

**BACKGROUND INFORMATION**

Your Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

All previous names used by you: (Include maiden name and names used in previous marriages):  
\_\_\_\_\_

Do you desire your former name restored or to change your name: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what name do you desire: \_\_\_\_\_

Present Address: \_\_\_\_\_  
                                    PO Box or Street                                    Apt.  
\_\_\_\_\_  
                    City                                    State                                    Zip Code                                    County

On what date will this address be effective? \_\_\_\_\_

At what telephone number can you be reached or at which we can leave a message for you?

\_\_\_\_\_  
Home No.      New Home No.                      Work No.                      Other

Do you have an e-mail address? \_\_\_\_\_

Name of friend or relative we can contact in the event of an emergency

\_\_\_\_\_  
Name              Relationship              Address              Phone No.

Your birthdate: \_\_\_\_\_ Present age: \_\_\_\_\_ State of birth \_\_\_\_\_

Your social security number: \_\_\_\_\_

Your spouse's name: \_\_\_\_\_  
                                    First                      Middle                      Last                      Maiden

All previous names used by your spouse: (Include maiden name and names used in previous marriages):

\_\_\_\_\_

Does your spouse desire his/her former name restored or to change his/her name:  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what name do they desire: \_\_\_\_\_

Your spouse's present address: \_\_\_\_\_  
P0 Box or Street Apt.  
\_\_\_\_\_  
City State Zip Code County

Is your spouse planning to move: \_\_\_ Yes \_\_\_ No. If so, what will be his/her new address:

\_\_\_\_\_  
P0 Box or Street Apt.

\_\_\_\_\_  
City State Zip Code County

Your spouse's birthdate: \_\_\_\_\_ Present Age: \_\_\_\_\_ State of Birth \_\_\_\_\_

Your spouse's social security number: \_\_\_\_\_

Who do you expect to be your spouse's attorney? \_\_\_\_\_

How long have you been a resident of the State of Minnesota? \_\_\_\_\_

On what date were you married: \_\_\_\_\_

Where were you and your present spouse married? \_\_\_\_\_  
City County State

Were you previously married? \_\_\_ Yes \_\_\_ No. If Yes, when were you divorced?

\_\_\_\_\_

Was your spouse previously married? \_\_\_ Yes \_\_\_ No. If yes, when was your spouse divorced: \_\_\_\_\_

Do \_\_\_ you or \_\_\_\_\_ your spouse have any physical or emotional illnesses or disabilities?  
\_\_\_ Yes \_\_\_ No. If yes, please specify and summarize: \_\_\_\_\_

\_\_\_\_\_

Are you and your spouse living in the same home?

If no, date of separation: \_\_\_ Yes \_\_\_ No

Have you and your spouse had previous separations? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Date from \_\_\_\_\_ to \_\_\_\_\_

Date from \_\_\_\_\_ to \_\_\_\_\_

Has there ever been any previous dissolution/divorce proceedings instituted by you or your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state in which court: \_\_\_\_\_ Date of filing: \_\_\_\_\_

Could you or your spouse be pregnant? \_\_\_\_ Yes \_\_\_\_ No. If yes, anticipated date of delivery:

\_\_\_\_\_

Do you have a significant other? \_\_\_\_ Yes \_\_\_\_ No. If yes, give name, age and address:

\_\_\_\_\_

Does your spouse have a significant other? \_\_\_\_ Yes \_\_\_\_ No. If yes, give name, age and address: \_\_\_\_\_

Have any income tax returns, state and/or federal not been filed by you or your spouse during your marriage? \_\_\_\_ Yes \_\_\_\_ No. If yes, specify for what years and the type of return:

\_\_\_\_\_

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a dissolution or legal separation would be helpful? \_\_\_\_ Yes \_\_\_\_ No.

Do you consider your marital problems irreconcilable? \_\_\_\_ Yes \_\_\_\_ No.

This space has been provided for you to briefly outline your objectives in this dissolution proceeding concerning custody, child support, maintenance/alimony, property settlement, etc.

