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Client Information Questionnaire Child Custody/Visitation

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION:

- 1 Full Name _____
- 2 All previous names you have ever used _____
3. Present Street Address _____
City _____ County _____ State _____ ZIP _____
3. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____
4. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
5. Social Security Number _____
6. Length of Residence in Minnesota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Religion _____ Race _____
9. Highest Level of Education _____ Year Completed _____

10. Present Health _____
11. Physician or Clinic

12. Are you presently in the military service? _____
13. Name of person who would be most likely to always know where you can be reached

- Telephone Number _____ Relationship to you _____

YOUR EMPLOYMENT INFORMATION:

1. Employer

2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid:
Weekly ___ Every two weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal M- _____ State M- _____
S - _____ S - _____
9. Deductions from your paycheck:
- | | | |
|-----------------|----------|-----------|
| Federal | \$ _____ | Per _____ |
| State | \$ _____ | Per _____ |
| FICA | \$ _____ | Per _____ |
| Medical/Dental | \$ _____ | Per _____ |
| Other [Specify] | \$ _____ | Per _____ |
10. Describe the type and amount of other income [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.]

12. Detail your prior work experience [what, when and where] _____

13. Do you receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for Child[ren]	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

OTHER PARENT=S PERSONAL INFORMATION:

1. Full Name

2. All previous names he/she has ever used _____

3. Present Street Address _____

City _____ County _____ State _____ Zip _____

4. Home Phone _____ Business Phone _____

5. Social Security Number _____

6. Length of Residence in Minnesota _____

7. Birthplace _____ Birthdate _____ Age _____

8. Religion _____ Race _____
9. Highest Level of Education _____ Year Completed _____
10. Present Health _____
11. Physician or Clinic _____
12. Is the other parent presently in the military service? _____
13. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

OTHER PARENT'S EMPLOYMENT INFORMATION:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often is he/she regularly paid: _____
 Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal M - _____ State M - _____
 Federal S - _____ State S - _____
9. Deductions from his/her paycheck:
- | | | |
|-----------------|----------|-----------|
| Federal | \$ _____ | Per _____ |
| State | \$ _____ | Per _____ |
| FICA | \$ _____ | Per _____ |
| Medical/Dental | \$ _____ | Per _____ |
| Other [Specify] | \$ _____ | Per _____ |

10. Describe the type and amount of other income he or she is likely to earn [overtime, bonuses, commissions, other employment]

11. Describe all other employment benefits of the child(ren)s other parent [car, car allowance, meals, memberships, etc.]

12. Detail his/her prior work experience [what, when and where]

13. Does he/she receive, or expect to receive, any of the following as income:

Public Assistance	_____	Yes	_____	No
Social Security Benefits for Himself/Herself	_____	Yes	_____	No
Social Security Benefits for Child[ren]	_____	Yes	_____	No
Unemployment Compensation	_____	Yes	_____	No
Worker's Compensation	_____	Yes	_____	No
Rental Income	_____	Yes	_____	No
Other Income	_____	Yes	_____	No

If Yes, What: _____

CHILDREN BORN OR ADOPTED INTO THIS RELATIONSHIP: [Do **not** list children from previous marriages or other relationships]:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with You? _____ Other parent _____ Both _____

3. Do you want custody of this child/these children? _____

4. Do you expect a contest over who should have custody of the children? _____
Why? _____

OTHER INFORMATION:

1. Have you signed an agreement of any kind with the other parent? _____ If so, what type of agreement was signed? _____

2. When did you begin living together? _____ Have there been periods when you did not live together since that time? Please explain: _____

3. Are you currently living together? _____

4. If not, date of separation _____

5. Are either you or the other party currently pregnant? _____

6. Describe any action that has been taken by either you or the other party to dissolve this relationship _____

7. State the date, purpose and names of individuals involved in any counseling of you and/or the other party _____

8. What are your primary complaints about the other party? _____

9. What are the other party=s primary complaints about you?

- _____
10. Is there a history of domestic abuse in your relationship? _____
Describe _____
11. Have you or the other party ever sought an order for protection as a result of domestic abuse? _____

INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____
4. Minor children from your **previous** marriages or relationships: [Do **not** list children born or adopted into the relationship detailed above]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Who received custody? _____
6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued

