

CLIENT INFORMATION WORK SHEET DISSOLUTION

The following information will be used only by your legal counsel to develop strategy for your case. Please complete as much of this form as possible. If you do not have all of the details about an item, include whatever information you have, however vague it might be. If you need additional space, feel free to add pages.

To give me the basic information I need to evaluate your situation, draft pleadings and answer your questions regarding your dissolution of marriage, please answer the following questions. Here are some guidelines:

- 1) Answer each question as completely and accurately as possible.
- 2) Print.
- 3) If a question does not apply to your situation, indicate by N/A.
- 4) If you do not know the answer, indicate that you do not know.
- 5) Convert weekly figures to monthly figures by multiplying by 4.3.
- 6) Convert biweekly (every two weeks) figures to monthly figures by multiplying by 26 and then dividing by 12.
- 7) If you need more space, attach extra sheets.

Personal Information

Your Full Name: _____

Address: _____

Address for mail if different from home address: _____

Telephone Home: _____ Business: _____ e-mail: _____

Cellular: _____ Pager: _____ Fax: _____

Social Security No: _____ Birth date: _____ Age: _____

Have you ever been known by another name (i.e. pre-marriage names, prior married names)? Yes No

If yes, list all other names: _____

Personal Information (cont.)

Name of person (other than your spouse) who would be most likely to always know where you can be reached:

_____ Relationship to you: _____

Address: _____

Telephone Home: _____ Business: _____ e-mail: _____

Cellular: _____ Pager: _____ Fax: _____

Do you have a criminal record? Yes No

If yes, list the offense(s), date of conviction and place of conviction. _____

Have you ever had an Order for Protection (domestic abuse restraining order) Yes No issued against your spouse?

If yes, when and in what county? _____

Spouse's Information

Spouse's Full Name: _____

Spouse's Address: _____

Telephone Home: _____ Business: _____ e-mail: _____

Cellular: _____ Pager: _____ Fax: _____

Social Security No: _____ Birth date: _____ Age: _____

Spouse's Attorney Name: _____

Spouse's Attorney Address: _____

Attorney Phone: _____ Fax: _____ e-mail: _____

Spouse's Information (cont.)

Has your spouse ever been known by another name (i.e. pre-marriage names, Yes No prior married names)?

If yes, list all other names: _____

Does your spouse have a criminal record? Yes No

If yes, list the offense(s), date of conviction and place of conviction. _____

Has your spouse ever had an Order for Protection (domestic abuse restraining Yes No order) issued against you?

If yes, when and in what county? _____

Marriage Information

Date of Marriage: _____

City, County and State where married: _____

Have you been a resident of Minnesota for more than six months? Yes No

In what county do you live? _____

In what county does your spouse live? _____

Have you or your spouse ever started a divorce or legal separation proceeding Yes No before?

If so, when and where? _____

Did you sign a pre-marital (antenuptial) agreement? Yes No If yes, please provide a copy.

Date you and your spouse separated: _____

How many children of this marriage? _____

Child's Full Name	Birth date	Social Security No.

Marriage Information (cont.)

Have any of your children ever been known by another name? Yes No

If yes, please list all other names. _____

Do the children have any physical or emotional disabilities? Yes No

If yes, please describe. _____

Are you or your spouse pregnant? _____

If yes, what is the expected date of birth? _____

For the best interests of the child(ren), who should have physical custody of the child(ren)? _____

Do you expect your spouse to dispute who should have physical custody of the Yes No child(ren)?

If you receive physical custody of the child(ren), what type of visitation would you want your spouse to have?

If your spouse receives physical custody of the child(ren), what type of visitation would you want to have?

Were you previously married? Yes No

If yes, how many times? _____

If yes, are you widowed or divorced? _____

Do you have children from a previous marriage or relationship? Yes No

If yes, how many? _____

What are their names and ages? _____

Marriage Information (cont.)