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

**CHILDREN**

Children born or legally adopted of this marriage:

SEX	FULL NAME	BIRTHDATE	AGE	SS#
-----	-----------	-----------	-----	-----

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

These children are living with: \_\_\_\_\_

At: \_\_\_\_\_

Children of prior marriage or relationship:

SEX	FULL NAME	BIRTHDATE	AGE
-----	-----------	-----------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These children are living with: \_\_\_\_\_

At: \_\_\_\_\_

Has your present spouse legally adopted any of these children: \_\_\_\_\_

Children of your spouse's prior marriage:

SEX	FULL NAME	BIRTHDATE	AGE
-----	-----------	-----------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These children are living with: \_\_\_\_\_

At: \_\_\_\_\_

Have you legally adopted any of these children: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do any of the above-named children have any physical or emotional illnesses or disabilities?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please specify and summarize: \_\_\_\_\_

\_\_\_\_\_

Will custody be an issue of this marriage dissolution: \_\_\_ Yes \_\_\_ No. If yes what is your spouse's proposal for custody:

\_\_\_\_\_

Are there any other factors that we should be aware of relative to any of the above-named children? \_\_\_\_\_

\_\_\_\_\_

**CURRENT EMPLOYMENT & INCOME INFORMATION**

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, specify the following:

Employer: \_\_\_\_\_

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

How long have you been employed at this job? \_\_\_\_\_

What is your occupation: \_\_\_\_\_

What is your gross (before deductions) salary? \$ \_\_\_\_\_

What items are deducted from your gross salary:

FICA (Social Security) \$ \_\_\_\_\_

Federal Withholding \$ \_\_\_\_\_

State Withholding \$ \_\_\_\_\_

Other Deductions per \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

What is your net (take-home) salary? \$ \_\_\_\_\_ per \_\_\_\_\_

How many exemptions do you claim for withholding tax purposes? \_\_\_\_\_

Do you receive any other compensation from your employer, such as:

Commission	\$ _____	When paid? _____
Profit Sharing	\$ _____	When paid? _____
Expense Account	\$ _____	When paid? _____
Bonus	\$ _____	When paid? _____
Other:	\$ _____	When paid? _____

Do you have any additional income from sources other than the above employer? \_\_\_ Yes \_\_\_ No.  
If yes, specify from whom, when paid and the amount: \_\_\_\_\_

Is your spouse presently employed? \_\_\_ Yes \_\_\_ No. If yes, specify the following:

Employer: \_\_\_\_\_

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

How long has your spouse been employed at this job? \_\_\_\_\_

What is your spouse's occupation: \_\_\_\_\_

What is your spouse's gross (before deductions) salary? \$ \_\_\_\_\_

What items are deducted from your spouse's gross salary:

FICA (Social Security)	\$ _____
Federal Withholding	\$ _____
State Withholding	\$ _____
Other Deductions per _____	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

What is your spouse's net (take-home) salary? \$ \_\_\_\_\_ per \_\_\_\_\_

How many exemptions are claimed for withholding tax purposes? \_\_\_\_\_

Does your spouse receive any other compensation from their employer, such as:

Commission	\$ _____	When paid? _____
Profit Sharing	\$ _____	When paid? _____
Expense Account	\$ _____	When paid? _____
Bonus	\$ _____	When paid? _____
Other:	\$ _____	When paid? _____

Does your spouse have any additional income from sources other than the above employer?  
\_\_\_ Yes \_\_\_ No. If yes, specify from whom, when paid and the amount: \_\_\_\_\_

Can you produce a paystub? \_\_\_\_\_

Do you or your spouse receive any financial assistance from a welfare agency, social security, unemployment compensation, school loan, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, specify from whom, when received and the amount: \_\_\_\_\_

Do you or your spouse receive a pension, disability or retirement payment, from the Veterans Administration, a former employer or any other source? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, specify from whom, when received and the amount: \_\_\_\_\_

Do you or your spouse have any state or federal income tax refunds due? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, specify from state or federal, year due from, and amount: \_\_\_\_\_

