



11070 183<sup>rd</sup> Circle NW, Suite A, Elk River, MN 55330  
763-241-4855

**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: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

**YOUR CURRENT PERSONAL INFORMATION:**

1. Full Name \_\_\_\_\_
2. All previous names you have ever used \_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
(City/State/County)
8. Religion \_\_\_\_\_

9. Education:
- a. High School (name) \_\_\_\_\_  
Date graduated or last grade completed \_\_\_\_\_
- b. VoTech, College, or Post Graduate \_\_\_\_\_  
Date Graduated \_\_\_\_\_  
Name of School \_\_\_\_\_  
Degree \_\_\_\_\_  
If you did not complete Degree, please state number of credits acquired and area of study \_\_\_\_\_
10. Present Health \_\_\_\_\_
11. State if you have any medical/psychological condition (such as diabetes) \_\_\_\_\_
12. Do you take any medication on a daily basis? \_\_\_\_ yes \_\_\_\_ no; if so, what \_\_\_\_\_  
\_\_\_\_\_
13. Are presently in the Military Service of the U.S.? \_\_\_\_\_
14. Name and telephone number of person (other than your spouse) who will know where you can be reached  
\_\_\_\_\_  
Relationship to you \_\_\_\_\_
15. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**YOUR EMPLOYMENT INFORMATION**

**Please provide last 3 months of paycheck stubs and last 5 years of tax returns**

1. Employer \_\_\_\_\_
2. Address, City, State, Zip \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. How often are you regularly paid:  
Weekly \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_
6. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_

7. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_

8. Deductions from your paycheck:

Federal \$ \_\_\_\_\_ Per \_\_\_\_\_

State \$ \_\_\_\_\_ Per \_\_\_\_\_

FICA \$ \_\_\_\_\_ Per \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_ Per \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_ Per \_\_\_\_\_

Retirement/Pension/401k \$ \_\_\_\_\_ Per \_\_\_\_\_

9. Describe the type and amount of other income (overtime, bonuses, commissions, other employment) \_\_\_\_\_  
\_\_\_\_\_

10. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)  
\_\_\_\_\_

11. Describe your prior work experience (what, when & where) \_\_\_\_\_  
\_\_\_\_\_

12. Do you receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Military or Naval Retirement Benefits	_____ Yes	_____ No
Annuity payments	_____ Yes	_____ No
Workers' Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, what: \_\_\_\_\_

**SPOUSE'S PERSONAL INFORMATION**

1. Full Name \_\_\_\_\_
2. All previous names your spouse has ever used \_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
(City/State/County)
8. Religion \_\_\_\_\_
9. Education:
  - a. High School (name) \_\_\_\_\_  
Date graduated or last grade completed \_\_\_\_\_
  - b. VoTech, College, or Post Graduate \_\_\_\_\_  
Date Graduated \_\_\_\_\_  
Name of School \_\_\_\_\_  
Degree \_\_\_\_\_  
If you did not complete Degree, please state number of credits acquired and area of study \_\_\_\_\_
10. Present Health \_\_\_\_\_
11. State if your spouse any medical/psychological condition (such as diabetes) \_\_\_\_\_
12. Does your spouse take any medication on a daily basis? \_\_\_\_ yes \_\_\_\_ no; if so, what  
\_\_\_\_\_
13. Is your spouse presently in the Military Service of the U.S.? \_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION**

**Please provide last 3 months of paycheck stubs and last 5 years of tax returns**

1. Employer \_\_\_\_\_
2. Address, City, State, Zip \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. How often is your spouse regularly paid:  
Weekly \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_
6. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_
7. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_
8. Deductions from your spouse's paycheck:

Federal	\$ _____	Per _____
State	\$ _____	Per _____
FICA	\$ _____	Per _____
Medical/Dental	\$ _____	Per _____
Other (specify)	\$ _____	Per _____
Retirement/Pension/401k	\$ _____	Per _____
9. Describe the type and amount of your spouse's other income (overtime, bonuses, commissions, inheritance, other employment) \_\_\_\_\_  
\_\_\_\_\_
10. Describe all other employment benefits of your spouse (car, car allowance, meals, memberships, etc.) \_\_\_\_\_
11. Describe your spouse's prior work experience (what, when & where) \_\_\_\_\_  
\_\_\_\_\_

12. Does your spouse receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Military or Naval Retirement Benefits	_____ Yes	_____ No
Annuity payments	_____ Yes	_____ No
Workers' Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, what: \_\_\_\_\_

**CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE**

**(Do not list children from previous marriage or other relationships):**

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>D.O.B.</u>	<u>SS No.</u>
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2. Does your spouse have any other children? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do the children now live with you? \_\_\_\_\_ Spouse \_\_\_\_\_ Both \_\_\_\_\_

4. Do you want custody of children? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Do you expect a contest over who should have custody of the children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why? \_\_\_\_\_

**CHILD CARE INFORMATION**

- 1. Name, address & phone number of provider \_\_\_\_\_  
\_\_\_\_\_
- 2. Cost per week \$ \_\_\_\_\_
- 3. Is there a minimum contract? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Who pays child care? \_\_\_\_\_

**\*Attach year-to-date child care cancelled checks or daycare contract**

**MARITAL INFORMATION**

- 1. Did you sign a pre-marital (antenuptial) agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Date of present marriage \_\_\_\_\_
- 3. City, county, state of your marriage \_\_\_\_\_  
\_\_\_\_\_
- 4. Are you and your spouse living together? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. If not, date of separation \_\_\_\_\_
- 6. Are you, or your spouse, pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Describe any action that has been taken by either you or your spouse to dissolve this marriage  
\_\_\_\_\_
- 8. State the date, purpose and names of individuals involved in any counseling of you and/or your spouse  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Do you believe that there is any chance to save this marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 10. What are your primary complaints about your spouse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11. What are your spouse's primary complaints about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there a history of domestic abuse in your marriage relationship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe \_\_\_\_\_

13. Have you or your spouse ever sought an Order For Protection as a result of domestic abuse?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**INFORMATION ABOUT YOUR OTHER MARRIAGE(S) OR RELATIONSHIPS:**

1. Were you previously married? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. When were you divorced? \_\_\_\_\_

3. City, county and state of divorce \_\_\_\_\_

4. Minor children from your previous marriage(s) or relationships:  
(Do not list children born or adopted into your current marriage)

Full Name

Age

D.O.B.

SS No.

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

5. Who received custody? \_\_\_\_\_

6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued \_\_\_\_\_

\_\_\_\_\_

7. 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 _____	From _____
Child Support	\$ _____	Per _____	From _____

8. Assets awarded to you \_\_\_\_\_



**INFORMATION ABOUT YOUR SPOUSE'S OTHER MARRIAGE(S) OR RELATIONSHIPS:**

- 1. Was your spouse previously married: \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. When was your spouse divorced? \_\_\_\_\_
- 3. City, county and state of divorce \_\_\_\_\_
- 4. Minor children from your spouse's previous marriage(s) or relationships:  
(Do not list children born or adopted into your current marriage)

<u>Full Name</u>	<u>Age</u>	<u>D.O.B.</u>	<u>SS No.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5. Who received custody? \_\_\_\_\_
- 6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued \_\_\_\_\_

- 7. Maintenance and child support payments received by your spouse:

Maintenance	\$ _____	Per _____	From _____
Child Support	\$ _____	Per _____	From _____

Maintenance and child support payments paid by your spouse:

Maintenance	\$ _____	Per _____	From _____
Child Support	\$ _____	Per _____	From _____

- 8. Assets awarded to you \_\_\_\_\_

**YOUR HEALTH INSURANCE:**

		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 _____	_____	_____	_____
5.	Is health, dental or vision insurance available to you even if you are not currently enrolled? _____ Yes    _____ No			

