

ESTEBO, FRANK & MUNSHOWER, LTD.

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 your answers.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

1. Full Name _____
 2. All previous names 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. Highest Level of Education _____ Year Completed _____
 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 _____

Relationship to you _____
Telephone Number _____
 12. Address for mail if different than home address _____
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YOUR EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3. Occupation _____
Full-time _____ or Part-time _____

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 your 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, memberships, etc.) _____

12. Detail your prior work experience (what, when and where) _____

13. Are you receiving any welfare benefits? _____
In which county? _____ Amount per month \$ _____

SPOUSE'S PERSONAL INFORMATION:

1. Full Name _____

2. All Previous Names 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. Highest Level of Education _____ Year Completed _____

9. Present Health _____

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

11. Address for mail if different than home address _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3.

Occupation _____
Full-time _____ or Part-time _____

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 your spouse's 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, memberships, etc.) _____

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

13. Is your spouse receiving any welfare benefits? _____
In which county? _____ Amount per month \$ _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

1. Children:

<u>Soc. Sec. No.</u>	<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

3. Do you want physical custody of 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. Describe any action that has been taken by either you or your spouse to dissolve this marriage _____

8. State the date, purpose and names of individuals involved in any counseling of you and/or our spouse _____

9. Is there a history of domestic abuse in your marriage relationship? _____ Describe _____

10. Have you or your spouse ever sought an order for protection as a result of domestic abuse? _____

YOUR OTHER MARITAL INFORMATION:

1. Were you previously married? _____

2. How did that marriage end? death ___ divorce ___ annulment ___

3. City, county and state of divorce _____

4. Minor children from previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? _____

6. 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 _____

7. Assets awarded to you _____

SPOUSE'S OTHER MARITAL INFORMATION:

1. Was your spouse previously married? _____
2. How did that marriage end? death ___ divorce ___ annulment ___
3. City, county and state of divorce _____
4. Minor children by spouse's previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? _____

6. Maintenance and child support payments **received by spouse:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

Maintenance and child support payments **paid by spouse:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

7. 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>
1. Medical	_____	_____	_____	_____
2. Dental	_____	_____	_____	_____
3. Optical	_____	_____	_____	_____
4. Other	_____	_____	_____	_____

ASSETS

A. Homestead:

1. Address _____
City _____ County _____ State _____
2. Purchased by Deed or Contract for Deed? _____
(Please furnish copy)
3. When was this homestead purchased? _____ Cost _____
4. Amount of down payment _____
5. Source of down payment _____

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

7. What is the present value? _____
8. Present mortgage or Contract for Deed balance _____
9. Monthly payment _____
10. To whom are the payments made? _____
11. Does the payment include taxes? _____ Insurance? _____
12. What are the yearly taxes? _____ Insurance? _____
13. Are house payments delinquent? _____ How much? _____
14. Describe all improvements made to the property during the marriage _____

B. Other Real Estate:

1.
Address _____
 City _____ County _____ State _____
2.
Type _____
3. Purchased by Deed or Contract for Deed? _____
 (Please furnish copy)
4. When was it purchased? _____ Cost _____
5. Amount of down payment _____
6. Source of down payment _____
7. In whose name(s) is the title? _____
8. Present 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 payments delinquent? _____ How much? _____
15. Describe all improvements made to the property during the marriage _____

C. Other Real Estate:

1.
 Address _____
 City _____ County _____ State _____

2.
 Type _____

3. Purchased by Deed or Contract for Deed? _____
 (Please furnish copy)
4. When was it purchased? _____ Cost _____
5. Amount of down payment _____
6. Source of down payment _____
7. In whose name(s) is the title? _____
8. Present 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 payments delinquent? _____ How much? _____

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

D. Do you own an interest in and operate a business? _____

If yes, name of business: _____

Address of business: _____

E. Motor Vehicles:

Driven by **you**:

1. Kind _____ Year _____ Model _____

2. In whose name? _____

3. Balance owed _____ Payments _____ Per _____

4. Payments made to whom? _____

Driven by **spouse**:

1. Kind _____ Year _____ Model _____

2. In whose name? _____

3. Balance owed _____ Payments _____ Per _____

4. Payments made to whom? _____

F. Recreational Vehicles:

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

G. Savings Accounts:

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

H. Certificates of Deposit:

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

I. Checking Accounts:

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

J. Cash Management or Brokerage Accounts:

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

K. Stock:

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

L. Bonds:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

M. Safe Deposit Box:

Depository _____ Who has access? _____

Describe contents _____

N. List all Pension/Retirement Plans (IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.)

Type	In Whose Name?	Value
1. _____	_____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

1. Who _____ How much \$ _____

2. Who _____ How much \$ _____

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

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

R. Describe any inheritance or substantial gifts **you** have received _____

S. Describe any inheritance **or substantial gifts your spouse** has received _____

T. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award?

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

V. 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 _____

W. Value of:

Jewelry \$ _____ Furs \$ _____ Art \$ _____

Precious Metals \$ _____ Collections (describe) \$ _____

X. Household Goods and Furnishings:

1. Estimated value _____
2. Balance owed _____ Payments _____ Per _____
3. Payments made to whom? _____

Y. Describe any other assets that you know of _____

DEBTS:

<u>Creditor</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? _____
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? _____

PLEASE BRING COPIES OF:

- *All Deeds/Contracts for Deed for Real Estate
- *Personal and Business tax returns for the last 3 years
- *Pay stubs for current year
- *Financial Statements
- *Any other relevant financial documents

BUDGET WORKSHEET

	<u>Self</u>	<u>Minor Child</u>
Residence		
Rent or mortgage payment;	\$ _____	_____
Contract for deed payment;	_____	_____
Real estate taxes; and	_____	_____
Insurance.	_____	_____
Utilities		
Heat (fuel);	_____	_____
Water, sewer;	_____	_____
Electricity;	_____	_____
Telephone;	_____	_____
Refuse disposal;	_____	_____
Cable TV; and	_____	_____
Other _____	_____	_____
Laundry and Dry cleaning	_____	_____
Home Maintenance		
Housecleaning;	_____	_____
Repairs and maintenance;	_____	_____
Yard and landscaping expense; and	_____	_____
Snow removal.	_____	_____
Food and Groceries	_____	_____
Automobile		
Gas and oil;	_____	_____
Repairs and maintenance;	_____	_____
License;	_____	_____
Insurance; and	_____	_____
Installment payments.	_____	_____
Clothing	_____	_____
Grooming, cosmetics, and personal hygiene	_____	_____
Medical		
Insurance;	_____	_____
Unreimbursed medical expense;	_____	_____
Unreimbursed dental expense; and	_____	_____
Unreimbursed counseling and therapy.	_____	_____
Insurance		
Life insurance; and	_____	_____
Disability insurance.	_____	_____

Miscellaneous Personal expenses

Cigarettes;	_____	_____
Newspapers, magazines, books;	_____	_____
Charitable contributions;	_____	_____
Club or association dues;	_____	_____
Recreation and entertainment;	_____	_____
Vacations;	_____	_____
Gifts and special occasion expenses;	_____	_____
Other _____	_____	_____

Educational Expenses

Tuition;	_____	_____
Transportation;	_____	_____
Books and Supplies;	_____	_____
School lunches; and	_____	_____
School activities.	_____	_____

**Children's allowances, lessons,
and activities**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Babysitting and/or Daycare

_____	_____
-------	-------

Debt Payments

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Expense items

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$ _____