QUARNSTROM & DOERING, P.A.

DISSOLUTION OF MARRIAGE INTAKE FORM

This document is intended for a marital dissolution client to complete.

Dissolution of Marriage Questionnaire

I. GENERAL INFORMATION

Your Name:					
	First	Middle	Last	Maiden	
Your Addres	s, including cou	ınty:			
Your Date of	Birth:				Age:
Your Social S	Security No.: _		Phone No.	:	
Your email a	ddress:				
Name of Spo	ouse:				
_	First	Midd	le Last	Maiden	
Spouse's Add	lress:				
What is your	spouse's birth	date:			Age:
Spouse's Soc	ial Security No.	:	Phone No.	:	
On what date	e were you mar	ried to your pres	ent spouse?		
In what city/	county and sta	te were you and	your present spouse m	narried?	
If separated,	what date did y	ou and your spo	ouse separate?		
-	•		d a separate divorce ac		
			nich county?		
How long ha	ve you	and/or your	spouse resi	ided in this state?	
Are you	or y	our spouse	presently in	n the military service	ce?
Yes	No				
Do you wish	to have your n	ame changed as	a part of this proceeding	ng? Yes	. No
If yes, what c	lo you want yo	ur name changed	l to?		

II. CHILDREN

Children born or legally adopted of this marriage

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?			
, , ,	, 1	,	No	_				
•	Will custody be an issue? Yes No If yes, please complete Appendix A, Childcare Duties.							
If you have a proposed parenting time schedule, please complete the schedule attached as Appendix B, Parenting Time.								
Do you or your spouse have children from a prior marriage or relationship? Yes No If so, what are their names and dates of birth?								

Parent education program. By statute, in any dissolution case in which custody is contested, the parties MUST attend a court-approved parenting education program. Furthermore, even if custody is not contested, most courts make attendance at a parenting education program mandatory. If you decide to enroll in such a program, you may wish to wait until you know the initial pleadings have been filed in the case, as some courts, such as Hennepin County, require the program to be completed within 60 days of service of the original complaint. Your children may also be required to attend a separate education program, designed to address the feelings your children may experience as a result of your separation and divorce. Your certificate(s) must be filed with the court before the dissolution will be granted.

You may review class information and sign up for a class at [insert information on classes]. Please notify me as soon as you have signed up for a class.

III. CHILD SUPPORT AND SPOUSAL MAINTENANCE

A. General

	or children are involved in a dissolution. Are there k I should know? Yes No	
If so, please explain?		
B. Your Employment and Income		
Are you presently employed? Yes	No If yes, specify the following:	
Employer:	Occupation:	
Address:		
How long have you been employed at this job	?	
Gross income per\$		
Net take home pay (Gross) \$	= \$	
C. Other Party's Employment and Income		
Is your spouse presently employed? Yes	No If yes, specify the followin	g:
Employer:	Occupation:	
Address:		
Gross income per\$		
Net take home pay (Gross) \$	= \$	
D. Insurance		
Do you or your spouse	provide insurance for the children? Yes No	
What is the cost \$	per	
Who does the insurance cover?		
E. Child Care Expenses		
Where do your children receive daycare/after	school care?	
What are your monthly child care expenses? \$_	per	
Who pays those? You Other	parent	
Are you or your spouse please complete Appendix C, Necessary Mont	requesting spousal maintenance? If yes, hly Expenses.	

IV. RETIREMENT ACCOUNTS

A. Your retirement accounts

Account Name or Institution	Approximate value	Year started
B. Your spouse's retiremen	at accounts	
Account Name or Institution	Approximate value	Year started
V. BUSINESS INTERESTS		
	spouse hav	ve any interest in any business??
Do you or your		
Do you or your Yes No		
Do you or your Yes No VI. LIFE INSURANCE	If yes, please complete Ap	pendix D, Business Interests.
Do you or your Yes No VI. LIFE INSURANCE Do you or your	If yes, please complete Ap	ependix D, Business Interests.
Do you or your Yes No VI. LIFE INSURANCE Do you or your Yes No	If yes, please complete Ap	ependix D, Business Interests.
Yes No VI. LIFE INSURANCE Do you or your Yes No VII. NON-MARITAL ASSE	If yes, please complete Aperson spouse ow If yes, please complete Aperson TS	ependix D, Business Interests.

