



If so, when and where was your marriage dissolved: \_\_\_\_\_

Are you receiving or paying any money for the support of children of a former marriage: \_\_\_\_\_

If so, receiving or paying? \_\_\_\_\_ Number of Children: \_\_\_\_\_ If so, amount: \_\_\_\_\_

Are any arrearages due for support? \_\_\_\_\_ Are you receiving or paying maintenance to or from previous spouse: \_\_\_\_\_ Receiving or paying: \_\_\_\_\_ If so, amount: \_\_\_\_\_ arrearages: \_\_\_\_\_

Do you receive public assistance? \_\_\_\_\_ If so, What kind? \_\_\_\_\_

**SPOUSE**

**SPOUSE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Future (new address) \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Any Former Names: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Closest relative: \_\_\_\_\_  
Name Address Relationship Phone

Spouse Health: \_\_\_\_\_ Physician: \_\_\_\_\_

Under Treatment for: \_\_\_\_\_

Have you and/or your spouse dealt with infertility issues whereby you or your spouse to have stored genetic/reproductive/biological samples? \_\_\_\_\_

Present Marriage: Date: \_\_\_\_\_ City \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Were you previously married: \_\_\_\_\_

If so, when and where was your marriage dissolved: \_\_\_\_\_

Are you receiving or paying any money for the support of children of a former marriage: \_\_\_\_\_

If so, receiving or paying? \_\_\_\_\_

Number of Children: \_\_\_\_\_ If so, amount: \_\_\_\_\_ Are any arrearages due for support? \_\_\_\_\_

Are you receiving or paying maintenance to or from previous spouse: \_\_\_\_\_

Receiving or paying: \_\_\_\_\_ If so, amount: \_\_\_\_\_ Arrearages: \_\_\_\_\_

Do you receive public assistance? \_\_\_\_\_ If so, What kind? \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**

Full Name:	Birthdate:	Age:	Social Security Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Living with: \_\_\_\_\_ At: \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

Names and dates of birth of any children of previous marriages:

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

With whom are they living: \_\_\_\_\_ Who has legal custody: \_\_\_\_\_

Do any of these children have an income: \_\_\_\_\_

Are you (or your wife) pregnant or could you (or your wife be pregnant) \_\_\_\_\_

Are the parties in the same home? \_\_\_\_\_ If not, date of separation: \_\_\_\_\_

Previous separations: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Previous Court Actions: \_\_\_\_\_ Date filed by attorney \_\_\_\_\_ Dismissed: \_\_\_\_\_

Do you consider your marital problems irreconcilable: \_\_\_\_\_

Do you have reason to believe there will be a dispute over the custody of your minor children:  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Why: \_\_\_\_\_

Who is or is likely to be your spouse's attorney: \_\_\_\_\_

Do you desire your former name restored: \_\_\_\_\_ If so, what is your former name: \_\_\_\_\_

### INCOME INFORMATION

**Husband's Occupation:** 1. Employment, 2. Business (Fill out either or both as applicable)

1. Employed by: \_\_\_\_\_ Length of time: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Gross Salary per month: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_

2. Business: Name of Company: \_\_\_\_\_

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

Service or Product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of Investment: \$ \_\_\_\_\_ Position Held: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Spouse's Interest \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

**Wife's Occupation:** 1. Employment, 2. Business (Fill out either or both as applicable)

1. Employed by: \_\_\_\_\_ Length of time: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Gross Salary per month: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_

2. Business: Name of Company: \_\_\_\_\_

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

Service or Product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of Investment: \$ \_\_\_\_\_ Position Held: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Spouse's Interest \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

Are there any babysitting costs incurred while parents work? \_\_\_\_\_

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.? \_\_\_\_\_

If so, from whom, for whom, and amount: \_\_\_\_\_

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? \_\_\_\_\_

### ASSETS

Homestead:

Address: \_\_\_\_\_  
(street) (city) (county) (state)

Is this homestead Abstract property or Torrens property? \_\_\_\_\_

List Plat No. \_\_\_\_\_ Parcel No. (PID) \_\_\_\_\_

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/monthly: \$ \_\_\_\_\_ Insurance/monthly \$ \_\_\_\_\_ Included in house payment: \_\_\_\_\_

House payments are in arrears by: \$ \_\_\_\_\_ Taxes are in arrears by: \$ \_\_\_\_\_

Date, type, and cost of any major improvements since purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Real Estate:

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Other Personal Assets

Bank Accounts:

Savings account or savings certificates at \_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

Checking account at \_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

Stocks: Company name: \_\_\_\_\_ No. of shares: \_\_\_\_\_

In name of: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Bonds: Type \_\_\_\_\_

In name of: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, give details: \_\_\_\_\_

At the time of marriage, did you or your spouse have money or property in excess of \$1,000.00? \_\_\_\_\_

If so, please 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, nature, and date received)?

