



ENGEL
LAW OFFICE

*The Kensington, Suite J
157 West Third Street
Winona, Minnesota 55987
Phone: (507) 453-3646
Fax: (507) 457-0519*

**MINNESOTA
DISSOLUTION
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: _____

YOUR SPOUSE'S PERSONAL INFORMATION

Spouse's full name: _____

Previous names spouse has used: _____

Street address: _____

City _____ State _____ Zip _____ County _____

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Spouse's state of health: _____ Family doctor: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage: _____
(city county state)

Did you or your spouse sign a pre-marital (antenuptial) agreement? Yes No

Have you had marital counseling? Yes No If so, when? _____

Have you and your spouse separated? Yes No If so, when? _____

Describe any action that has been taken by either you or your spouse to dissolve this marriage:

Do you feel there is a chance to save this marriage? _____

What are your primary complaints about your spouse? _____

What are your spouse's primary complaints about you? _____

Describe any history of domestic abuse in your marriage relationship, noting any court or law enforcement involvement: _____

PREVIOUS MARRIAGES INFORMATION

*If possible, attach a copy of the Findings and Decree of Dissolution from your previous marriage.

Previous marriages	Date of Marriage	Date of Divorce	Location of Divorce
You			
Your Spouse			

CHILDREN

Children of this marriage:

Full Name	Birthdate	Social Security Number	In whose physical custody?

Are you, or your spouse, pregnant? _____ If so, what is the due date? _____

Physical or emotional disabilities of children: _____

Have you reached an agreement regarding the custody of your children? If so, describe the arrangement. If not, describe what is in dispute: _____

Children not of this marriage:

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

Have you or your spouse adopted any of the above children? Yes No

If so, give details: _____

Please give the county and state of the Court deciding the custody of your child(ren) from a previous marriage/relationship. Indicate whether a custody study was performed and, if so, by whom (attach a copy if possible): _____

Are you 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: _____

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

PRESENT EMPLOYMENT INFORMATION

*Complete information for all present jobs or sources of income

	YOU	YOUR SPOUSE
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)		

Were or are you or your spouse in military service? If so, describe: _____

PREVIOUS EMPLOYMENT INFORMATION

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

	Employer	Job Held	Salary
YOU			
YOUR SPOUSE			

EDUCATIONAL INFORMATION

	YOU	YOUR SPOUSE
Past: Institutions attended starting from high school including degrees obtained and years of attendance		
Present and Future: Institution attending/to be attended, degree to be obtained and years to obtain		

ASSETS

Real Property: (If neither you nor your spouse own real property, check here ____). Otherwise, complete the requested information for all real property (including mobile homes and undeveloped land) in which either you or your spouse have any ownership interest.

	HOMESTEAD	OTHER _____
Residential address (attach copy of legal description)		
Date acquired		
In whose name		
Purchase price		
Mortgage holder (bank)		
Balance on mortgage		
Monthly mortgage payment		
Present fair market value		
Tax assessor's valuation		
Real estate taxes (yearly)		
Insurance premiums (yearly)		
Mortgage include taxes/insurance ?		
Improvements made to property during marriage		

Bank Accounts/Stocks & Bonds/Pension:

Type	Institution Name/Address	Account Number(s)	Balance	Name(s) On Account
Checking				
Savings				
Stocks/bonds				
Pension				
Other				

Personal Property: Please list personal property under the appropriate category and provide details requested.

Description (include make/model/year)	Purchase Price	Present Value	Balance Owning	In Whose Name?	Who has?
Automobiles					
Boats, motors, campers, snowmobiles, trailers, etc.					
Electronic equipment (computers, stereos, etc.)					
Household furnishings/appliances					
Jewelry and tools					
Other					

Describe any agreement you and your spouse have reached regarding the allocation of real and/or personal property: _____

Describe any pre-marital contributions made by either you or your spouse towards the purchase of *any* assets (real property and personal property): _____

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: _____

Tax Refunds: Do you or your spouse have any State or Federal tax refunds coming to you?
 Yes No If so, give details:_____

Personal Injury/Workers’ Compensation Claims: Describe any personal injury or workers’ compensation claims you or your spouse have had during the course of the marriage: _____

Inheritances: Describe any inheritances you or your spouse have received during the course of the marriage or expect to receive within the next year: _____

Other Receivables: Describe the circumstances of any other money owed to you or your spouse

Comments or things you would like us to know about your (or your spouse's income): _____

INSURANCE

	YOU	YOUR SPOUSE
Life Insurance <ul style="list-style-type: none"> • Name of company • Type of policy (term/whole life, etc) • Provided by employer? • Policy number • On whose life? • Face amount • Surrender value • Beneficiary • Monthly premium 		
Medical Insurance <ul style="list-style-type: none"> • Name of company • Provided by employer? • Type of coverage (medical/dental) • Persons covered • Monthly premium 		

DEBTS

Creditor	Balance Due	Monthly Payment	Reason Debt Incurred	Person Incurring Debt

If you and/or your spouse have ever defaulted on a loan, give details: _____

If you and/or your spouse have ever been named as a party in any pending lawsuit (including bankruptcy), give details: _____

If any of your property is in danger of being repossessed, give details: _____

MONTHLY LIVING EXPENSES

TYPE OF EXPENSE (PER MONTH)	YOU	YOUR SPOUSE	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 			

OTHER

Do you have a will? _____ Date of execution? _____

Do you have an advanced directive? _____ Date of execution? _____

Do you want your name changed as a result of this proceeding? yes/no (circle one)

If so, what name is desired? _____

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
- Previous 5 years tax returns
- Tax statement and legal description of any real property owned
- Financial statements and other records documenting your assets and/or debts.
- Any other papers or documents requested by us.