Annual income for the past three years (most recent year first):

	YOU	SPOUSE
a. Wages	_____	_____
Other	_____	_____
b. Wages	_____	_____
Other	_____	_____
c. Wages	_____	_____
Other	_____	_____

Have your financial circumstances changes significantly? \_\_\_\_\_

**EDUCATION & VOCATIONAL INFORMATION**

Are \_\_\_\_\_ you or \_\_\_\_\_ your spouse a student? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, specify the institution attending and whether full or part-time student:

How long before you or your spouse will obtain a degree? \_\_\_\_\_

In what area of study are you or your spouse attempting to obtain a degree? \_\_\_\_\_

If you or your spouse is not presently employed, would you or your spouse be willing to obtain further educational or vocational training to become self-supporting? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, specify in what field: \_\_\_\_\_

How long will it take to complete this training period? \_\_\_\_\_

What is your education or vocational history? Please specify including approximate dates, institution attended, degree obtained, etc.

What is your spouse's education or vocational history? Please specify including approximate dates, institution attended, degree obtained, etc.

Please give a detailed summary of your employment history. Specifying dates of employment, position held, name of company, address, salary earned, reason for terminating employment, etc.

**CHILD SUPPORT AND SPOUSAL MAINTENANCE**

Are you receiving \_\_\_\_\_ or paying \_\_\_\_\_ any money for support of children of a former marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, number of children: \_\_\_\_\_ Amount \_\_\_\_\_

Amount of any arrearages due for support: \$ \_\_\_\_\_

Are you receiving — or paying \_\_\_\_\_ any money for spousal maintenance (alimony)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, amount \_\_\_\_\_

Amount of any arrearages due for spousal maintenance: \$ \_\_\_\_\_

Is your spouse receiving \_\_\_\_\_ or paying \_\_\_\_\_ any money for support of children of a former marriage? Yes \_\_\_\_\_ No. If yes, number of children: \_\_\_\_\_ Amount \_\_\_\_\_

Amount of any arrearages due for child support: \$ \_\_\_\_\_

Is your spouse receiving \_\_\_\_\_ or paying \_\_\_\_\_ any money for spousal maintenance? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, amount \_\_\_\_\_

Amount of any arrearages due for spousal maintenance: \$ \_\_\_\_\_

Do you believe that your spouse is capable of paying child support and/or spousal maintenance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, child support (per month) \$ \_\_\_\_\_, spousal maintenance (per  
month) \$ \_\_\_\_\_

If you do not want to receive child support and/or spousal maintenance, why not? \_\_\_\_\_

Are you willing to pay child support and/or spousal maintenance? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes,  
child support (per month) \$ \_\_\_\_\_, spousal maintenance (per month) \$ \_\_\_\_\_

Do you believe that child support and/or spousal maintenance will be an issue in this case? \_\_\_\_\_  
Yes \_\_\_\_\_ No. If yes, give details: \_\_\_\_\_

**REAL ESTATE**

Homestead: \_\_\_\_\_

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

Legal description: (from deed, abstract, or certificate of title — not tax statement)

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

Is the realty \_\_\_\_\_ abstract or \_\_\_\_\_ torrens property? If torrens property, state certificate of title  
number \_\_\_\_\_ and where the certificate is located: \_\_\_\_\_

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

Down payment \$ \_\_\_\_\_ Source of down payment \_\_\_\_\_

In whose name is the property held: \_\_\_\_\_

Name of mortgage holder: \_\_\_\_\_

Current balance of mortgage: \_\_\_\_\_

Loan number: \_\_\_\_\_

Contract for deed balance: \_\_\_\_\_

Owners of contract for deed: \_\_\_\_\_

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

Your estimated market value: \_\_\_\_\_

Tax assessor's value: \_\_\_\_\_ Approximate equity: \_\_\_\_\_

Real estate taxes: \_\_\_\_\_ Insurance \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Are the \_\_\_\_ real estate taxes and/or \_\_\_\_ insurance included in the mortgage or contract for deed payment? \_\_\_\_ Yes \_\_\_\_ No.