		<u>Medical</u>	<u>Dental</u>
6.	Monthly cost for you alone:	\$ _____	\$ _____
7.	Monthly cost for your child(ren)	\$ _____	\$ _____

**\*\*Attach benefit plans and employment statement regarding costs.**

**SPOUSE'S HEALTH INSURANCE:**

		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 _____	_____	_____	_____
5.	Is health, dental or vision insurance available to you even if you are not currently enrolled? _____ Yes    _____ No			

		<u>Medical</u>	<u>Dental</u>
6.	Monthly cost for spouse alone:	\$ _____	\$ _____
7.	Monthly cost for your child(ren)	\$ _____	\$ _____

**\*\*Attach benefit plans and employment statement regarding costs.**

**ASSETS: INCLUDE ALL ASSETS REGARDLESS OF WHETHER ASSET IS OWNED BY YOU OR YOUR SPOUSE**

A. Homestead:

1. Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Do you have a copy of a deed or Abstract to this property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, attached a copy.
3. Is this property Abstract or Torrens? \_\_\_\_\_  
If Torrens, Certificate of Title No. \_\_\_\_\_  
Where is the Certificate of Title? \_\_\_\_\_
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 fair market value? \$ \_\_\_\_\_
9. How did you arrive at the present market value? \_\_\_\_\_
10. What is the present tax value? \$ \_\_\_\_\_  
(see tax assessment)
11. What are the yearly taxes? \$ \_\_\_\_\_  
What is yearly insurance? \$ \_\_\_\_\_
12. Are any tax or insurance payments delinquent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what and in what amount? \_\_\_\_\_

13. List all mortgages, Contracts for Deed payments or other loans:

	<u>1<sup>st</sup> Lender</u>	<u>2<sup>nd</sup> Lender</u>	<u>Third Lender</u>
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Monthly/Annual Pymt	_____	_____	_____
Interest Rate	_____	_____	_____
Any payments delinq?	_____	_____	_____
Balance owing	_____	_____	_____
Annual taxes amount	_____	_____	_____
Annual Ins. amount	_____	_____	_____

B. Other Real Estate/TimeShare:

1. Address: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Do you have a copy of a deed or Abstract to this property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, attach a copy.
3. Is this property Abstract or Torrens? \_\_\_\_\_  
 If Torrens, Certificate of Title No. \_\_\_\_\_  
 Where is the Certificate of Title? \_\_\_\_\_
4. When was this real estate 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 fair market value? \$ \_\_\_\_\_
9. How did you arrive at the present market value? \_\_\_\_\_
10. What is the present tax value? \$ \_\_\_\_\_  
 (see tax assessment)
11. What are the yearly taxes? \$ \_\_\_\_\_  
 What is yearly insurance? \$ \_\_\_\_\_

12. Are any tax or insurance payments delinquent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what and in what amount? \_\_\_\_\_

13. List all mortgages, Contracts for Deed payments or other loans:

	<u>1<sup>st</sup> Lender</u>	<u>2<sup>nd</sup> Lender</u>	<u>Third Lender</u>
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Monthly/Annual Pymt	_____	_____	_____
Interest Rate	_____	_____	_____
Any payments delinq?	_____	_____	_____
Balance owing	_____	_____	_____
Annual taxes amount	_____	_____	_____
Annual Ins. amount	_____	_____	_____

