

CLIENT QUESTIONNAIRE
NEW DISSOLUTION

YOUR INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____ / _____ (County)

Phone number: _____ / _____ / _____
(Cell) (Home) (Work)

NOTE: If we are NOT to call a certain number, please indicate which one(s).

What is the best time/number to call you? _____

Email address: _____ (Please indicate if it is not ok to send emails to this address)

Social security number: _____ (Do not email this information)

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Education:	<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> 9 th -12 th grade, no diploma
	<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Some college credits, but no degree
	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____	<input type="checkbox"/> Asian Indian
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Samoan
		<input type="checkbox"/> Other _____

Are there any minor children born of this marriage? _____ If so state their:

First, middle initial, last name:	Age:	Gender:	DOB:	Place of birth:	Social security #: <small>(Do not email this information)</small>

Date of marriage: _____ Number of years married: _____

Place of marriage: _____

Approximate date separated, if applicable: _____

Number of this marriage (first, second, etc.): _____

If previously married, how did the other(s) end (death, divorce)?: _____

Child(ren)'s Residence for the past five years:

Dates (From/To)	Address (including city and state) where child lived	Name and present address of person child lived with	Relationship to child

YOUR SPOUSES INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____ / _____ (County)

Phone number: _____ (cell) _____ (home) _____ (work)

Email Address: _____

Social security number: _____ (Do not email this information)

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

Number of this marriage (first, second, etc.): _____

If previously married, how did the other(s) end (death, divorce)?: _____

Education:	___ 8 th grade or less	___ 9 th -12 th grade, no diploma
	___ High school graduate or GED completed	___ Some college credits, but no degree
	___ Associates Degree	___ Bachelor's Degree
	___ Masters Degree	___ Doctorate

Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____	<input type="checkbox"/> Asian Indian
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Samoan
	(specify) _____	<input type="checkbox"/> Other _____

Besides a fair distribution of assets and debts, what are you seeking in this Petition?

- Custody of the minor child(ren) & child support
- Alimony
- Attorney fees
- Maiden name restored
- Restraining order
- Other: _____

Is a hearing on temporary matters requested? _____

Who currently pays for the health insurance of the minor child(ren), if any? _____

What is the monthly premium? \$ _____

If minor children are involved, is there a monthly expense for child care? _____

If so, what is the current amount? \$ _____ (per week or per month)

Who currently pays for the child care expense? _____

*****ATTEND CHILDREN COPE WITH DIVORCE CLASS ASAP, IF APPLICABLE.**

*****PROVIDE COPIES OF YOUR THREE MOST RECENT PAYSTUB AND TAX RETURNS FOR THE PAST FIVE YEARS.**

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

IN RE THE MARRIAGE OF _____ AND _____.

Petitioner,

and Concerning,

Respondent.

AFFIDAVIT OF FINANCIAL STATUS

I, _____, the Petitioner in the above-entitled matter, being first duly sworn, state that the following is a true and complete statement of my assets and liabilities, under Division I (and my present income and expenses under Division II, if applicable) as of the ____ day of _____, 202__.

DIVISION I - NET WORTH STATEMENT

ASSETS

IF ANY OF THE BELOW ASSETS OR DEBTS WERE OWNED/OWED PRIOR TO MARRIAGE, PLEASE MAKE SPECIAL NOTE OF THAT

IF ANY OF THE BELOW ASSETS WERE INHERITED BY EITHER PARTY OR GIFTED TO ONE PARTY PLEASE MAKE SPECIAL NOTE OF THAT

IF EITHER PARTY RECEIVED ANY INHERITANCE OR GIFT THAT IS NOT REFLECTED IN ANY OF THE ITEMS BELOW PLEASE MAKE SPECIAL NOTE OF THAT

Description	How is it titled* (H,W,J,C,T)	Market Value	Encumbrance (Amount owing)	Net Value
Real Estate Address: _____	Joint/Husband/ Wife	\$ _____	\$ _____	\$ _____
<hr/>				
Vehicles				
Year/Make/Model: _____	J/H/W	\$ _____	\$ _____	\$ _____
Year/Make/Model: _____	J/H/W	\$ _____	\$ _____	\$ _____
Year/Make/Model: _____	J/H/W	\$ _____	\$ _____	\$ _____
Year/Make/Model: _____	J/H/W	\$ _____	\$ _____	\$ _____
Year/Make/Model: _____	J/H/W	\$ _____	\$ _____	\$ _____
<hr/>				
Life Insurance:				
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
<hr/>				
Investment/Securities/Retirement Accounts:				
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
<hr/>				
Cash and Bank Accounts:				
Bank: _____ Type of Acct: _____	J/H/W	\$ _____	\$ _____	\$ _____
Bank: _____ Type of Acct: _____	J/H/W	\$ _____	\$ _____	\$ _____

Bank: _____	J/H/W	\$ _____	\$ _____	\$ _____
Type of Acct: _____				
Bank: _____	J/H/W	\$ _____	\$ _____	\$ _____
Type of Acct: _____				
Bank: _____	J/H/W	\$ _____	\$ _____	\$ _____
Type of Acct: _____				
Bank: _____	J/H/W	\$ _____	\$ _____	\$ _____
Type of Acct: _____				

Household Contents:

Furniture: _____	J/H/W	\$ _____	\$ _____	\$ _____
Appliances: _____	J/H/W	\$ _____	\$ _____	\$ _____

Pensions

Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____

Inherited, Gifted or Property Brought into the Marriage:

Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____

TOTAL INHERITED, GIFTED OR PROPERTY BROUGHT INTO THE MARRIAGE: \$ _____

Other Assets (Ex: Jewelry, Guns, Tools, Computer, Machinery, Etc):

Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____

TOTAL ASSETS: \$0.00

Less Other Debts

Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____
Description: _____	J/H/W	\$ _____	\$ _____	\$ _____

TOTAL OTHER DEBTS: \$ _____

NET WORTH: \$ _____

*Ownership: H=Husband W=Wife J=Joint C=With Child T=With Third Party

DIVISION II - CURRENT INCOME AND EXPENSES

A. Income sources for _____ (us)

Source: _____

Gross: \$ _____ per month

Net: \$ _____ per month

Deductions:

- _____ Federal Tax with self + 1 dependent exemption
- _____ State Tax
- _____ FICA (Social Security and Pensions)
- _____ Union Dues
- _____ Occupational License Fees
- _____ Prior obligation of child support paid
- _____ Prior obligation of medical support
- _____ Child care expenses less tax credits
- _____ Disability and Unemployment Insurance

B. Income Sources for _____ (other party)

Source: _____

Gross: \$ _____ per month

Net: \$ _____ per month

Deductions:

- _____ Federal Tax with self + 1 dependent exemption
- _____ State Tax
- _____ FICA (Social Security and Pensions)
- _____ Union Dues
- _____ Occupational License Fees
- _____ Prior obligation of child support paid
- _____ Prior obligation of medical support
- _____ Child care expenses less tax credits
- _____ Disability and Unemployment Insurance

C. Residential Arrangements

Are both parents living in the same dwelling? Yes / No

If there are children, which parent or other person has physical care of the children? _____

Do the children reside in the family dwelling or elsewhere? Family Dwelling or _____

D. Personal Monthly Expenses

Household Expenses:

Association Fees	\$ _____	per Month
Electricity, Oil, Gas	\$ _____	per Month
House Payment or Rent	\$ _____	per Month
Household Insurance	\$ _____	per Month
Lawn Care	\$ _____	per Month
Real Estate Taxes	\$ _____	per Month
Repairs and Maintenance	\$ _____	per Month
Snow Removal	\$ _____	per Month
Telephone	\$ _____	per Month
Water, Garbage, Sewer	\$ _____	per Month

Personal and Incidental:
Clothing (including children) \$ _____ per Month
Club and Membership Dues \$ _____ per Month
Cosmetics/Personal Grooming \$ _____ per Month
Incidentals \$ _____ per Month
Laundry and Dry Cleaning \$ _____ per Month
Meals and Food \$ _____ per Month
Pet Care and Maintenance \$ _____ per Month
Vacation \$ _____ per Month

Transportation:
Car Insurance \$ _____ per Month
Car Maintenance/Repairs \$ _____ per Month
Car Payments \$ _____ per Month
Car Registration \$ _____ per Month
Gas and Oil for Cars \$ _____ per Month
Parking Fees \$ _____ per Month

Medical:
Dental and Orthodontia \$ _____ per Month
Drugs, Prescription, Medicine \$ _____ per Month
Health Insurance \$ _____ per Month
Medical and Chiropractic \$ _____ per Month
Optical and Optometrist \$ _____ per Month
Unreimbursed medical \$ _____ per Month

Education:
Allowances, Books, Games \$ _____ per Month
Classes, Lessons, Tutors \$ _____ per Month
School Activities/Supplies \$ _____ per Month
School lunches \$ _____ per Month
Special Events/Circumstances \$ _____ per Month
YMCA, Campfire, Preschool \$ _____ per Month

Insurance:
Disability Insurance \$ _____ per Month
Life Insurance \$ _____ per Month

Child Care:
Babysitting \$ _____ per Month
Day Care \$ _____ per Month

Child and Spouse Support:
Child Support \$ _____ per Month
Spouse Support \$ _____ per Month

Recreation and Hobbies:
Books and Novels \$ _____ per Month
Cable-Satellite TV \$ _____ per Month
Hobbies (Sports and Crafts) \$ _____ per Month
Magazines \$ _____ per Month
Newspapers \$ _____ per Month
Recreation and Entertainment \$ _____ per Month

Donations and Gifts:
Donations \$ _____ per Month
Gifts \$ _____ per Month

Monetary, Banking, Legal:
Attorney and Broker Fees \$ _____ per Month
Bank and Investment Fees \$ _____ per Month
IRA's \$ _____ per Month
Savings Plans \$ _____ per Month
Tax Preparation/Accounting \$ _____ per Month

Miscellaneous (Any other expenses)
_____ \$ _____ per Month

TOTAL MONTHLY EXPENSES: \$ _____

E. Installment Payments and Other Debts

	Monthly Payment	Balance Due
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____

TOTAL BALANCE DUE FOR INSTALLMENT
PAYMENTS AND OTHER DEBTS: \$ _____

Subscribed and sworn to before me by the said _____ on this ____ day of _____, 202__.

Notary Public in the State of Iowa