Do you receive child support or spousal maintenance from a previous marriage or relationship? Yes No

If yes, how much? _____

Do you pay child support or spousal maintenance as a result of a previous marriage or relationship? Yes No

If yes, how much? _____

Was your spouse previously married? Yes No

If yes, how many times? _____

If yes, is your spouse widowed or divorced? _____

Does your spouse have children from a previous marriage or relationship? Yes No

If yes, how many? _____

What are their names and ages? _____

Does your spouse receive child support or spousal maintenance from a previous marriage or relationship? Yes No

If yes, how much? _____

Does your spouse pay child support or spousal maintenance as a result of a previous marriage or relationship? Yes No

If yes, how much? _____

Do you wish to have your name changed as a part of this proceeding? Yes No

If so, full name desired? _____

Educational Information

Describe your educational background. _____

Educational Information (cont.)

Describe your spouse's educational background. _____

Health Information

Describe any physical or emotional problems you may have. _____

If you are presently being treated by a physician or counselor, please give that person's name and address. _____

Describe any physical or emotional health problems your spouse may have. _____

If your spouse is presently being treated by a physical or counselor, please give that person's name and address. _____

Military Service Information

Are you in the military service? Yes No

 If yes, what branch? _____

 Active duty? Yes No

Is your spouse in the military service? Yes No

 If yes, what branch? _____

 Active duty? Yes No

Your Employment Information

Are you employed? Yes No Occupation: _____

Employer: _____

Employer's Address: _____

What is your hourly wage or salary? _____

How long have you been employed? _____

Do you work part-time or full-time? _____

If part-time, how many hours per week? _____

Your Income Per Month

Gross Income	\$ _____
Federal Income Tax	\$ _____
State Income Tax	\$ _____
Social Security	\$ _____
Medicare	\$ _____
Pension Deductions	\$ _____
Union Dues	\$ _____
Dependent Health/Hospitalization Coverage	\$ _____
Dental Coverage	\$ _____
Other Deductions:	\$ _____
	\$ _____
	\$ _____
	\$ _____
NET INCOME	\$ _____

How many exemptions do you claim? _____

Is this married or single? married single

Please describe any income in addition to that described above (overtime, bonuses, commission, other employment). _____

Your Employment Information (cont.)

Describe any employment benefits (car, car allowance, meals, memberships, etc.). _____

Describe your work history. _____

Spouse's Employment Information

Is your spouse employed? Yes No Occupation: _____

Spouse's Employer: _____

Employer's Address: _____

What is your spouse's hourly wage or salary? _____

Does your spouse work part-time or full-time? part-time full-time

If part-time, how many hours per week? _____

Spouse's Income Per Month

Gross Income	\$ _____
Federal Income Tax	\$ _____
State Income Tax	\$ _____
Social Security	\$ _____
Medicare	\$ _____
Pension Deductions	\$ _____
Union Dues	\$ _____
Dependent Health/Hospitalization Coverage	\$ _____
Dental Coverage	\$ _____

Spouse's Employment Information (cont.)

Other Deductions:

\$ _____
\$ _____
\$ _____
NET INCOME \$ _____

How many exemptions does your spouse claim? _____

Is this married or single? married single

If your spouse has any income in addition to that described above (overtime, bonuses, commissions, other employment), please describe. _____

Describe any employment benefits (car, car allowance, meals, memberships, etc.). _____

Describe your spouse's work history. _____

Assets

Homestead

Address: _____

County: _____

Legal Description: _____

Homestead Asset Information (cont.)

Is it Abstract or Torrens property? Abstract Torrens

If Torrens, certificate number: _____

Title in whose names? _____

Purchased when? _____ Purchase price: \$ _____

Amount of down payment: \$ _____ Source of down payment: _____

Current market value: _____

Mortgage or Contract for Deed? Mortgage Contract for Deed

 With whom? _____

 Present balance: _____ Monthly payment: _____

Does monthly payment include taxes? Yes No

What are the yearly tax payments? _____

Does monthly payment include insurance? Yes No

What is the yearly insurance premium? _____

Are there any home improvement loans or second mortgages? Yes No

 If yes, with whom? _____

 Present balance: _____ Monthly payment: _____

Describe all improvements made to the property during the marriage. _____

Other Real Estate

Address: _____

County: _____

Legal Description: _____

Vehicle Asset Information (cont.)

