

Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Any Prior Names?</u> <small><i>(for adopted children, you do not need to list names used before the adoption)</i></small>

17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*

Type of property \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

In the name of \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Mortgage or Contract for Deed balance \$

Monthly payment \$

38. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

### **MOBILE HOME**

39. Do you own a mobile home? Yes \_\_\_\_\_; No \_\_\_\_\_

Who is living there? \_\_\_\_\_ Do you want the mobile home? Yes \_\_\_\_; No \_\_\_\_

Do you know the Vehicle Identification Number (VIN) ?

Yes \_\_\_\_\_ VIN number is \_\_\_\_\_

No \_\_\_\_\_

40. Address \_\_\_\_\_

Street City County State Zip

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$

Balance owed \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Paid to: \_\_\_\_\_

Are your payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1			DEBT # 2			DEBT # 3	
Name of Creditor								
Total Amount Owning	\$			\$			\$	
Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

	DEBT # 4			DEBT # 5			DEBT # 6	
Name of Creditor								
Total Amount Owning	\$			\$			\$	
Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

	DEBT # 7			DEBT # 8			DEBT # 9	
Name of Creditor								
Total Amount Owning	\$			\$			\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

2. Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is his user name? \_\_\_\_\_

Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_

3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_

4. Date of Marriage \_\_\_\_\_  
*Month Day Year*

Place of Marriage \_\_\_\_\_  
*City County State Country*

5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, since what date? \_\_\_\_\_

6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
*(We can keep this information secret if necessary to protect your safety.)*

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

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22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

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23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

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What would help keep the children safe when they are with your spouse? \_\_\_\_\_

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25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*

Type of property \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

In the name of \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Mortgage or Contract for Deed balance \$

Monthly payment \$

38. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

### **MOBILE HOME**

39. Do you own a mobile home? Yes \_\_\_\_\_; No \_\_\_\_\_

Who is living there? \_\_\_\_\_ Do you want the mobile home? Yes \_\_\_\_; No \_\_\_\_

Do you know the Vehicle Identification Number (VIN) ?

Yes \_\_\_\_\_ VIN number is \_\_\_\_\_

No \_\_\_\_\_

40. Address \_\_\_\_\_

Street City County State Zip

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$

Balance owed \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Paid to: \_\_\_\_\_

Are your payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Any Prior Names?</u> <small><i>(for adopted children, you do not need to list names used before the adoption)</i></small>

17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* \_\_\_\_\_ *Disability/Illness* \_\_\_\_\_

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*Name* \_\_\_\_\_ *Disability/Illness* \_\_\_\_\_

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

---

*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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---

Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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---

36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

---

*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*

Type of property \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

In the name of \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Mortgage or Contract for Deed balance \$

Monthly payment \$

38. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

**MOBILE HOME**

39. Do you own a mobile home? Yes \_\_\_\_\_; No \_\_\_\_\_

Who is living there? \_\_\_\_\_ Do you want the mobile home? Yes \_\_\_\_; No \_\_\_\_

Do you know the Vehicle Identification Number (VIN) ?

Yes \_\_\_\_\_ VIN number is \_\_\_\_\_

No \_\_\_\_\_

40. Address \_\_\_\_\_

Street City County State Zip

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$

Balance owed \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Paid to: \_\_\_\_\_

Are your payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_



If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
*(We can keep this information secret if necessary to protect your safety.)*

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*

Type of property \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

In the name of \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Mortgage or Contract for Deed balance \$

Monthly payment \$

38. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

**MOBILE HOME**

39. Do you own a mobile home? Yes \_\_\_\_\_; No \_\_\_\_\_

Who is living there? \_\_\_\_\_ Do you want the mobile home? Yes \_\_\_\_; No \_\_\_\_

Do you know the Vehicle Identification Number (VIN) ?

Yes \_\_\_\_\_ VIN number is \_\_\_\_\_

No \_\_\_\_\_

40. Address \_\_\_\_\_

Street City County State Zip

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$

Balance owed \$ \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_ Paid to: \_\_\_\_\_

Are your payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

2. Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is his user name? \_\_\_\_\_

Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_

3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_

4. Date of Marriage \_\_\_\_\_  
*Month Day Year*

Place of Marriage \_\_\_\_\_  
*City County State Country*

5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, since what date? \_\_\_\_\_

6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owning	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owning	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owning	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_



If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Any Prior Names?</u> <small><i>(for adopted children, you do not need to list names used before the adoption)</i></small>

17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_



If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Any Prior Names?</u> <small><i>(for adopted children, you do not need to list names used before the adoption)</i></small>
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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

---

*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_



If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

<u>Name</u>	<u>Birthdate</u>	<u>Other parent's name</u>	<u>Where does child live?</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

---

*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

2. Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
- Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
*(We can keep this information secret if necessary to protect your safety.)*

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?



