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MARITAL DISSOLUTION CLIENT QUESTIONNAIRE

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

YOUR PERSONAL INFORMATION

1. Full Name: _____
2. All Previous Names Used: _____

3. Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____
4. Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-Mail: _____
5. Social Security Number: _____
6. Length of Residence in Minnesota: _____
7. Date of Birth: _____ Current Age: _____
8. Religion: _____ Race: _____
9. Level of Education: _____ Year Completed: _____
10. Present Health: _____
11. Primary Medical Clinic: _____
12. Are You Currently in the Military? _____
13. Emergency Contact Name, Relationship & Phone Number: _____

14. Do You Desire a Name Change? _____

YOUR SPOUSE'S PERSONAL INFORMATION

1. Full Name: _____
2. All Previous Names Used: _____

3. Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____
4. Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-Mail: _____
5. Social Security Number: _____
6. Length of Residence in Minnesota: _____
7. Date of Birth: _____ Current Age: _____
8. Religion: _____ Race: _____
9. Level of Education: _____ Year Completed: _____
10. Present Health: _____
11. Primary Medical Clinic: _____
12. Is Your Spouse Currently In the Military? _____
13. Does Your Spouse Desire a Name Change? _____

MARITAL INFORMATION

1. Did You Sign a Prenuptial Agreement? (Please Provide A Copy) _____
2. Date of Present Marriage: _____
3. City, County and State of Marriage: _____
4. Are You Currently Living With Your Spouse? _____
5. If Not, Date of Separation: _____
6. Are You, or Your Spouse, Pregnant? _____
7. Describe Any Domestic Abuse Arising Out of Your Marriage: _____

8. Describe Any Action Taken in Response to Abuse (Please Provide Reports/Court Orders):

INFORMATION PERTAINING TO MINOR CHILDREN

1. List Children Born or Adopted Into This Marriage:

Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Describe Current Parenting Schedule:_____

3. Describe Any Agreement You and Your Spouse Have Reached Concerning Custody:_____

4. If You and Your Spouse Don't Agree, Describe Your Proposed Schedule:_____

5. Name Any of Your Children Born Prior to Your Marriage:_____

6. For Any Children Born Prior to Marriage, Describe Any Evidence of Paternity of the Child:_____

YOUR PRIOR MARRIAGES

1. Were You Previously Married?_____

2. When Were You Divorced?_____

3. County and State of Divorce:_____

4. List Children Born or Adopted Into Your **Prior** Marriage:

Name	Date of Birth	Residing Primarily With
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Amount of Monthly Child Support **Received** By You:_____

6. Amount of Monthly Child Support **Paid** By You:_____

7. Amount of Monthly Maintenance **Received** By You:_____

8. Amount of Monthly Maintenance **Paid** By You:_____

YOUR SPOUSE'S PRIOR MARRIAGES

1. Were They Previously Married? _____
2. When Were They Divorced? _____
3. County and State of Divorce: _____
4. List Children Born or Adopted Into Their **Prior** Marriage:
Name Date of Birth Residing Primarily With

5. Amount of Monthly Child Support **Received** By Your Spouse: _____
6. Amount of Monthly Child Support **Paid** By Your Spouse: _____
7. Amount of Monthly Maintenance **Received** By Your Spouse: _____
8. Amount of Monthly Maintenance **Paid** By Your Spouse: _____

YOUR EMPLOYMENT INFORMATION

1. Employer Name: _____
2. Employer Address: _____
3. Job Title: _____
4. Weekly Schedule: _____
5. Length of Time at Current Position: _____
6. Hourly Rate or Annual Salary: _____
7. Describe Overtime, Bonuses, or Expense Accounts Received: _____

8. Describe Any Other Source/Amount of Income: _____

9. Describe Your Prior Work Experience: _____

YOUR SPOUSE'S EMPLOYMENT INFORMATION

1. Employer Name: _____
2. Employer Address: _____
3. Job Title: _____
4. Weekly Schedule: _____
5. Length of Time at Current Position: _____
6. Hourly Rate or Annual Salary: _____
7. Describe Overtime, Bonuses, or Expense Accounts Received: _____

8. Describe Any Other Source/Amount of Income: _____

9. Describe Spouse's Prior Work Experience: _____

HEALTH INSURANCE PROVIDED THROUGH YOU

1. Name of Medical Carrier: _____
2. Persons Covered Under Medical Policy: _____
3. Total Monthly Out of Pocket Cost: _____
4. Total Monthly Out of Pocket Cost to Insure Child(ren): _____
5. Name of Dental Carrier: _____
6. Persons Covered Under Dental Policy: _____
7. Total Monthly Out of Pocket Cost: _____
8. Total Monthly Out of Pocket Cost to Insure Child(ren): _____