If no, is the \_\_\_\_ real estate taxes and/or \_\_\_\_ insurance payments escrowed? \_\_\_\_ Yes

\_\_\_\_ No. Where: \_\_\_\_\_

When is your homeowner's insurance due and payable: \_\_\_\_\_

When is your mortgage or contract for deed payment payable? \_\_\_\_\_

What major improvements have been made to the realty since you purchased it and who has these records? \_\_\_\_\_

Do you feel that distribution of this real estate will be an issue in this case? \_\_\_\_ Yes \_\_\_\_ No.

If yes, why? \_\_\_\_\_

How do you want this real estate distributed? \_\_\_\_\_

Other real estate (location): \_\_\_\_\_

Is the realty \_\_\_\_ abstract or \_\_\_\_ torrens property? If torrens property, state certificate of title number \_\_\_\_\_ and where the certificate is located: \_\_\_\_\_

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

Down payment \$ \_\_\_\_\_ Source of down payment \_\_\_\_\_

In whose name is the property held: \_\_\_\_\_

Name of mortgage holder: \_\_\_\_\_

Current balance of mortgage: \_\_\_\_\_

Loan number: \_\_\_\_\_

Contract for deed balance: \_\_\_\_\_

Owners of contract for deed: \_\_\_\_\_

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

Your estimated market value: \_\_\_\_\_

Tax assessor's value: \_\_\_\_\_

Approximate equity: \_\_\_\_\_ Real estate taxes: \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Are the \_\_\_\_ real estate taxes and/or \_\_\_\_ insurance included in the mortgage or contract for deed payment? \_\_\_\_ Yes \_\_\_\_ No.

If no, is the \_\_\_\_ real estate taxes and/or \_\_\_\_ insurance payments escrowed? \_\_\_\_ Yes \_\_\_\_ No.  
Where: \_\_\_\_\_

When is your homeowner's insurance due and payable: \_\_\_\_\_

When is your mortgage or contract for deed payment payable? \_\_\_\_\_

What major improvements have been made to the realty since you purchased it and who has these records?

Legal description: (from deed, abstract, or certificate of title — not tax statement)

What type of property is this:

Do you feel that distribution of this real estate will be an issue in this case? If yes, specify name of business and address:

How do you want this real estate distributed?

### **BUSINESS INTERESTS**

Do you or your spouse have any interest in any business? If yes, specify party who has interest, name of business and address: \_\_\_\_\_  
\_\_\_\_\_

Is this business a corporation, partnership, other? \_\_\_\_\_

Specify type of business product or service? \_\_\_\_\_

Date interest was acquired and extent of interest: \_\_\_\_\_

Initial investment: \_\_\_\_\_

Position held: \_\_\_\_\_

Names and addresses of other shareholders, partners or participants:

If a corporation, stock interest: Yes No.

Names and addresses of directors/officers and their respective titles:

Does your spouse provide any services to this business? Yes No. If yes, give details

Is your spouse compensated for the services rendered? Yes No. If yes, give details

**RETIREMENT INTERESTS**

Do — you or \_\_\_ your spouse or \_\_\_ both of you have an IRA account? \_\_\_ Yes \_\_\_ No. If yes, specify the accounts by financial institution, amounts and whether in your name or your spouse's name:

IRA Account	Amount	In Whose Name
_____	_____	_____
IRA Account	Amount	In Whose Name
_____	_____	_____
IRA Account	Amount	In Whose Name
_____	_____	_____

Do — you or \_\_\_ your spouse or \_\_\_ both of you have an interest in any other pensions, profit sharing, 401 (k)s, or other retirement plans? \_\_\_ Yes \_\_\_ No. If yes, please identify and describe such plans below:

Type of Account	Amount	In Whose Name
_____	_____	_____
Type of Account	Amount	In Whose Name
_____	_____	_____
Type of Account	Amount	In Whose Name
_____	_____	_____

**LIFE INSURANCE**

Do you or your spouse own any life insurance? \_\_\_ Yes \_\_\_ No. If yes, specify:

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

On life of: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Encumbered in the amount of \$ \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

On life of: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Encumbered in the amount of \$ \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

On life of: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Encumbered in the amount of \$ \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

### **BANK ACCOUNTS**

Do you or your spouse have any savings and/or checking accounts?

