



**HESS &
JENDRO**
LAW OFFICE, P.A.

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POST-DECREE SPOUSAL MAINTENANCE

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
Inheritance	_____ Yes	_____ No

If Yes, what: _____

OPPOSING PARTY'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 _____ 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.? _____

OPPOSING PARTY'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 opposing party's other income (overtime, bonuses, commissions, other employment) _____

10. Describe all other employment benefits of the opposing party (car, car allowance, meals, memberships, etc.) _____

11. Describe your opposing party's prior work experience (what, when & where)

12. Does your opposing party 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: _____

CHILD SUPPORT

1. Do you currently pay child support? _____ Yes _____ No
If yes, how much _____
2. Do you currently receive child support? _____ Yes _____ No
If yes, how much _____
3. When was the last child support order issued? _____
4. Under your current order, what, if any, amount do you pay for health/dental costs for your children? _____

SPOUSAL MAINTENANCE

1. Do you currently pay spousal maintenance? _____ Yes _____ No
2. Do you currently receive spousal maintenance? _____ Yes _____ No, If yes, how much? _____ When is it anticipated that this amount will cease? _____

PERSONAL PROPERTY:

1. The value of the property I currently own by myself or with someone else is:
Home\$ _____
Household Goods \$ _____
Purchase Price of my home\$ _____
Balanced owned on my home\$ _____
Other real estate\$ _____
Checking/savings\$ _____
Automobiles\$ _____ (year and make) _____
Recreational vehicles\$ _____ (year and make) _____
Personal property\$ _____
Stocks/bonds/etc\$ _____

YOUR 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 opposing party have a Will? Yes No
2. When were the Wills executed or last revised? _____
3. Do you or your opposing party desire to have the child(ren) name(s) changed as a result of this proceeding?
 Yes No
 If so, what name is desired? _____
3. Do you have a social media account? Yes No
 If Yes, what kind? _____
4. 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

PLEASE BRING THE FOLLOWING DOCUMENTS:

1. Copy of your Judgment & Decree.

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, includes long distance telephone		
	f. Cell Phone		
	g. Refuse Disposal		
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		
	c. Domestic Help		
	d. Retirement Fund/IRA		
	e. Other:		
15.	Monthly Payments:		
	a. Car Loan		

