



11070 183rd 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. Provide a picture of yourself, your spouse and each child (can be separate pictures).
10. 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 _____
11. Present Health _____
12. State if you have any medical/psychological condition (such as diabetes) _____
13. Do you take any medication on a daily basis? ____ yes ____ no; if so, what _____

14. Are presently in the Military Service of the U.S.? _____
15. Name and telephone number of person (other than your spouse) who will know where you can be reached

Relationship to you _____
16. 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>1st Lender</u>	<u>2nd 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>1st Lender</u>	<u>2nd 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 & 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

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

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

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

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

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 TH (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 , Two Houses, Google Groups, etc.? _____

Would you like to start using one? _____

