailer _____
Motorcycle _____
Boat and Motor _____

M. Are there other assets that you know of? _____

N. Life Insurance

1. Company _____
2. Type of Policy _____
3. Name of Insured _____

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

DEBT:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ESTATE:

1. Do you have a Will? _____ If so, describe any bequest for your spouse or for your children.

2. When was your Will executed or last revised?

MISCELLANEOUS:

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

If so, what name is desired? _____

2. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?