**\*\* ADD ADDITIONAL PAGES FOR ADDITIONAL REAL ESTATE**

**\*\*FOR ALL OF THE FOLLOWING, PLEASE ATTACH COPY(S) OF MOST RECENT STATEMENT:**

C. Savings Accounts

1. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

2. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

D. Checking accounts:

1. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

2. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

E. Certificates of Deposit:

1. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

2. Bank \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

F. Cash Management or Brokerage Accounts:

1. Company \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

2. Company \_\_\_\_\_ Balance to Date \$ \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

G. Stock:

1. Company \_\_\_\_\_ No. of Shares \$ \_\_\_\_\_

In whose name? \_\_\_\_\_

2. Company \_\_\_\_\_ No. of Shares \$ \_\_\_\_\_

In whose name? \_\_\_\_\_

H. Bonds:

1. Company \_\_\_\_\_ Total Face Value \$ \_\_\_\_\_

In whose name? \_\_\_\_\_

2. Company \_\_\_\_\_ Total Face Value \$ \_\_\_\_\_

In whose name? \_\_\_\_\_

I. Safe Deposit Box:

Where: \_\_\_\_\_

Describe contents: \_\_\_\_\_

Who has access? \_\_\_\_\_

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

	<u>Type</u>	<u>In Whose Name?</u>	<u>Value</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

**\*\*ATTACH PLAN DESCRIPTION AND/OR LAST STATEMENT OF VALUE.**

- K. Does anyone owe you or your spouse money? \_\_\_\_\_ Yes \_\_\_\_\_ No
1. Who \_\_\_\_\_ How much? \$ \_\_\_\_\_
2. Who \_\_\_\_\_ How much? \$ \_\_\_\_\_
- L. Did you bring property or money into this marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Describe \_\_\_\_\_
- M. Did your spouse bring property or money into this marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Describe \_\_\_\_\_
- N. Describe any inheritance you have received \_\_\_\_\_
- \_\_\_\_\_
- O. Describe any inheritance your spouse has received \_\_\_\_\_
- \_\_\_\_\_
- P. Do you have any personal injury or workers' compensation claim pending or have you received any settlement or award? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_
- Q. Does your spouse have any personal injury or workers' compensation claim pending or has your spouse received any settlement or award? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_
- R. Life Insurance
1. Company \_\_\_\_\_
2. Type of Policy (i.e. term, whole, variable) & Policy # \_\_\_\_\_
3. Name if Insured \_\_\_\_\_
4. Name of Owner \_\_\_\_\_
5. Name of Beneficiary \_\_\_\_\_
6. Annual Premium \$ \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_
7. Loans against Policy \_\_\_\_\_



1. Company \_\_\_\_\_
2. Type of Policy (i.e. term, whole, variable) & Policy # \_\_\_\_\_
3. Name if Insured \_\_\_\_\_
4. Name of Owner \_\_\_\_\_
5. Name of Beneficiary \_\_\_\_\_
6. Annual Premium \$ \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_
7. Loans against Policy \_\_\_\_\_

S. Motor Vehicles Driven by YOU:

WHAT IS IT WORTH? Consult the *National Automotive Dealers Association's (NADA) Used Car Guide*, commonly called the blue book. Available at libraries and few book stores, it will show the average trade-in price, average loan price and average retail price for each model car by year. It is the guide that dealers and most loan officers go by.

Other guides: *Kelley's Blue Book*, available online at <http://www.kbb.com>. *Edmunds Used Car Prices*, available at libraries and bookstores, or online at <http://www.edmund.com>.

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Per \_\_\_\_\_
4. Current market or blue book value \$ \_\_\_\_\_
5. Payments made to whom? \_\_\_\_\_

Motor Vehicles Driven by SPOUSE:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Per \_\_\_\_\_
4. Current market or blue book value \$ \_\_\_\_\_
5. Payments made to whom? \_\_\_\_\_

T. Recreational Vehicles:

	<u>Make &amp; Model Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	_____	_____
Snowmobiles	_____	_____	_____
Boat, Motor & Trailer	_____	_____	_____
ATVs	_____	_____	_____
Lawnmower	_____	_____	_____

U. Value of: List all assets of significant value such as gun collections, art, silver, etc.

<u>Item</u>	<u>Value</u>
_____	_____
_____	_____

V. Household Goods and Furnishings:

1. Estimated value \$ \_\_\_\_\_
2. Balance owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Per \_\_\_\_\_
3. Payments made to whom \_\_\_\_\_
4. Describe any other assets that you know of:  
\_\_\_\_\_

