

Jaspers, Moriarty & Wetherille, P.A.

Client Information Questionnaire

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.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____
2. All previous names you have ever used _____

3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

5. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
6. Social Security Number _____
7. Length of Residence in Minnesota _____
8. Birthplace _____ Birthdate _____ Age _____
9. Present Health _____
10. Are you presently in the military service? _____

11. Name of person [other than your spouse] who would be most likely to always know where you can be reached _____
_____ Telephone Number _____ Relationship to you _____

YOUR EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____

4. Length of Time with this Employer _____

5. How often are you regularly paid:
Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

6. Gross Earnings \$ _____ Per _____

7. Net Earnings \$ _____ Per _____

8. Exemptions Claimed: Federal M- _____ State M- _____
S- _____ S- _____

9. Deductions from you paycheck:
Federal \$ _____ Per _____
State \$ _____ Per _____
FICA \$ _____ Per _____
Medical/Dental \$ _____ Per _____
Other [Specify] \$ _____ Per _____

10. Describe the type and amount of other income [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits [car, car allowance, meals, membership, etc.] _____

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
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

What: _____ If yes,

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 _____ Business Phone _____

5. Social Security Number _____

6. Length of Residence in Minnesota _____

7. Birthplace _____ Birthdate _____ Age _____

8. Present Health _____

9. Is your spouse presently in the military service? _____

10. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3. Occupation _____

4. Length of Time with this

Employer _____

5. How often is spouse regularly paid:

Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

6. Gross Earnings \$ _____ Per _____

7. Net Earnings \$ _____ Per _____

8. Exemptions Claimed: Federal M- _____ State M-

_____ S- _____ S- _____

9. Deductions from you paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other [Specify] \$ _____ Per _____

10. Describe the type and amount of your spouse's other income [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits of your spouse [car, car allowance, meals, membership, etc.] _____

12. Detail your spouse's prior work experience [what, when and where] _____

13. 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
Worker's 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 marriages or other relationships]:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with Client? _____ Spouse _____ Both _____

3. Do you want custody of this child/these children? _____

4. Do you expect a contest over who should have custody of the

children? _____

Why? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital [antenuptial] agreement? _____

2. Date of present marriage _____

3. City, county, and state where you were married _____
4. Are you and your spouse living together? _____
5. If not, date of separation _____
6. Are you, or your spouse, pregnant? _____
7. Is there a history of domestic abuse in your marriage relationship? _____
Describe _____
8. Have you or your spouse ever sought an order for protection as a result of domestic abuse? _____

INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____
4. Minor children from your **previous** marriages or relationships: [Do **not** list children born or adopted into your current marriage]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
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 MARRIAGES OR RELATIONSHIPS:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City, county and state of divorce _____

4. Minor children by from your spouse's previous marriages or relationships: [Do not list minor children born or adopted into your current marriage]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 issue _____

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 your spouse _____

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	_____	_____	_____	_____

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>
5. Medical	_____	_____	_____	_____
6. Dental	_____	_____	_____	_____

7. Optical _____
8. Other _____

ASSETS:

A. Homestead

1. Address _____

City _____ County _____ State _____

2. Do you have a copy of a deed to this property? _____

3. Is this property Abstract of 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. Present mortgage or contract for deed balance _____

10. Monthly payment _____

11. To whom are the payments made? _____

12. Does the payment include taxes? _____
Insurance? _____

13. What are the yearly taxes? _____
Insurance? _____

14. Are house payments delinquent? _____ How much? _____

15. On the reverse side of this page, describe all improvements made to the property during the marriage. B. Other Real Estate:

1. Address _____

City _____ County _____ State _____

2. Type _____

3. Do you have a copy of a deed to this property? _____

4. Is this property Abstract or Torrens? _____

If Torrens, Certificate of Title No. _____

Where is the Certificate of Title? _____

5. When was it purchased? _____ Cost _____

6. Amount of down payment _____

7. Source of down payment _____

8. In whose name(s) is the title? _____

9. Present fair market value _____

10. Present mortgage or contract for deed balance _____

11. Monthly payment _____

12. To whom are the payments made? _____

13. Does the payment include taxes? _____ Insurance? _____
14. What are the yearly taxes? _____ Insurance? _____
15. Are payments delinquent? _____ How much? _____
16. On the reverse side of this page, describe all improvements made to the property during the marriage. C. Other Real Estate:
17. Address _____
City _____ County _____ State _____
18. Type _____
19. Do you have a copy of a deed to this property? _____
20. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
21. When was it purchased? _____ Cost _____
22. Amount of down payment _____
23. Source of down payment _____
24. In whose name(s) is the title? _____
25. Present fair market value _____
26. Present mortgage or contract for deed balance _____
27. Monthly payment _____
28. To whom are the payments made? _____
29. Does the payment include taxes? _____ Insurance? _____
30. What are the yearly taxes? _____ Insurance? _____
31. Are payments delinquent? _____ How much? _____