(2) Year, Make and Model: _____

Title in name of: _____

Currently driven by: _____ Mileage: _____

Current market value _____ Amount owed: _____

Loan with: _____ Monthly payment: _____

(3) Year, Make and Model: _____

Title in name of: _____

Currently driven by: _____ Mileage: _____

Current market value _____ Amount owed: _____

Loan with: _____ Monthly payment: _____

Boats, Trailers, Snowmobiles, Etc.

(1) Year, Make and Model: _____

Title in name of: _____

Currently driven by: _____ Mileage: _____

Current market value _____ Amount owed: _____

(2) Year, Make and Model: _____

Title in name of: _____

Currently driven by: _____ Mileage: _____

Current market value _____ Amount owed: _____

Household Goods

Have you divided your household goods? Yes No

If you have divided your household goods, are you satisfied with the division? Yes No

Household Goods Asset Information (cont.)

If you have not divided your household goods, what items do you wish to keep? _____

What items are you willing to give to your spouse? _____

Savings Accounts

(1) Location: _____

In whose name? _____

Account number: _____ Balance: _____

(2) Location: _____

In whose name? _____

Account number: _____ Balance: _____

Checking Accounts

(1) Location: _____

In whose name? _____

Account number: _____ Balance: _____

(2) Location: _____

In whose name? _____

Account number: _____ Balance: _____

Asset Information (cont.)

Certificates of Deposit

- (1) Location: _____
In whose name? _____
Certificate number: _____ Balance: _____
- (2) Location: _____
In whose name? _____
Certificate number: _____ Balance: _____

Cash Management or Brokerage Accounts

- (1) Location: _____
In whose name? _____
Account number: _____ Balance: _____
- (2) Location: _____
In whose name? _____
Account number: _____ Balance: _____

Bonds

- (1) Type: _____ When purchased? _____
Face value: _____ In whose name? _____
- (2) Type: _____ When purchased? _____
Face value: _____ In whose name? _____

Stocks

- (1) Company: _____ When purchased? _____
Number of shares: _____ Current value per share: _____
In whose name? _____
- (2) Company: _____ When purchased? _____
Number of shares: _____ Current value per share: _____
In whose name? _____

Asset Information (cont.)

Mutual Funds

- (1) Company: _____ When purchased? _____
Number of shares: _____ Current value per share: _____
In Whose Name? _____
- (2) Company: _____ When purchased? _____
Number of shares: _____ Current value per share: _____
In Whose Name? _____

Annuities

- (1) Location: _____
In whose name? _____
Account number: _____ Balance: _____
- (2) Location: _____
In whose name? _____
Account number: _____ Balance: _____

Accounts Receivable

Does anyone owe money to you or your spouse? Yes No
If so, who? _____

State the details.

Do you have any income tax refunds due? Yes No
If so, when and what amount? _____

Business Interest

Do you or your spouse own an interest of any business? Yes No

Asset Information (cont.)

Your Business:

Name of Company: _____

Address: _____

Telephone: _____

Service or product: _____

Sole Owner: Yes No Partnership: Yes No

If partnership, list partners: _____

Corporation: Yes No Unincorporated: Yes No

Name of corporate attorney: _____

Shares of stock of corporation: _____ How many do you own? _____

Does your spouse have an interest in your company? Yes No
Are you employed at any other full or part-time job? Yes No

Your Spouse's Business:

Name of Company: _____

Address: _____

Telephone: _____

Service or product: _____

Sole Owner: Yes No Partnership: Yes No

If partnership, list partners: _____

Corporation: Yes No Unincorporated: Yes No

Name of corporate attorney: _____

Shares of stock of corporation: _____ How many do you own? _____

Does your spouse have an interest in your company? Yes No
Is your spouse employed at any other full or part-time job? Yes No

Non-Marital Property – IMPORTANT – READ CAREFULLY

Marital Property is subject to an equitable distribution between spouses at the time of a dissolution. Marital property is defined in Minnesota Statutes § 518.54, subdivision 5, as:

" . . . property, real or personal, including vested pension plan benefits or rights, acquired by the parties, or either of them, to a dissolution, legal separation, or annulment proceeding at any time during the existence of the marriage relation between them or at any time during which the parties were living together as husband and wife under a purported marriage relationship which is annulled in an annulment proceeding but prior to the date of valuation under section 518.58 subdivision 1. All property acquired by either spouse subsequent to the marriage and before the valuation date is presumed to be marital property regardless of whether title is held individually or by the spouse in a form of co-ownership such as joint tenancy, tenancy in common, tenancy by the entirety, or community property. Each spouse shall be deemed to have a common ownership in marital property that vests not later than the time of the entry of the decree in a proceeding for dissolution or annulment."

Nonmarital Property. Certain items of property can be excluded from the marital estate and, consequently, from division between the parties. A party can prove to the court that an item of property, *which is presently in existence*, is non marital in origin, either in whole or in part. Nonmarital property, as defined in Minnesota States § 518.54, subdivision 5, is:

" . . . property, real or personal, acquired by either spouse before, during or after the existence of their marriage, which:

- (a) is acquired as a gift, bequest, devise or inheritance made by a third party to one but not to the other spouse;
- (b) is acquired before the marriage;
- (c) is acquired in exchange for or is the increase in value of property which is described in clauses (a), (b), (d) and (e);
- (d) is acquired by a spouse after the valuation date; or
- (e) is excluded by a valid antenuptial contract."

PREMARITAL PROPERTY List all items of property you and your spouse owned separately at the time of marriage. Include real estate, personal items, household goods, motor vehicles, cash, assets and investments. Complete the following (attach additional sheets as needed):

Property You Had Before Marriage	Approximate Value at Marriage	What Happened to the Item after Marriage (describe)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Property Your Spouse Had Before Marriage	Approximate Value at Marriage	What Happened to the Item after Marriage (describe)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gifts and Inheritances

List any gifts or inheritances received by either you, your spouse or children during the marriage.

Description of Item Received	Who Gave Item	Value When Received	What Happened To Item
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a beneficiary under any will or estate now in probate court? Yes No

If yes, name of estate: _____

Estimate amount involved: _____

Is your spouse a beneficiary under any will or estate now in probate court? Yes No

If yes, name of estate: _____

Estimate amount involved: _____

Are you a party to any present lawsuit? _____

If yes, give details: _____

Are you, your spouse, or any of your children named in any trust document as grantor, settlor, beneficiary, and/or trustee including any and all contingent interests, discretionary interests, irrevocable insurance trusts and irrevocable estate plans? Yes No

Gifts and Inheritances (cont.)

If so, give as many details and as much information as possible regarding each such trust interests:

Life Insurance

(1) Type (term, whole life): _____
Company: _____ Policy Number: _____
Name of insured: _____
Beneficiary: _____
Face amount: _____ Cash value: _____
Amount of premium: _____ Who pays? _____
Are there any loans against the policy? _____
If so, amount. _____

(2) Type (term, whole life): _____
Company: _____ Policy Number: _____
Name of insured: _____
Beneficiary: _____
Face amount: _____ Cash value: _____
Amount of premium: _____ Who pays? _____
Are there any loans against the policy? _____
If so, amount. _____

Life Insurance (cont.)

(3) Type (term, whole life): _____
Company: _____ Policy Number: _____
Name of insured: _____
Beneficiary: _____
Face amount: _____ Cash value: _____
Amount of premium: _____ Who pays? _____
Are there any loans against the policy? _____
If so, amount. _____

Health and Dental Insurance

Insurance you carry: _____
What types of insurance do you have in effect? _____
Medical: _____ Dental: _____
Optical: _____ Other: _____
Is this insurance through your employer or union? Employer Union
Who is covered by this insurance? _____
What is the cost to you? _____
Insurance your spouse carries: _____
What types of insurance does your spouse have in effect? _____
Medical: _____ Dental: _____
Optical: _____ Other: _____
Is this insurance through your spouse's employer or union? Employer Union
Who is covered by this insurance? _____
What is the cost to you? _____