HEALTH INSURANCE PROVIDED THROUGH YOUR SPOUSE

1. Name of Medical Carrier: _____
2. Persons Covered Under Medical Policy: _____
3. Total Monthly Out of Pocket Cost: _____
4. Total Monthly Out of Pocket Cost to Insure Child(ren): _____
5. Name of Dental Carrier: _____
6. Persons Covered Under Dental Policy: _____
7. Total Monthly Out of Pocket Cost: _____
8. Total Monthly Out of Pocket Cost to Insure Child(ren): _____

WORK / EDUCATION RELATED CHILD CARE COSTS

1. Name of Care Provider: _____
2. Child(ren) Attending: _____
3. Monthly Cost: _____

LIFE INSURANCE (YOU AND YOUR SPOUSE)

Company:		
Whole/Term Policy:		
Name of Insured:		
Name of Beneficiary:		
Face Value:		
Cash Value:		

BUSINESS OWNERSHIP INFORMATION

1. Name of Company: _____
2. Company Address: _____
3. Nature of Business: _____

MARITAL HOMESTEAD

1. Address: _____
2. Date of Purchase: _____
3. Purchase Price: _____
4. Current Fair Market Value: _____
5. Name of First Mortgage Holder: _____
6. First Mortgage Balance: _____
7. Name of Second Mortgage Holder: _____
8. Second Mortgage Balance: _____

SECOND PROPERTY

1. Address: _____
2. Date of Purchase: _____
3. Purchase Price: _____
4. Current Fair Market Value: _____
5. Name of First Mortgage Holder: _____
6. First Mortgage Balance: _____
7. Name of Second Mortgage Holder: _____
8. Second Mortgage Balance: _____

THIRD PROPERTY

1. Address: _____
2. Date of Purchase: _____
3. Purchase Price: _____
4. Current Fair Market Value: _____
5. Name of First Mortgage Holder: _____
6. First Mortgage Balance: _____
7. Name of Second Mortgage Holder: _____
8. Second Mortgage Balance: _____

AUTOMOBILES DRIVEN PRIMARILY BY YOU

Year:		
Make:		
Model:		
Condition:		
Mileage:		
Features:		
Loan Balance:		

AUTOMOBILES DRIVEN PRIMARILY BY YOUR SPOUSE

Year:		
Make:		
Model:		
Condition:		
Mileage:		
Features:		
Loan Balance:		

ATVS / SNOWMOBILES / MOTORCYCLES / BOATS / TRAILERS

Year:		
Make:		
Model:		
Condition:		
Mileage:		
Features:		
Loan Balance:		

Year:		
Make:		
Model:		
Condition:		
Mileage:		
Features:		
Loan Balance:		

UNIQUE / VALUABLE PERSONAL PROPERTY

1. Jewelry Description, Value and Balance Owed: _____

2. Furs Description, Value and Balance Owed: _____

3. Art Description, Value and Balance Owed: _____

4. Collectibles Description, Value and Balance Owed: _____

5. Electronics Description, Value and Balance Owed: _____

6. Description of Other Valuable Personal Property and Balance Owed: _____

7. Description of Contents and Location of Safe Deposit Box: _____

CHECKING ACCOUNTS (YOU AND YOUR SPOUSE)

Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		
Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		

SAVINGS ACCOUNTS (YOU AND YOUR SPOUSE)

Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		
Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		

CERTIFICATES OF DEPOSIT (YOU AND YOUR SPOUSE)

Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		
Institution:		
Account Ending In #:		
Names on Account:		
Current Balance:		

STOCKS (YOU AND YOUR SPOUSE)

Name of Company:		
Ticker Symbol:		
Number of Shares:		
Brokerage Firm:		
Account Ending In #:		
Names on Account:		
Current Value:		
Name of Company:		
Ticker Symbol:		
Number of Shares:		
Brokerage Firm:		
Account Ending In #:		
Names on Account:		
Current Value:		

MUTUAL FUNDS (YOU AND YOUR SPOUSE)

Name of Fund:		
Ticker Symbol:		
Number of Shares:		
Brokerage Firm:		
Names on Account:		
Current Value:		
Name of Fund:		
Ticker Symbol:		
Number of Shares:		
Brokerage Firm:		
Names on Account:		
Current Value:		

BONDS (YOU AND YOUR SPOUSE)

Type of Bond:		
Names on Bond		
Maturity Date:		
Maturity Value:		

TRADITIONAL / ROTH IRA ACOUNTS (YOU AND YOUR SPOUSE)

Type of IRA:		
Brokerage Firm:		
Account Ending In #:		
Names on Account:		
Current Value:		
Type of IRA:		
Brokerage Firm:		
Account Ending In #:		
Names on Account:		
Current Value:		

401(k) / 403(b) PLANS (YOU AND YOUR SPOUSE)

Type of Plan:		
Name of Company:		
Account Ending in #:		
Names on Account:		
Current Value:		
Type of Plan:		
Name of Company:		
Account Ending in #:		
Names on Account:		
Current Value:		

PENSION / OTHER RETIREMENT INTERESTS (YOU AND YOUR SPOUSE)