26. Were any of the children born before the marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_\_; No \_\_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_; No \_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_\_; No \_\_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
*(We can keep this information secret if necessary to protect your safety.)*

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

(If yes, bring in papers)

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

(If yes, bring in a copy of the order)

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

(You do not need to include a child who has been placed for adoption)

<u>Name</u>	<u>Birthdate</u>	<u>Other parent's name</u>	<u>Where does child live?</u>
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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

(You do not need to include a child who has been placed for adoption)

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

---

*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
*(We can keep this information secret if necessary to protect your safety.)*

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Any Prior Names?</u> <i>(for adopted children, you do not need to list names used before the adoption)</i>
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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

---

*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

### **FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

### **REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

---

*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature



Date of Appointment: \_\_\_\_\_

Attorney: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Paralegal: \_\_\_\_\_

**CLIENT QUESTIONNAIRE – DIVORCE**

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. **Information in this form may be put in documents that will be given to your spouse and the judge. Tell your attorney if there is information in this form that you do not want your spouse to know.**

**PERSONAL INFORMATION**

1. Your Full Name \_\_\_\_\_  
*First Middle Last*

Prior or Other Names \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*

Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*

*(These phone numbers are for us to contact you. They will not be given to your spouse or put in court documents)*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_; No \_\_\_\_\_

Do you have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have an email address? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what is it?: \_\_\_\_\_

Do you use any social networks (Facebook, MySpace, Twitter, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What is your user name? \_\_\_\_\_

- Does your spouse have access to your account? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Spouse's Name \_\_\_\_\_  
*First Middle Last*
- Prior or Other Names \_\_\_\_\_
- Address \_\_\_\_\_  
*Street Apt # City State Zip Code County*
- Telephone: \_\_\_\_\_  
*Home Work Other (whose?)*
- Spouse's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_
- Spouse's Social Security Number: \_\_\_\_\_
- Is your spouse in the military? Yes \_\_\_\_\_; No \_\_\_\_\_
- Does your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- Does your spouse use any social networks (Facebook, etc.)? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, which ones? \_\_\_\_\_
- What is his user name? \_\_\_\_\_
- Do you have access to his account? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Have you lived in Minnesota continuously for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Date of Marriage \_\_\_\_\_  
*Month Day Year*
- Place of Marriage \_\_\_\_\_  
*City County State Country*
5. Are you and your spouse separated? Yes \_\_\_\_\_; No \_\_\_\_\_
- If yes, since what date? \_\_\_\_\_
6. Have you or your spouse ever started any other court proceedings for divorce, or for custody, support or paternity of your children? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, what year? \_\_\_\_\_ County and State: \_\_\_\_\_

Type of case: \_\_\_\_\_

7. Does your spouse want a divorce? Yes \_\_\_\_ No \_\_\_\_

**B. SAFETY**

8. Has your spouse ever slapped, pushed, hit or hurt you physically in any way?

Yes \_\_\_\_; No \_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Has your spouse ever threatened you in any way? Yes \_\_\_\_; No \_\_\_\_

Describe:

10. Are you afraid of your spouse? Yes \_\_\_\_; No \_\_\_\_

**Please call us immediately if you need information on a safe place to stay. You can also call 1-866-223-1111 to find out about safe shelter or to talk to a domestic violence advocate. This number is answered 24 hours a day.**

11. Has your spouse ever abused the children in any way? Yes \_\_\_\_; No \_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you or your spouse ever filed for an Order for Protection? Yes \_\_\_\_; No \_\_\_\_

Was it granted? Yes \_\_\_\_; No \_\_\_\_ If yes, when? \_\_\_\_\_

What county? \_\_\_\_\_ State \_\_\_\_\_ File number \_\_\_\_\_

Is the Order for Protection still in effect? Yes \_\_\_\_; No \_\_\_\_

If yes, when does it expire? \_\_\_\_\_

Who is it for? You \_\_\_\_; your spouse \_\_\_\_; your children \_\_\_\_

Who is it against? You \_\_\_\_; your spouse \_\_\_\_.

Does the OFP grant custody? Yes \_\_\_\_; No \_\_\_\_ If yes, to whom? \_\_\_\_\_

Have you had past OFPs against your spouse? Yes \_\_\_\_; No \_\_\_\_

How many? \_\_\_\_\_ When? \_\_\_\_\_

13. Does your spouse own any guns? Yes \_\_\_\_; No \_\_\_\_

14. Does your spouse know your address & where you work? Yes \_\_\_\_; No \_\_\_\_

If no, is it ok to put this information in court documents? Yes \_\_\_\_; No \_\_\_\_  
***(We can keep this information secret if necessary to protect your safety.)***

**CHILDREN**

15. Do you have children with your spouse? Yes \_\_\_\_; No \_\_\_\_

16. List all of your children by this spouse. List children who were born to you and children who were adopted. List them even if they live outside the United States or live with others. You do not need to list children born to you or your spouse who have been adopted by someone else.