32. On the reverse side of this page, describe all improvements made to the property during the marriage.

WE WILL NEED A COPY OF A DEED OR MORTGAGE CONTAINING THE LEGAL DESCRIPTION FOR EACH PARCEL OF REAL ESTATE.

D. Savings Accounts:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____
Name(s) on Account _____

E. Certificate of Deposit:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____
Name(s) on Account _____

F. Checking Accounts:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____
Name(s) on Account _____

G. Cash Management or Brokerage Accounts:

1. Depository _____ Balance _____
Name(s) on Account _____

2. Depository _____ Balance _____
Name(s) on Account _____

H. Stock:

1. Depository _____ Balance _____
Name(s) on Account _____

2. Depository _____ Balance _____
Name(s) on Account _____

I. Bonds:

1. Depository _____ Balance _____
Name(s) on Account _____

2. Depository _____ Balance _____
Name(s) on Account _____

J. Safe Deposit Box:

Depository _____

Describe contents _____

Who has access? _____

K. 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.	_____	_____	_____

L. Does anyone owe you or your spouse money? _____

1. Who _____ How much \$ _____

2. Who _____ How much \$ _____

M. Did **you** bring property or money into this marriage? _____

Describe _____

N. Did **your spouse** bring property or money into this marriage? _____

Describe _____

O. Describe any inheritance **you** have received _____

P. Describe any inheritance **your spouse** has received _____

Q. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? _____

R. Do **your spouse** have any personal injury or worker's compensation claim pending or has **your spouse** received any settlement or award? _____

S. Life Insurance

1. Company _____

2. Type of Policy _____

3. Name of Insured _____

4. Name of Beneficiary _____

5. Annual Premium _____ Face Value _____ Cash Value _____

1. Company _____

2. Type of Policy _____

3. Name of Insured _____

4. Name of Beneficiary _____

5. Annual Premium _____ Face Value _____ Cash Value _____

1. Company _____

2. Type of Policy _____

3. Name of Insured _____

4. Name of Beneficiary _____

5. Annual Premium _____ Face Value _____ Cash Value _____

T. Motor Vehicles Driven by YOU:

1. Kind _____ Year _____ Model _____

2. In whose name? _____

3. Balance owed _____ Payments _____ Per _____

4. Payments made to whom? _____

Motor Vehicles Driven by SPOUSE:

1. Kind _____ Year _____
Model _____

2. In whose name? _____

3. Balance owed _____ Payments _____
Per _____

4. Payments made to whom? _____ U. Recreational Vehicles:

	Make and Model	Value	Payments	Balance Due
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat, Motor & Trailer	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles	_____	\$ _____	\$ _____	\$ _____

V. Value of:
Jewelry \$ _____ Furs \$ _____ Art \$ _____
Precious Metals \$ _____ Collections [describe] \$ _____

W. Household Goods and Furnishings:
1. Estimated value _____
2. Balance owed _____ Payments _____ Per _____
3. Payments made to whom? _____

X. Describe any other assets that you know of _____

DEBTS:

	<u>Creditors</u>	<u>Balance</u>	<u>Monthly</u>	<u>Reason Debt</u>	<u>Person Incurring</u>
		<u>Due</u>	<u>Payment</u>	<u>Incurred</u>	<u>Debt</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

MISCELLANEOUS:

1. Do you or your spouse have a will? _____
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? _____ If so, what name is desired? _____

4. Are you or your spouse named as a party in any pending lawsuit, including
bankruptcy? _____

A COPY OF THE SUMMONS AND PETITION AND ANY OTHER COURT DOCUMENTS CONCERNING YOUR CASE, IF ANY, AS WELL AS LEGAL DESCRIPTIONS, TAX RETURNS, FINANCIAL STATEMENTS, AND OTHER FINANCIAL RECORDS SHOULD BE PROVIDED AS SOON AS POSSIBLE.

I understand that _____ charges \$ _____ per hour for consultations, telephone conferences, and other time spent on my behalf. I agree to pay for these services.

Dated: _____
Signature