**Name on Account:** \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Savings Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

Checking Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Savings Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

Checking Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Savings Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

Checking Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

Savings Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

Checking Acct. No: \_\_\_\_\_ Current Balance \_\_\_\_\_

### **NON-MARITAL & OTHER FINANCIAL INTERESTS**

Do you or your spouse own any certificates of deposit, money market accounts, savings bonds, stocks, securities, or other negotiable documents: \_\_\_ Yes \_\_\_ No. If yes, specify kind of document, amount, number of shares, date purchased, etc.

Do — you or — your spouse have any money or property held by others? Yes No. If yes, detail:

Did — you or \_\_\_ your spouse enter into this marriage with separate money or property in excess of \$1,000.00? \_\_\_ Yes \_\_\_ No. If yes, detail: \_\_\_\_\_

What part, if any, of your marital assets were received by — you or — your spouse by inheritance, gift or settlement of a personal injury claim? \_\_\_\_\_

State who received the same, from whom, nature, date and amount received:

Are \_\_\_ you or \_\_\_ your spouse, or \_\_\_\_\_ both of you beneficiaries under any estate now being probated or anticipated to be probated? State name of estate, approximate amount expected to be received, and who is handling the probate:

Do you believe you or your spouse have a non-marital interest in any assets you now own? Yes \_\_\_ No. If yes, list the asset and explain the reasons why you believe the asset is non-marital.

**VEHICLES AND HOUSEHOLD GOODS**

Identify all automobiles and other vehicles you and/or your spouse own or drive:

YEAR	MAKE	MARKET VALUE	ENCUMBRANCE	REGISTERED OWNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Which vehicle do you drive:\_\_\_\_\_ Is the same in your possession: Yes/No

Identify any boats, motors, trailers, motorcycles, snowmobiles, campers, etc. that you and/or your spouse own, giving special attention to any valuable jewelry, antiques, silver, china, art works, power tools, etc.

List any items of personal property in your spouse’s possession that you want:\_\_\_\_\_

Value of personal property in your possession: \$

Value of personal property in your spouse’s possession: \$

Encumbered in the amount of: \$

**MEDICAL & DENTAL INSURANCE**

Do \_\_\_you or \_\_\_ your spouse carry medical and hospitalization insurance? If yes, exactly who does it cover? \_\_\_\_\_

Is the medical/hospitalization insurance provided through \_\_\_you or \_\_\_your spouse’s employer? If yes, what is the name of the carrier:\_\_\_\_\_

What is the cost to you or your spouse? \$\_\_\_\_\_ per \_\_\_\_\_

Do \_\_\_you or \_\_\_your spouse purchase medical and/or hospitalization insurance privately? If yes, give the name of the earner:\_\_\_\_\_

That is the cost to you or your spouse? \$\_\_\_\_\_ per \_\_\_\_\_

Do — you or your spouse carry dental insurance. Yes No. If yes, exactly who does it cover?

Is the same provided through — you or\_\_\_\_\_ your spouse’s employer?

What is the name of the carrier:

What is the cost to \_\_\_ you or \_\_\_your spouse? \$ \_\_\_\_\_ per

**DEBTS**

CREDITOR  
 NAME ON  
 ACCT  
 MONTHLY  
 PAYMENT  
 PRESENT  
 BALANCE  
 PAYMENT  
 ARREARS  
 WHAT WAS  
 MONEY  
 USED FOR

**MISCELLANEOUS FINANCIAL INFORMATION**

1. Name and addresses of bank(s) with which you have done business for the past three years if not previously provided: \_\_\_\_\_