Full Name

Birthdate

Social Security #

Any Prior Names?

*(for adopted children, you do not need to list names used before the adoption)*

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17. Where are the children living? With you \_\_\_\_\_; With your spouse \_\_\_\_\_;  
 With someone else (Who?) \_\_\_\_\_
18. Have your children lived in Minnesota for the last 6 months? Yes \_\_\_\_\_; No \_\_\_\_\_
19. List the addresses where the children have lived during the last 5 years. Name all the adults who lived in the home with the children:

<u>Dates</u>	<u>Address</u>	<u>Adults</u>

20. For every adult (except your spouse) who lived with the children in the last 5 years give:

<u>Name</u>	<u>Present address</u>	<u>Dates lived with child</u>

21. Do any of your children have any physical disabilities or illnesses?

Yes \_\_\_\_; No \_\_\_\_ -- If yes, please give details.

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*Name* *Disability/Illness*

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*Name* *Disability/Illness*

22. Has child protection every been involved with your family? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_

What happened? \_\_\_\_\_

23. Are any of the children involved with juvenile court? Yes \_\_\_\_; No \_\_\_\_

If yes, which county? \_\_\_\_\_ Which child? \_\_\_\_\_

Type of Case: Delinquency \_\_\_\_; Abuse/neglect/CHIPS \_\_\_\_; Other \_\_\_\_\_

Court case number: \_\_\_\_\_

Who do you think should have custody? \_\_\_\_\_

Why? \_\_\_\_\_

Do you expect your spouse to ask for custody? Yes \_\_\_\_; No \_\_\_\_

24. Do you think children are safe with your spouse? Yes \_\_\_\_; No \_\_\_\_

If no, why are the children unsafe? \_\_\_\_\_

What would help keep the children safe when they are with your spouse? \_\_\_\_\_

25. Are you (your spouse) pregnant? Yes \_\_\_\_; No \_\_\_\_

If yes, when is the baby due? \_\_\_\_\_

Is the husband the father? Yes \_\_\_\_; No \_\_\_\_

26. Were any of the children born before the marriage? Yes \_\_\_\_; No \_\_\_\_

If yes, has paternity been established? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in papers)*

27. Do you and your spouse have any adult children who are disabled and unable to support themselves? Yes \_\_\_\_ No \_\_\_\_

If yes: Adult child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

28. Are there any children who were born during the marriage but the husband is not the father?

Yes \_\_\_\_; No \_\_\_\_ If yes, name of child: \_\_\_\_\_

Child's birthdate: \_\_\_\_\_ Name of child's father \_\_\_\_\_

Is there a child support order? Yes \_\_\_\_; No \_\_\_\_

*(If yes, bring in a copy of the order)*

Where does this child live? \_\_\_\_\_

29. Do you have any other children under 18 besides those already listed? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name                      Birthdate                      Other parent's name                      Where does child live?

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Is there a child support order for any of these children? Yes \_\_\_\_; No \_\_\_\_

If yes, which children? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_

30. Does your spouse have any other children under 18? Yes \_\_\_\_; No \_\_\_\_

*(You do not need to include a child who has been placed for adoption)*

Name

Birthdate

Other parent's name

Where does child live?

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Is there a support order for any of these children? Yes \_\_\_; No \_\_\_; Don't know \_\_\_\_\_

If yes, which children? \_\_\_\_\_

Which parent is ordered to pay child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

If you don't know if there is an order, which county or state might know? \_\_\_\_\_

**FINANCIAL SUPPORT**

31. Has your spouse given you any money during your separation? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

Have you given your spouse any money? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, how much? \$ \_\_\_\_\_

32. Do you want your spouse to pay you alimony? Yes \_\_\_\_\_; No \_\_\_\_\_

**REAL ESTATE**

33. Do you or your spouse own any real estate? ( house, farmland, hunting land, business, etc.. This does not include a mobile home unless you own the land it sits on.)

Yes \_\_\_\_\_; No \_\_\_\_\_

*If yes, you must provide a legal description of the property. A copy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.. If*



*you own more than one piece of property you must answer these questions for each property. Include property in other countries.*

34. **HOMESTEAD** -What is the address of this property?

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*Street*                      *City*                      *County*                      *State*                      *Zip*                      *Country*

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

Name & address of Mortgage Company or Contract for Deed holder:

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Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

35. Have you made any major improvements on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the improvements and when they were made.

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36. Who should get this property?

You \_\_\_\_\_; your spouse \_\_\_\_\_; the property should be sold \_\_\_\_\_

37. **OTHER PROPERTY** - List ALL real estate, including homes or land in other countries.