**DEBTS**

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

**MISCELLANEOUS:**

1. Do you or your spouse have a Will?     \_\_\_\_\_ Yes     \_\_\_\_\_ No
2. When were the Wills executed or last revised? \_\_\_\_\_
3. Do you or your spouse desire to have a name change as a result of this proceeding?  
    \_\_\_\_\_ Yes     \_\_\_\_\_ No  
    If so, what name is desired? \_\_\_\_\_
4. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?  
    \_\_\_\_\_ Yes     \_\_\_\_\_ No
5. Do you have a social media account?     \_\_\_\_\_ Yes     \_\_\_\_\_ No  
    If Yes, what kind? \_\_\_\_\_
6. Does Opposing Party have a social media account?     \_\_\_\_\_ Yes     \_\_\_\_\_ No  
    If Yes, what kind? \_\_\_\_\_
7. Are you currently storing genetic material (i.e. frozen embryos)? \_\_\_\_\_ Yes     \_\_\_\_\_ No  
    If Yes, do you expect a fight over the disposition of the embryos? \_\_\_\_\_ Yes     \_\_\_\_\_ No

## NECESSARY MONTHLY EXPENSES

		Yourself	Yourself w/children
<b>1.</b>	<b>Residence:</b>		
	a. Mortgage Payment (PITI)		
	b. Rent		
<b>2.</b>	<b>Utilities:</b>		
	a. Heat		
	b. Water, Sewer		
	c. Electricity		
	d. Natural Gas		
	e. Telephone		
	f. Refuse Disposal		
	g. Cell Phone		
<b>3.</b>	<b>Home Maintenance:</b>		
	a. Condominium/HOA Fees		
	b. Lawn Care		
	c. Appliance Repair		
	d. Plumbing/Electrical		
	e. Painting & Repairs		
	f. Other:		
<b>4.</b>	<b>Food:</b>		
	a. Groceries		
	b. Restaurants		
	c. School Lunches		
	d. Work Lunches		
<b>5.</b>	<b>Automobile:</b>		
	a. Gas and Oil		
	b. Repairs and Maintenance		
	d. License		
<b>6.</b>	<b>Clothing:</b>		
	a. Work Clothes		
	b. School Clothes		
<b>7.</b>	<b>Medical:</b>		
	a. Family Doctor		
	b. Specialist		
	c. Psychologist		
	d. Eye Doctor		
	e. Orthodontist		
	f. Dentist		
	g. Medications		
	h. Eye Glasses		

<b>8. Insurance:</b>		
a. House Insurance		
b. Medical Insurance		
c. Automobile Insurance		
d. Life Insurance		
e. Disability Insurance		
f. Liability Insurance		
g. Other:		
<b>9. Entertainment:</b>		
a. Movie Tickets		
b. Theater		
c. Sports Events		
d. Cable TV		
e. Netflix/Hulu		
f. Other:		
<b>10. Miscellaneous Personal Expenses:</b>		
a. Newspapers, Magazines, Books		
b. Hair Care		
c. Dry Cleaning & Laundry		
d. Toiletries/Cosmetics		
e. Pet Care		
f. Other (describe specific items)		
<b>11. Vacation:</b>		
a. Weekend Trips		
b. Annual Trip		
c. Other:		
<b>12. Memberships:</b>		
a. Religious Donations		
b. Professional Dues		
c. Business Organizations		
d. Health Club		
e. Swim Club		
f. Country Club		
<b>13. Educational Expenses:</b>		
a. Tuition, Room and Board		
b. Transportation		
c. Books and Supplies		
d. Hot Lunches		
e. School Activities		
<b>14. Periodic Payments:</b>		
a. Babysitters		
b. Child Care		



