



JASPERS  
MORIARTY  
WETHERILLE

## 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 clearly.

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: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. What is your preferred method of contact?  Email  Phone  Office Meetings

8. I would like invoices sent via email:  Yes  No  
(By selecting yes, invoices will only be sent via email)

9. Social Security Number: \_\_\_\_\_

10. Length of Residence in Minnesota: \_\_\_\_\_

11. Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

12. Present Health: \_\_\_\_\_

13. Are you presently in the military service? Yes No
14. Name of person, other than your spouse, who would be most likely to always know where you can be reached: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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. Describe the type and amount of other income (overtime, bonuses, commissions, other employment, etc.):  
 \_\_\_\_\_
8. Describe all other employment benefits (car, car allowance, meals, membership, etc.):  
 \_\_\_\_\_
9. Please attach or forward a recent paystub. \_\_\_\_\_
10. Do you receive, or expect to receive, any of the following as income?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Public Assistance                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Benefits for Yourself   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Benefits for Child[ren] | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unemployment Compensation               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Worker's Compensation                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rental Income                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Income                            | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Length of Residence in Minnesota: \_\_\_\_\_
8. Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
9. Present Health: \_\_\_\_\_
10. Is your spouse presently in the military service? Yes No
11. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION:**

1. Employer: \_\_\_\_\_
2. Address: \_\_\_\_\_
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. Describe the type and amount of your spouse's other income (overtime, bonuses, commissions, other employment, etc.):  
\_\_\_\_\_

7. Describe all other employment benefits of your spouse (car, car allowance, meals, membership, etc.):

\_\_\_\_\_

8. Detail your spouse's prior work experience (what, when and where):

\_\_\_\_\_

9. 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
- Worker's Compensation Yes No
- Rental Income Yes No
- Other Income Yes No

If yes, what: \_\_\_\_\_

**CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:**

1. Children (do **not** list children from previous marriages or other relationships):

<u>Name, First Middle and Last</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Who do the children now live with? You Your 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? Yes No

Why? \_\_\_\_\_

5. What are the current parenting time arrangements and schedule with your children?

\_\_\_\_\_

6. Do you want to see changes to the current parenting time arrangements and schedule? If so, what?

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**MARITAL INFORMATION:**

- 1. Did you sign a pre-marital (antenuptial) agreement? Yes No
- 2. Date of present marriage: \_\_\_\_\_
- 3. City, county, and state where you were married: \_\_\_\_\_
- 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. Is there a history of domestic abuse in your relationship? Yes No  
If yes, your attorney will follow-up with you for more information.
- 8. Have you or your spouse ever sought an order for protection as a result of domestic abuse?  
Yes No

**INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS:**

- 1. Were you previously married? Yes No
- 2. When were you divorced? \_\_\_\_\_
- 3. City, county and state of divorce: \_\_\_\_\_
- 4. 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 \_\_\_\_\_
8. Maintenance and child support payments paid by you:  
 Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_
9. Assets awarded to you: \_\_\_\_\_  
 \_\_\_\_\_

**INFORMATION ABOUT YOUR SPOUSE'S OTHER MARRIAGES 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 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 issued:

\_\_\_\_\_

7. Maintenance and child support payments received by your spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

8. Maintenance and child support payments paid by your spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

9. Assets awarded to your spouse: \_\_\_\_\_

\_\_\_\_\_

**YOUR HEALTH INSURANCE:**

1. Coverage provided for (check all that apply):

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
Medical	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Optical	_____	_____	_____	_____
Other	_____	_____	_____	_____

**SPOUSE'S HEALTH INSURANCE:**

1. Coverage provided for (check all that apply):

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
Medical	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Optical	_____	_____	_____	_____
Other	_____	_____	_____	_____

**ASSETS:**

A. Homestead

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Do you have a copy of a deed to this property?  Yes  No

3. Is this property Abstract or Torrens?  Yes  No

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? Yes No Insurance? Yes No

13. What are the yearly taxes? \$\_\_\_\_\_ Insurance? \$\_\_\_\_\_

14. Are payments delinquent? Yes No Amount \$\_\_\_\_\_

B. Other Real Estate:

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type: \_\_\_\_\_

3. Do you have a copy of a deed to this property? Yes No

4. Is this property Abstract or Torrens? Yes No

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. What is the 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? Yes No Insurance? Yes No

14. What are the yearly taxes? \$\_\_\_\_\_ Insurance? \$\_\_\_\_\_

15. Are payments delinquent? Yes No Amount \$\_\_\_\_\_

C. Other Real Estate:

1. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Type: \_\_\_\_\_
3. Do you have a copy of a deed to this property? Yes No
4. Is this property Abstract or Torrens? Yes No  
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. What is the 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? Yes No Insurance? Yes No
14. What are the yearly taxes? \$ \_\_\_\_\_ Insurance? \$ \_\_\_\_\_
15. Are payments delinquent? Yes No Amount \$ \_\_\_\_\_

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. Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

M. Did you bring property or money into this marriage?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_

N. Did your spouse bring property or money into this marriage?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_

O. Describe any inheritance you have received:

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P. Describe any inheritance your spouse has received:

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

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

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S. Life Insurance

1. Company: \_\_\_\_\_

2. Type of Policy: \_\_\_\_\_

3. Name of Insured: \_\_\_\_\_

4. Name of Beneficiary: \_\_\_\_\_

5. Annual Premium \$ \_\_\_\_\_

6. Face Value \$ \_\_\_\_\_

7. Cash Value \$ \_\_\_\_\_

1. Company: \_\_\_\_\_
2. Type of Policy: \_\_\_\_\_
3. Name of Insured: \_\_\_\_\_
4. Name of Beneficiary: \_\_\_\_\_
5. Annual Premium \$ \_\_\_\_\_
6. Face Value \$ \_\_\_\_\_
7. Cash Value \$ \_\_\_\_\_

1. Company: \_\_\_\_\_
2. Type of Policy: \_\_\_\_\_
3. Name of Insured: \_\_\_\_\_
4. Name of Beneficiary: \_\_\_\_\_
5. Annual Premium \$ \_\_\_\_\_
6. Face Value \$ \_\_\_\_\_
7. Cash Value \$ \_\_\_\_\_

T. Motor Vehicles Driven by you:

1. Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_

U. Motor Vehicles Driven by your spouse:

1. Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_

V. Recreational Vehicles:

	<u>Make and Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat, Motor and Trailer	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles	_____	\$ _____	\$ _____	\$ _____

W. Value of personal property. Please list any particular items of personal property with significant value (i.e. jewelry).

Value \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X. Describe any other assets that you know of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEBTS:**

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

**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 yes, what name is desired? \_\_\_\_\_
4. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy? Yes No

**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.**