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*Street*                      *City*                      *County*                      *State*                      *Zip*

*Countr*



**CARS, TRUCKS & MOTORCYCLES**

41. How many vehicles do you and your spouse own? \_\_\_\_\_  
(You will need to provide the following information on each vehicle)

Vehicle #1 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #2 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle #3 Year \_\_\_\_\_ Make \_\_\_\_\_ Value \$ \_\_\_\_\_

Name on Title \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Loan Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Loan is from \_\_\_\_\_

Who has the vehicle now? \_\_\_\_\_

Do you want this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETIREMENT ACCOUNTS**

42. Do you have a retirement fund? Yes \_\_\_\_; No \_\_\_\_

Does your spouse have a retirement fund? Yes \_\_\_\_; No \_\_\_\_; Don't know \_\_\_\_\_

If yes, what type?	<u>You</u>	<u>Your Spouse</u>
Employer pension	_____	_____
Union pension	_____	_____
401(k) account through work	_____	_____
401(k) account NOT through work	_____	_____
IRA (Individual Retirement Account)	_____	_____
Other (specify) _____	_____	_____

**PERSONAL PROPERTY**

43. Have you and your spouse already divided up the personal property? Yes \_\_\_\_; No \_\_\_\_

44. If not, who has possession of your furniture and household goods? \_\_\_\_\_

45. Is there any personal property in your spouse's possession that you want?

Yes \_\_\_\_; No \_\_\_\_\_. If yes, list and describe in detail. \_\_\_\_\_

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46. List all major items (such as snowmobiles, boats, TVs, household furnishings) that have loans against them. For each, state the following:

ITEM	NAME ON TITLE (if any)	LOAN AMOUNT	MONTHLY PAYMENT	VALUE	WHO HAS IT?
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**OTHER ASSETS**

47. Do you have any **bank accounts**? Yes \_\_\_\_ No \_\_\_\_

Checking Account at \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Savings Account (including savings certificates) at: \_\_\_\_\_

Approximate balance \$ \_\_\_\_\_ Account # \_\_\_\_\_

In whose name? \_\_\_\_\_

Do you know if your spouse has any separate bank accounts? Yes \_\_\_\_ No \_\_\_\_

48. Do you or your spouse own any **stocks or bonds**? Yes \_\_\_\_ No \_\_\_\_

49. Do you have any **life insurance**? Yes \_\_\_\_ No \_\_\_\_

If yes, on whose life? \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

50. Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, describe \_\_\_\_\_

51. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If so, when and where? \_\_\_\_\_

If not, are either one of your considering bankruptcy? Yes \_\_\_\_ No \_\_\_\_

52. Did your spouse have more than \$1,000 in cash or property when you got married?  
Yes \_\_\_\_ No \_\_\_\_

53. During your marriage, did you or your spouse receive any money or property:
- a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b) as a gift worth more than \$500? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_
54. Are you or your spouse expecting payment from any current probate proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_

55. Do you expect any State or Federal **tax refunds**? Yes \_\_\_\_; No \_\_\_\_

If yes, amount of refund: \$ \_\_\_\_\_

56. Are you and/or your spouse named as parties in any **lawsuits**? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

### **NAME CHANGE**

57. Do you want to change your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you been convicted of a felony since August 1, 2000? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and place of conviction: \_\_\_\_\_

58. Print your **full** new name exactly as you want it to be: \_\_\_\_\_

### **DEBTS**

59. Do you or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the approximate total amount owed? \$ \_\_\_\_\_

60. Who should pay the debts? You \_\_\_\_\_; Your spouse \_\_\_\_\_; Divide \_\_\_\_\_

61. Do you or your spouse have any credit cards? Yes \_\_\_\_; No \_\_\_\_
62. List all charge accounts; indicate if the credit cards are in your name, your spouse's name or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_ No \_\_\_\_

63. Do you or your spouse owe any money to the welfare department or social security because  
of an overpayment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

64. List all outstanding bills of both wife and husband [attach extra paper if needed]:

	DEBT # 1		DEBT # 2		DEBT # 3	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 4		DEBT # 5		DEBT # 6	
Name of Creditor						
Total Amount Owing	\$		\$		\$	
Monthly Payment	\$		\$		\$	
Date incurred						
Who is paying this bill now?						
Who should pay?						
Reason for Debt						

	DEBT # 7		DEBT # 8		DEBT # 9	
Name of Creditor						
Total Amount Owing	\$		\$		\$	

Monthly Payment	\$			\$			\$	
Date incurred								
Who is paying this bill now?								
Who should pay?								
Reason for Debt								

**All of the information in this form is true to the best of my knowledge.**

DATED: \_\_\_\_\_

\_\_\_\_\_  
Your Signature