**PLEASE BRING THE FOLLOWING DOCUMENTS:**

1. All W-2's for last 2 calendar years.
2. All paycheck stubs (for yourself and spouse) for the current year (year-to-date).
3. Tax returns for last 2 years.
4. Health insurance information including coverage costs as follows:
  - a. Cost for yourself (medical)
  - b. Cost for yourself (dental)
  - c. Cost for yourself (vision).
5. All abstracts, Torrens Certificates or a *complete* legal description of property from County Recorder's Office.
6. All property tax statements.
7. Current monthly or quarterly statements for all checking, savings, investments, Certificates of Deposit, money market or any other type of account.
8. All Deeds (Quit Claim Deed, Warranty Deed, Contract for Deed).
9. Land rental agreements.
10. Financial Statements for the last 4 years.
11. All notes or other evidence of indebtedness (operating loans, FHA loans, etc.).
12. If farming in a partnership, all partnership tax returns for last 4 years.
13. All elevator, cooperative, patronage or other type of dividend(s) values (yearend statements).

## PARENTING TIME WORKSHEET

### Weekly Parenting Access Schedule:

Please list which parent will have the children on specific days and proposed times for exchanges. A four-week cycle is used for simplicity, although school breaks, etc., might change the schedule short-term.

My proposal for the basic schedule for our children is as follows: (Use MOM and DAD, and include exchange times on days the on duty parent changes.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							

Who will drop off at/pick up from child care when needed? \_\_\_\_\_

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Who will drop off at/pick up from school when needed? \_\_\_\_\_

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Who will drop off at/pick up from sports, school and other activities? \_\_\_\_\_

**Holiday Access Schedule:**

The following are some common holidays that may be divided between the parties. You do not need to include all of the holidays listed, and you can add more holidays than are listed. The holiday schedule typically supersedes the regular parenting time schedule and vacations. If you wish to split a holiday, please list the proposed exchange times. If you want, list starting and ending times right in the box naming the holiday. It is impossible to list every possible religious holiday, so only a few major ones are listed. No offense to anyone intended. [NOTE: Some parents simply agree: "Holidays will be alternated or split by agreement of the parties in advance."]

HOLIDAY/HOLY DAY	EVEN YEARS	ODD YEARS
PASSOVER		
EASTER		
MOTHER'S DAY (Weekend?)		
MEMORIAL DAY (Weekend?)		
FATHER'S DAY (Weekend?)		
JULY 4 <sup>TH</sup> (Include weekend if attached?)		
<u>EID-AL-FITR (End of Ramadan)</u>		
LABOR DAY (Weekend?)		
ROSH HASHANA		
<u>EID-AL-ADHA</u>		
EDUC. MN TEACHERS' CONVENTION (was MEA)–2 days off mid-Oct.		
HALLOWEEN		
THANKSGIVING (Day or Weekend?)		
CHANUKAH		

CHRISTMAS EVE		
CHRISTMAS DAY		
NEW YEARS EVE/DAY		
OTHER		
OTHER		
OTHER		

If days off school are to be treated differently than the regular schedule, you should review a school calendar to assist in planning of parenting time. Some parents agree that the normal day-to-day schedule will apply on some/all of the days the children are off school during the school year, others agree Friday or Monday days off attach to that parent's weekend, etc.

**Vacations:**

How Often? \_\_\_\_\_

How much advance notice? \_\_\_\_\_

Can children miss school? \_\_\_\_\_

Other Thoughts? \_\_\_\_\_

**Communication Between Parents *Outside* the Presence of Children – Do You Use:**

Telephone? \_\_\_\_\_

Text or Other Electronic Messages? \_\_\_\_\_

E-mail? \_\_\_\_\_

Other? \_\_\_\_\_

**Joint Calendar:**

Do you now use a joint calendar to post the children's school, sports and other activities, medical and dental appointments, etc., such as [ourfamilywizard.com](http://ourfamilywizard.com) , Two Houses, Google Groups, etc.? \_\_\_\_\_

Would you like to start using one? \_\_\_\_\_