2. Do you receive public assistance? \_\_\_\_\_. If so, what County? \_\_\_\_\_

Amount per month: \$ \_\_\_\_\_ Name of social worker \_\_\_\_\_

3. Are you currently involved in any other lawsuits? \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

**MONTHLY LIVING EXPENSES**

**YOURSELF  
 & MINOR CHILDREN**      **MINOR  
 CHILDREN**

	<b>YOURSELF &amp; MINOR CHILDREN</b>	<b>MINOR CHILDREN</b>
Housing		
Rent		
Mortgage		
Second Mortgage		
Contract for Deed		
Associations Fees		
Property Taxes		
Home Owner's Insurance		
Renters Insurance		
Home Maintenance & Repairs:		
House Cleaning		
Lawn Care		
Snow Removal		
Decorating		
Carpet Cleaning		

Furniture Cleaning		
Home Repairs & Appliances		
Household Supplies		
Utilities:		
Electrical		
Telephone		
Water/Sewage		
Refuse Disposal		
Cable Television		
Heat		
Internet		
Food:		
Groceries		
Lunches at Work		
Clothing and Shoes		
Dry cleaning & Laundry		
Alterations & Repairs		
Medical:		
Medical Hospitalization Insurance		
Dental Insurance		
Disability Insurance		
Uninsured Medical Expense		
Uninsured Dental Expense		
Orthodontia		
Prescriptions		
Contact/Eyeglasses		
Counseling/Therapy		
Transportation:		
Car Payment		
Gasoline & Oil		
Maintenance & Repairs		
License		
Insurance		
Parking		
Motor Clubs (e.g. AAA)		
Taxi/Bus		
Dependent Care:		
Child Care/Daycare		
Babysitting		

Children's School Tuition		
Books		
Lunches		
Pictures		
Field Trips		
Year Books		
Allowance		
Tutoring		
School Supplies		
School Activities		
Sports Equipment		
Musical Instrument		
Special Interests		
Summer Camps		
Miscellaneous		
Wife/Husband School Expense:		
Tuition		
Books		
Other		
Children in College Expense:		
Tuition		
Books		
Room & Board		
Transportation (to and from school)		
Spending Money		
Sorority/Fraternity Dues		
Personal Allowances & Incidentals:		
Hair Care		
Cosmetics/Toiletries		
Cigarettes/Tobacco		
Beer, Wine, Liquor		
Other		
Recreation, Travel & Entertainment		
Movies, Plays, Sporting Events		
Parties/Home Entertainment		
Dining Out		
Vacations		
Other		
Pet Expense:		
Food		
Veterinary		
Other		

Debt Repayment:		
(itemize debts		
Attorney's Fees		
Miscellaneous:		
Life Insurance		
Gifts		
Health Club Dues		
Newspapers & Magazines		
Donations		
Retirement Savings		
Education Savings		
General Savings		
Postage		
Spending Money		
Taxes on Spousal Maintenance (if not reflected in FinPlan Calculations)		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**SERVICE INFORMATION**

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristic, etc.) This information is necessary in order to ensure prompt service of papers on your spouse.

Give make, model, year, color and license number of the car your spouse is driving:

When and where should dissolution or separation papers be served on your spouse:

**DOCUMENTS**

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

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 from your mortgage company or lending institution if you do not have.

5. Mortgage or Contract for Deed balance on homestead and any other real estate. 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 list insurance policies, with statements of loans against them.
11. A copy of any pension or retirement programs, profit sharing and/or investment programs, you or your spouse may be involved in through employment, savings accounts reflecting you and your spouse's IRA.
12. Title cards to all automobiles or other motor vehicles owned by you or your spouse, individually or jointly.
13. 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.
14. 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.
15. Any pleadings and legal papers in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or your spouse.
16. Any U.S. Social Security records or documents reflecting you and/or your spouse's earning and qualifications for retirement benefits.
17. Any documents that will support any claim you may have that any of your assets are non-marital.
18. Statements of Account for any bank accounts, money market accounts, IRAs, pensions, profit sharing account or deferred compensation accounts.
19. Tax returns and financial statements for the past five years for any business in which you or your spouse have an interest.