Was there an ar	ntenuptial (pre-	marriage) agree:	ment executed be	etween you and your	spouse?
Yes	No	_			
Did you				e money or assets dur	ring the marriage
				a gift to one of you No	
			receive	a personal injury or No	worker's
Are you	, your s	spouse	_, or both of you	beneficiaries of any	trust?
Yes	No	_			
Details of the a	lbove:				
VIII. REAL E	ESTATE				
Do you and/or complete Appe			Yes	No If yo	es, please
IX. PERSON	AL PROPERT	ΓY			
				owing items, indicate the asset should belo	•
Item	Husband	Wife	Joint	Possession	Proposal
Household contents					
Stocks bonds					
Securities					
Checking Account #1					
Checking Account #2					
Savings Account #1					
Savings Account #2					

Motor Vehicles

Year	Make and Model	How titled	Current Value	Lien Amount	Lien Holder	Monthly payment	In whose possession now?	Who should keep?

Boats, Motors, Campers, Snowmobiles, Trailer, etc. (for boats, include model number)

Year	Make and Model	How titled	Current Value	Lien Amount	Lien Holder	Monthly payment	In whose possession now?	Who should keep?

Other: (Such as Power Equipment, Tools, Guns, Valuable Animals, etc.)

Item	Year	How titled	Current	Lien	In whose	Who should
Description	purchased		value	Amount	possession	keep?

XV. DEBTS

Secured Debts (include car loans and real estate mortgages)

Creditor	Amount owing	Monthly payment	When incurred	Debt in whose name?	Reason for debt	Collateral given	Who should pay?

Unsecured Debts (credit cards, etc.):

Creditor	Amount owing	Monthly payment	When incurred	Debt in whose name?	Reason for debt	Who should pay?

How do you believe the debts should be divided and why?	
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XVII. DOCUMENTS

Please provide the following documents to me:

- 1. Your latest three (3) pay stubs.
- 2. Your spouse's latest three (3) pay stubs, if you can get them.
- 3. Your most recent tax return.
- 4, A copy of the deed(s) for all real estate you and/or your spouse own, if in your possession.
- 5. A copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry or other valuable items of personal property owned by you and/or your spouse; and
- 6. A copy of your most recent statements for all 401(k), other retirement plans and investments owned by you and/or your spouse.

Appendix A

CHILDCARE DUTIES

Child-related duties	Your %	Other Parent %
Bathing		
Preparing meals		
Putting children to bed		
Attending to them during the night		
Getting them up in the morning		
Getting them ready in the morning		
Feeding		
Dressing		
Laundry		
Making sure they are well-equipped for school		
Helping with homework		
Supervising brushing teeth		
Washing hair		
Nail clipping		
Getting them to and from school		
Getting them to and from school events		
Getting them to and from sporting/extracurricular events		
Parent Teacher meetings		
Discipline/manners		
Rewarding them for good grades/good conduct in school		
Making doctor and dentist appointments		
Grocery shopping		
Shopping for their clothes		
Taking them to and from doctor appointments		
Taking them to and from dentist appointments		
Taking them to and from daycare		
Other (please specify)		

and r	custody identifies who will have a right to make decisions regarding the educat nedical upbringing of the child(ren). Are you asking the court to grant legal cust (ren) to yourself the other parent Both	_
Are y	ou and the other parent in agreement regarding legal custody? Yes	_ No
	cal custody identifies with whom the child(ren) will live. Are you asking the corcal custody of the child(ren) to yourself the other parent	
Are y	ou and the other parent in agreement regarding physical custody? Yes	_ No
Are y	ou asking that the other parent's parenting time be supervised? Yes	_ No
Appe	endix B	
PAR	ENTING TIME SCHEDULE	
a)	Weekends:	
b)	Week nights or after school:	
c)	Holidays:	
d)	School release days:	
e)	Birthdays:	
f)	Summers:	
g)	Telephone Contact:	
h)	Other:	
Are y	ou and the other parent in agreement regarding this schedule? Yes	_ No