7. Maintenance and child support payments **received by you:**
Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____
- Maintenance and child support payments **paid by you:**
Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____
8. Assets awarded to you _____

INFORMATION ABOUT THE AOTHER PARTY=S≅ OTHER MARRIAGES OR RELATIONSHIPS:

1. Was he/she previously married? _____
2. When was he/she divorced? _____
3. City, county and state of divorce _____
4. Minor children from him/her **previous** marriages or relationships: [Do **not** list minor children born or adopted into your current relationship]:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Who received custody? _____
6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued _____

7. Maintenance and child support payments **received by the other party:**

Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

Maintenance and child support payments **paid by the other party:**

Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

8. Assets awarded to the other party _____

YOUR HEALTH INSURANCE:

Coverage provided for:

[Check all that apply]

	<u>Name of Carrier</u>	<u>You</u>	<u>Other Parent</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

OTHER PARENT=S HEALTH INSURANCE:

Coverage provided for:
[Check all that apply]

	<u>Name of Carrier</u>	<u>You</u>	<u>Other Parent</u>	<u>Dependents</u>
1.	Medical _____	_____	_____	_____
2.	Dental _____	_____	_____	_____
3.	Optical _____	_____	_____	_____
4.	Other _____	_____	_____	_____

ASSETS:

A. Homestead:

1. Address _____
City _____ County _____ State _____
2. Do you have a copy of a deed to this property? _____
3. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
4. When was this homestead purchased? _____ Cost _____
5. Amount of down payment _____

6. Source of down payment _____

7. In whose name(s) is the title? _____
8. What is the present fair market value? _____
9. Present mortgage or contract for deed balance _____
10. Monthly payment _____
11. To whom are the payments made? _____
12. Does the payment includes taxes? _____ Insurance? _____
13. What are the yearly taxes? _____ Insurance? _____
14. Are house payments delinquent? _____ How much? _____
15. On the reverse side of this page, describe all improvements made to the property during the marriage.

B. Other Real Estate:

1. Address _____
City _____ County _____ State _____
2. Type _____
3. Do you have a copy of a deed to this property? _____
4. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
5. When was it purchased? _____ Cost _____
6. Amount of down payment _____
7. Source of down payment _____
8. In whose name(s) is the title? _____
9. Present fair market value _____

10. Present mortgage or contract for deed balance _____
11. Monthly payment _____
12. To whom are the payments made? _____
13. Does the payment include taxes? _____ Insurance? _____
14. What are the yearly taxes? _____ Insurance? _____
15. Are payments delinquent? _____ How much? _____
16. On the reverse side of this page, describe all improvements made to the property during the marriage.

C. Other Real Estate:

1. Address _____
City _____ County _____ State _____
2. Type _____
3. Do you have a copy of a deed to this property? _____
4. Is this property Abstract or Torrens? _____
If Torrens, Certificate of Title No. _____
Where is the Certificate of Title? _____
5. When was it purchased? _____ Cost _____
6. Amount of down payment _____
7. Source of down payment _____
8. In whose name(s) is the title? _____
9. Present fair market value _____
10. Present mortgage or contract for deed balance _____
11. Monthly payment _____
12. To whom are the payments made? _____

13. Does the payment include taxes? _____ Insurance? _____
14. What are the yearly taxes? _____ Insurance? _____
15. Are payments delinquent? _____ How much? _____
16. On the reverse side of this page, describe all improvements made to the property during the marriage.

**WE WILL NEED A COPY OF A DEED OR MORTGAGE CONTAINING THE
LEGAL DESCRIPTION FOR EACH PARCEL OF REAL ESTATE.**

Life Insurance

First Policy:

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

Second Policy:

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

Third Policy:

1. Company _____
2. Type of Policy _____
3. Name of Insured _____
4. Name of Beneficiary _____
5. Annual Premium _____ Face Value _____ Cash Value _____

A COPY OF THE SUMMONS AND PETITION AND ANY OTHER COURT DOCUMENTS CONCERNING YOUR CASE, IF ANY, AS WELL AS LEGAL DESCRIPTIONS, TAX RETURNS, FINANCIAL STATEMENTS, AND OTHER FINANCIAL RECORDS SHOULD BE PROVIDED AS SOON AS POSSIBLE.

I understand that _____ charges \$_____ per hour for consultations, telephone conferences, and other time spent on my behalf. I agree to pay for these services.

Dated: _____

Signature

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