



ENGEL
LAW OFFICE

*The Kensington, Suite J
157 West Third Street
Winona, Minnesota 55987
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**MINNESOTA
CHILD SUPPORT
QUESTIONNAIRE**

READ THE FOLLOWING CAREFULLY: Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page. **ALL INFORMATION YOU PROVIDE ON THIS FORM IS STRICTLY CONFIDENTIAL AND PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE.**

Date: _____ Referred by: _____

YOUR PERSONAL INFORMATION

Your full name: _____

Previous names you have used: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Address to which mail should be sent: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Method of contact: I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home work cell e-mail (check all that apply). **DO NOT CONTACT ME** at home work cell e-mail (check all that apply).

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Your state of health: _____ Family doctor: _____

Emergency contact: In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: _____ Address: _____

Phone number(s): _____ Relationship: _____

OTHER PARTY'S PERSONAL INFORMATION

Other party's name: _____

Other names used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

SSN: _____ Birthdate: _____

MINOR CHILDREN

List all of your minor children:

Full Name	Birthdate	Social Security Number	In whose physical custody?

Physical or emotional disabilities of children: _____

Who is presently claiming the tax exemption(s) for the minor child(ren)? _____

Children not of this relationship:

Full Name	Birthdate	Social Security Number	Whose child and in whose custody?

Are you or the other party presently under an obligation to pay child support and/or maintenance as a result of a former marriage/relationship? If so, please specify the type of payment and the monthly amount:

Attach copies of your most recent child support order regarding each child for which you are presently paying support. This document is probably entitled "Findings of Fact, Conclusions of Law, Order for Judgment and Judgment and Decree" and "Order."

PRESENT EMPLOYMENT INFORMATION

*Complete information for all present jobs or sources of income

	YOU	OTHER PARTY
Name/address of employer		
Job Title/Description		
Length of time with this employer		
Benefits provided (specify): <ul style="list-style-type: none"> • Medical • Dental • Pension/401K • Life Insurance • Other 		
Hours worked per week		
Other jobs/sources of income (provide information as above)		

PREVIOUS EMPLOYMENT INFORMATION

*Complete information for all jobs held within last 5 years, not including present job

	Employer	Job Held	Salary
YOU			
OTHER PARTY			

INCOME INFORMATION

It is **VERY IMPORTANT** that this information be as accurate as possible—please attach proof of income, if possible (paystub, etc.)

YOUR INCOME:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Child’s Derivative Social Security or Veterans’ Benefits	\$
Commissions	\$	Military and Naval Retirement	\$
Spousal Maintenance Received	\$	Disability Payments	\$
Pension Payments	\$	Annuity Payments	\$
Workers’ Compensation	\$	Self-Employment	\$
Unemployment Benefits	\$	Other source of income _____	\$
Total monthly income received:			\$

OPPOSING PARTY’S INCOME:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Child’s Derivative Social Security or Veterans’ Benefits	\$
Commissions	\$	Military and Naval Retirement	\$
Spousal Maintenance Received	\$	Disability Payments	\$
Pension Payments	\$	Annuity Payments	\$
Workers’ Compensation	\$	Self-Employment	\$
Unemployment Benefits	\$	Other source of income _____	\$
Total monthly income received:			\$

- Total monthly health care insurance costs for the child/ren that you have with the other party: \$ _____
- Total monthly child care expenses for the child/ren that you have with the other party: \$ _____

Comments or things you would like us to know about the other parties’ income: _____

DEBTS

Creditor	Balance Due	Monthly Payment	Reason Debt Incurred	Person Incurring Debt

MONTHLY LIVING EXPENSES

TYPE OF EXPENSE (PER MONTH)	YOU	CHILD(REN) if not living with you or spouse
Housing <ul style="list-style-type: none"> • Rent • Mortgage payment • Contract for deed payment • Homeowner's/renter insurance 		
Utilities <ul style="list-style-type: none"> • Heat • Water/sewer • Electricity • Gas • Telephone • Refuse disposal • Cable TV 		
Home maintenance <ul style="list-style-type: none"> • Housecleaning • Household repairs • Yard and landscaping expenses • Snow removal 		
Transportation <ul style="list-style-type: none"> • Car payment • Repairs and maintenance • License • Insurance • Bus/cab fare 		
Clothing/Grooming <ul style="list-style-type: none"> • Clothing purchases • Shoes • Laundry and drycleaning • Haircuts/nail care 		
Food		

<ul style="list-style-type: none"> • Groceries • Dining out • Liquor 		
Medical and dental <ul style="list-style-type: none"> • Insurance premiums • Unreimbursed medical expenses • Unreimbursed optical expenses • Unreimbursed dental expenses 		
Educational expenses <ul style="list-style-type: none"> • Tuition, room and board • Books and supplies • School lunches • School activities 		
Childcare <ul style="list-style-type: none"> • Daycare expenses • Babysitting expenses • Diapers 		
Insurance <ul style="list-style-type: none"> • Life insurance • Disability insurance • Other insurance: _____ 		
Charitable contributions <ul style="list-style-type: none"> • Church • Other: _____ 		
Other: <ul style="list-style-type: none"> • Entertainment • Gifts • Hobbies • Memberships • Pets • Postage • Travel/vacation • Magazine subscriptions • Savings • Pension 		

Dated: _____ **Signed:** _____

TO EXPEDITE THE HANDLING OF THIS MATTER, PLEASE ASSEMBLE AND PHOTOCOPY THE FOLLOWING DOCUMENTS AND PROVIDE THEM TO US AS SOON AS POSSIBLE:

- Any pleadings or other court papers regarding this or any previous dissolution, paternity or other family law matters
- Any other papers or documents requested by us.