Appendix C

NECESSARY MONTHLY EXPENSES

Debt	Your current	Your projected	Children
Mortgage/rent			
Hazard Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			
Car payment			
Gasoline			
Car insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Contribs.			
Child Care			
Home Maintenance			
School			
Allowances			
Credit Cards			
Bank Loans			
Other Loans			
Misc.			
TOTALS			

Explanation of other expenses above:	
Appendix D	
BUSINESS INTERESTS	
Name of business:	
Is this business a corporation, partnership	
(specify:)
Percentage interest owned by you% or your sp	
Service or product:	
Date interest was acquired, and extent of interest:	
Initial investment:	
Position held:	
Names and addresses of other shareholders, partners, or partie	cipants:
If a corporation, what is your or your spouse's stock interest?	
Names and addresses of directors/officers and their respective	e titles:
Does your spouse provide any services to this business? Yes	No
If yes, give detail:	
Is your spouse compensated for the services rendered? Yes _	
If yes, give detail:	
Have you and your spouse reached an agreement regarding the Yes No If yes, give detail:	
Appendix E	
LIFE INSURANCE	
Carrier:	
Owner of policy:	Policy No.:
On life of:	
Face amount \$ Cash v	value \$

Encumbered in the	e amount of \$			
Beneficiary(ies): _				
Carrier:				
Owner of policy:			Policy No	o.:
On life of:		_		
Face amount \$			Cash value \$	
Encumbered in the	e amount of \$			
Beneficiary(ies): _				
Appendix F				
REAL ESTATE				
Homestead addres	s:			
Is the realty abstra	ct or Torr	ens	property?	
If Torrens, state C	ertificate of Title No.		, and where the ce	rtificate is located:
Date purchased:		Purcha	se price:\$	
			of down payment: \$	
			or down payment.	
W1100 0 11W 111 0 10 V				
3.6	126 77.11	T = //		
Mortgage Type (First, second, home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance
Contract for deed	balance: \$			
	ve the home is worth			

What was the most recent tax assessed value:	: \$	For what year?
Monthly payment: \$		
Are the real estate taxes and/contract for deed payment? Yes		included in the mortgage or
If no, are the real estate taxes and/	or insurance	payments escrowed?
If yes, where?		
When is your homeowner's insurance due an	d payable?	
What is the cost of your homeowner's insura	nce per year?	
How much are the real estate taxes on the pr	coperty per year?	
When is your mortgage or contract for deed	payment payable?	
What major improvements have been made	to the realty since ye	ou purchased it, what was the cost
of the improvements, and who has these rece	ords?	
Have you and your spouse agreed on a way of	of distributing this p	property? Yes No
For instance, you purchase your spouse's into your interest, the two of you might agree to s		
Please list details of agreement:		
Other Real Estate		
ADDENDUM		
Homestead address:		
Legal description (from Deed, Abstract, or C	Certificate of Title—	-Not Tax Statement:
Is the realty abstract or Torrens .		
If Torrens, state Certificate of Title No	, and whe	re the certificate is located:
Date purchased:	Purchase price:\$	
Down payment: \$	_ Source of down	payment: \$
In whose name is the property held?		

		Original Balance	Current Balance		
Contract for deed balance: \$ Owners of contract for deed: Address: What is the property worth? \$ Tax assessed value: \$ Approximate Equity: \$ Monthly payment: \$					
Are the real estate taxes		included in payments	included in the mortgage or payments escrowed?		
If yes, where?					
When is your homeowner's insurance due and payable?					
What is the cost of your homeowner's insurance per year?					
gage or contract for c	deed payment payabl	e?			
	ty worth? \$ ty worth? \$ ty: \$ taxes ayment? Yes state taxes eowner's insurance do your homeowner's in gage or contract for overents have been m	ty worth? \$ Tax a ty: \$ and/or insurance ayment? Yes No state taxes and/or insurance eowner's insurance due and payable? your homeowner's insurance per year? gage or contract for deed payment payable wements have been made to the realty since	ty worth? \$ Tax assessed value: \$ Y: \$ Monthly payment: \$ included in ayment? Yes No state taxes and/or insurance payments eowner's insurance due and payable?		