

**Jaspers, Moriarty & Walburg, 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

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 \_\_\_\_\_ 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>Due</u>	<u>Monthly</u> <u>Payment</u>	<u>Reason Debt</u> <u>Incurred</u>	<u>Person Incurring</u> <u>Debt</u>
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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