Type of Plan:		
Name of Plan:		
Account Ending In #:		
Names on Plan:		
Type of Plan:		
Name of Plan:		
Account Ending In #:		
Names on Plan:		

DEBTS (YOU AND YOUR SPOUSE)

Creditor:		
Balance Due:		
Reason for Debt:		
Person Incurring Debt:		
Date Incurred:		

Creditor:		
Balance Due:		
Reason for Debt:		
Person Incurring Debt:		
Date Incurred:		

Creditor:		
Balance Due:		
Reason for Debt:		
Person Incurring Debt:		
Date Incurred:		

Creditor:		
Balance Due:		
Reason for Debt:		
Person Incurring Debt:		
Date Incurred:		

YOUR ANTICIPATED MONTHLY EXPENSES: PAGE 1 OF 3

ITEM	FOR YOU	FOR A CHILD
Housing		
Mortgage Payment or Rent		
Second Mortgage Payment		
Home Equity Loan		
Contract for Deed Payment		
Real Estate Taxes (If not included in mortgage)		
Household Insurance (If not included in mortgage)		
Homeowner's Association Dues		
Household Maintenance		
Household Supplies		
House Cleaning		
Yard and Landscape		
Snow Removal		
Housing Subtotal		
Utilities		
Electricity		
Gas		
Telephone		
Water		
Garbage		
Cable Television		
Internet		
Water Softener		
Alarm Monitoring		
Utilities Subtotal		
Food		
Groceries		
Restaurants		
Workday Lunches		
Food Subtotal		

YOUR ANTICIPATED MONTHLY EXPENSES: PAGE 2 OF 3

ITEM	SELF	CHILD
Medical and Dental		
Medical Insurance (Out of Pocket)		
Uninsured Medical Expenses		
Dental Insurance (Out of Pocket)		
Uninsured Dental Expenses		
Orthodontia		
Prescriptions		
Eyeglasses and Contacts		
Counseling and Therapy		
Medical and Dental Subtotal		
Other Insurance		
Life Insurance		
Disability Insurance		
Other Insurance (Specify)		
Other Insurance Subtotal		
Transportation		
Automobile Payment		
Automobile Fuel		
Automobile Maintenance/Repairs		
Automobile Insurance		
Automobile License		
Parking		
Miscellaneous Transportation (Fares/Fees)		
Other Vehicle Payments		
Other Vehicle Fuel		
Other Vehicle Maintenance/Repairs		
Other Vehicle Insurance		
Other Vehicle License		
Transportation Subtotal		
Apparel		
Clothing and Shoes		
Laundry		
Dry Cleaning		
Apparel Subtotal		

YOUR ANTICIPATED MONTHLY EXPENSES: PAGE 3 OF 3

ITEM	SELF	CHILD
Personal		
Hair Cuts		
Grooming/Cosmetics		
Recreational Activities		
Club Memberships		
Other (Specify)		
Personal Subtotal		
Education		
Private School Tuition		
Pre-School		
College Tuition		
School Books and Supplies		
School Activities		
School Meals		
Education Subtotal		
Miscellaneous		
Books, Magazines and Newspapers		
Gifts		
Children's Allowance		
Daycare		
Vacations		
Church and Charitable Contributions		
Legal Fees		
Tax Preparation		
Prior Child Support Obligation		
Prior Spousal Maintenance Obligation		
Miscellaneous Subtotal		
SUM OF SUBTOTALS		
TOTAL MONTHLY EXPENSES		

YOUR OBJECTIVES (IF YOU AND YOUR SPOUSE AGREE, PLEASE INDICATE AS SUCH)

1. What Terms Would You Like to See in Your Decree Concerning Custody/Parenting Time:

2. What Terms Would You Like to See in Your Decree Concerning Child Support:

3. What Terms Would You Like to See in Your Decree Concerning Property Division:

4. What Terms Would You Like to See in Your Decree Concerning Debt Division:

5. What Terms Would You Like to See in Your Decree Concerning Spousal Maintenance:

6. Other Terms You Would Like to See in Your Decree:

DOCUMENTS NEEDED (CHECK WHEN COLLECTED)

1. Legal Documents Received or Served Upon You in This Action:_____
2. Your Pay Stubs for the Last Two Months:_____
3. Your Spouse's Pay Stubs for the Last Two Months:_____
4. Tax Returns (Individual and Business) for Last Three Years:_____
5. Deed or Certificate Showing Legal Description of Your Real Property:_____
6. Mortgage Loan Statements for the Last Two Months:_____
7. Your Checking Statements for the Last Three Months:_____
8. Your Savings Statements for the Last Three Months:_____
9. Spouse's Checking Statements for Last Three Months:_____
10. Spouse's Savings Statements for Last Three Months:_____
11. Pension/Profit Sharing Statements for Last Year:_____
12. Stock/Bond/IRA Statements for Last Year:_____
13. Life Insurance Policies:_____
14. Credit Card / Other Debt Statements for Last Two Months:_____
15. Any Other Relevant Financial Documentation:_____