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

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Life Insurance (privately obtained):

Policy No.: \_\_\_\_\_ with \_\_\_\_\_

On life of: \_\_\_\_\_ for \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Yearly premium: \$ \_\_\_\_\_

Cash surrender or loan value: \$ \_\_\_\_\_

Life Insurance (through employer):

Describe any life insurance you or your spouse have through an employer or labor union, in the same terms as above, if possible: \_\_\_\_\_

Medical Insurance: Check any of the following that are applicable:

\_\_\_\_\_ Medical \_\_\_\_\_ Hosp. \_ Maj. Medical \_\_\_\_\_ Dental \_\_\_\_\_ Glasses \_\_\_\_\_

Provided by employer or labor union. Monthly cost to you \$ \_\_\_\_\_

Monthly cost to spouse: \$ \_\_\_\_\_ Purchased privately \_\_\_\_\_

By whom? \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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

Retirement Plans:

For yourself: Name of employer providing plan: \_\_\_\_\_

Percentage vested: \_\_\_\_\_ Amount vested: \$ \_\_\_\_\_ Date of full vesting: \_\_\_\_\_

Amount of employer contribution per pay period: \_\_\_\_\_

Amount of employee contribution per pay period: \_\_\_\_\_

Estimated present cash value: \$ \_\_\_\_\_

For your spouse: Name of employer providing plan: \_\_\_\_\_

Percentage vested: \_\_\_\_\_ Amount vested: \$ \_\_\_\_\_ Date of full vesting: \_\_\_\_\_

Amount of employer contribution per pay period: \_\_\_\_\_

Amount of employee contribution per pay period: \_\_\_\_\_

Estimated present cash value: \$ \_\_\_\_\_

Other Employee Benefits:

Describe any other employee benefits, such as stock options, you or your spouse have through an employer: \_\_\_\_\_

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 drives: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ In name of \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

Wife drives: 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: \_\_\_\_\_ Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

Tools and yard equipment:

General description: \_\_\_\_\_ Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

**DEBTS:**

	Name of <u>Creditor</u>	Purpose, or <u>for whom</u>	Present <u>Balance</u>	Monthly <u>Payment</u>	Whose obligation ( <u>wife, husband, joint</u> )
1.			\$ _____	\$ _____	
2.			\$ _____	\$ _____	
3.			\$ _____	\$ _____	
4.			\$ _____	\$ _____	
5.			\$ _____	\$ _____	



Name of <u>Creditor</u>	Purpose, or <u>for</u> <u>whom</u>	Present <u>Balance</u>	Monthly <u>Payment</u>	Whose obligation ( <u>wife, husband,</u> <u>joint</u> )
6.		\$ _____	\$ _____	

State what credit cards you have, in whose name, and how many cards:

\_\_\_\_\_

\_\_\_\_\_

**SERVICE**

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc.). 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?

\_\_\_\_\_

Would your spouse be willing to come to our office to be served the dissolution papers? \_\_\_\_\_

**NOTE**

In case our office must reach you on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached: \_\_\_\_\_

**FUTURE ESTIMATED MONTHLY LIVING EXPENSES**

	Husband	Wife	Children
Rent, mortgage, or contract for deed payment	\$	\$	
Taxes	\$		\$
Insurance	\$		\$
Utilities:			
Heat/fuel	\$		\$
Water	\$		\$
Electricity	\$		\$
Gas (if separate from heat)	\$		\$
Child support or spousal maintenance obligation from former marriage	\$		\$
Home maintenance: yard, repair and decorating	\$	\$	
Food and household items (meals eaten out)	\$	\$	
Payment of present indebtedness	\$	\$	
Automobile:			
Gas and oil	\$		\$
Repairs	\$		\$
License and insurance (monthly)	\$		\$
Installment payments	\$		\$
Personal:			
Grooming			
Clothing/ Laundry and dry cleaning	\$		\$
Medical:	\$		\$
Doctor	\$		\$
Dental	\$		\$
Medications	\$		\$
Insurance:			
Life	\$		\$
Medical	\$		\$
Dental	\$		\$
Dues: union or professional	\$		\$
Social obligations	\$		\$
Church or other donations	\$		\$
Newspapers and magazines	\$		\$
Entertainment and recreation	\$		\$
Other: _____	\$		\$
Clothing	\$		\$
Grooming	\$		\$
Education/Books tuition:	\$		\$
School Activities	\$		\$
Transportation	\$		\$
Lunches	\$		\$
Personal allowance	\$		\$
Babysitting	\$		\$
Visitation Expenses/Entertainment, food, transportation	\$		\$
<b>TOTAL ESTIMATED MONTHLY LIVING EXPENSES:</b>	<b>\$</b>	<b>\$</b>	

## **DOCUMENTS, INSTRUMENTS, AND DATA NECESSARY FOR DISSOLUTION PROCEEDINGS**

You should bring the following items 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. 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.
3. Copies of your joint or individual income tax returns, both state and federal, for the past two 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.
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 or your spouse individually or jointly.
9. If possible, list of corporate stocks or stock certificates owned by you or 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, including for whom and when incurred, amount still owed, name of creditor, and original amount.
12. A copy of any pension, retirement, profit sharing, or investment program you or your spouse is involved in through employment; records of any savings account reflecting your or your spouse's Individual Retirement Account (IRA).
13. Title or registration cards to all automobiles or other motor vehicles owned by you and 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 U.S. social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.