Retirement Plans

Do you participate in any pension, or profit sharing or other retirement plans through your employment or otherwise? Yes No

If so, state the details: _____

Do you have an IRA? Yes No With whom? _____

If so, what is the present balance? _____

Does your spouse participate in any pension, profit sharing or other retirement plans through their employment or otherwise? Yes No

If so, state the details: _____

Does your spouse have an IRA? Yes No With whom? _____

If so, what is the present balance? _____

Monthly Expenses

ITEM	SELF	CHILDREN
Housing		
Mortgage Payment or Rent		
Second Mortgage Payment		
Home Equity Loan		
Contract for Deed Payment		
Real Estate Taxes (If not in mortgage payment)		
Household Insurance (If not in mortgage payment)		
Homeowner's Association Dues		
Household Maintenance		
Replacement of Household Items		
Household Supplies		
House Cleaning		
Yard and Landscaping		
Snow Removal		
Housing Subtotal		

ITEM	SELF	CHILDREN
Utilities		
Electricity/Gas		
Telephone		
Water/Sewer		
Garbage/Trash		
Cable Television		
Internet		
Water Softener		
Alarm Monitoring		
Utilities Subtotal		
Food/Beverage		
Groceries		
Restaurant		
Lunches at Work or School		
Food/Beverage Subtotal		
Medical and Dental		
Medical Insurance		
Medical Expenses Not Covered By Insurance		
Dental Insurance		
Dental Expenses Not Covered by Insurance		
Orthodontist		
Medicines and Drugs		
Eyeglasses and Contacts		
Counseling and Therapy		
Medical and Dental Subtotal		
Other Insurance		
Life Insurance		
Disability Insurance		
Other Insurance (Specify)		
Other Insurance Subtotal		
Transportation		
Automobile Payment		
Automobile Gas and Oil		
Automobile Maintenance/Repairs		
Automobile Insurance		
Automobile License		
Parking		
Other (Bus fare, taxis, etc.)		
Other Motorized Vehicles Payments		
Other Motorized Vehicles Fuel		
Other Motorized Vehicles Maintenance		
Other Motorized Vehicles Insurance		
Other Motorized Vehicles License		
Transportation Subtotal		

ITEM	SELF	CHILDREN
Apparel		
Clothing and Shoes		
Laundry and Dry Cleaning		
Apparel Subtotal		
Personal		
Hair Cuts		
Grooming and Cosmetics		
Recreation		
Club Memberships		
Other (Specify)		
Personal Subtotal		
Education		
Private School Tuition		
Pre-School		
College Tuition		
School Books and Supplies		
School Activities		
Education Subtotal		
Miscellaneous		
Books, Magazines and Newspapers		
Gifts		
Children's Allowances		
Extracurricular Activities		
Day Care		
Vacations		
Charities and Church		
Legal Fees		
Mediation Fees		
Tax Preparation		
Prior Child Support Obligation		
Prior Spousal Maintenance Obligation		
Miscellaneous Subtotal		
SUBTOTALS		
TOTAL MONTHLY EXPENSES		

Debts

Purpose of Debt	Present Balance	Monthly Payment	In Whose Name	Creditor

Other Legal Proceedings

Do you have any personal injury or workers compensation claim pending, or have you received any settlement or award? Yes No

Does your spouse have any personal injury or workers compensation claim pending, or has he/she received any settlement or award? Yes No

Are you named as a party in any pending lawsuit, including bankruptcy? Yes No

Is your spouse named as a party in any pending lawsuit, including bankruptcy? Yes No

Dated: _____
Signature _____

Please provide me with copies of the following documents:

- 1) Your pay stubs for the past two months.
- 2) Your spouse's pay stubs for the past two months, if you have access to them.
- 3) Your federal and state income tax returns for the past five years with W-2s and 1099s.
- 4) Abstract cover pages or Torrens Certificates for any real estate.
- 5) Any documents relating to pending legal proceedings (i.e. divorce proceedings, domestic abuse proceedings, bankruptcy proceedings, personal injury proceedings, workers compensation proceedings).
- 6) Copies of statements for each checking, savings, investment, retirement account.