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MARRIAGE DISSOLUTION INFORMATION QUESTIONNAIRE

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 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 _____
4. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

5. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
6. Social Security Number _____
7. Length of Residence in Minnesota _____
8. Birthplace _____ Birth date _____ Age _____
9. Religion _____ Race _____
10. Highest Level of Education _____ Year Completed _____
11. Present Health _____

12. Physician or Clinic _____
13. Are you presently in the military service? _____
14. Name of person [other than your spouse] who would be most likely to always know where you can be reached _____
15. 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: _____

SPOUSE'S PERSONAL INFORMATION:

1. Full Name _____

2. All previous names your spouse 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 your spouse presently in the military service? _____

13. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer _____

2. Address _____

3. Occupation _____

4. Length of Time with this Employer _____

5. How often is spouse 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 your spouse's paycheck:

Federal \$ _____ Per _____

State \$ _____ Per _____

FICA \$ _____ Per _____

Medical/Dental \$ _____ Per _____

Other [Specify] \$ _____ Per _____

10. Describe the type and amount of your spouse's other income [overtime, bonuses, commissions, other employment] _____

11. Describe all other employment benefits of your spouse [car, car allowance, meals, memberships, etc.] _____

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

13. Does your spouse 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 MARRIAGE: [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 Client? _____ Spouse _____ 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? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital [antenuptial] agreement? _____

2. Date of present marriage _____

3. City, county, and state where you were married _____

4. Are you and your spouse living together? _____

5. If not, date of separation _____

6. Are you, or your spouse, pregnant? _____
7. Describe any action that has been taken by either you or your spouse to dissolve this marriage _____

8. State the date, purpose and names of individuals involved in any counseling of you and/or your spouse _____

9. Do you feel there is any chance to save this marriage? _____
10. What are your primary complaints about your spouse? _____

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

12. Is there a history of domestic abuse in your marriage relationship? _____
Describe _____

13. Have you or your spouse 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 your current marriage]:

Full Name Age Birthdate Social Security #

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 YOUR SPOUSE'S OTHER MARRIAGES OR RELATIONSHIPS:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City, county and state of divorce _____

4. Minor children by from your **spouse's previous** marriages or relationships: [Do **not** list minor children born or adopted into your current marriage]:

Full Name Age Birthdate Social Security #

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 your spouse:**

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

Maintenance and child support payments **paid by your spouse:**

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

8. Assets awarded to your spouse _____

YOUR HEALTH INSURANCE:

Coverage provided for:
 [Check all that apply]

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

SPOUSE'S HEALTH INSURANCE:

Coverage provided for:
 [Check all that apply]

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</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.**

E. Savings Accounts:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____
Name(s) on Account _____

F. Certificates of Deposit:

1. Depository _____ Balance _____
Name(s) on Account _____
2. Depository _____ Balance _____

Name(s) on Account _____

G. Checking Accounts:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

H. Cash Management or Brokerage Accounts:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

I. Stock:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

J. Bonds:

1. Depository _____ Balance _____

Name(s) on Account _____

2. Depository _____ Balance _____

Name(s) on Account _____

K. Safe Deposit Box:

Depository _____

Describe contents _____

Who has access?

L. List all Pension/Retirement Plans [IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.]

Type	In Whose Name?	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

M. Does anyone owe you or your spouse money? _____

1. Who _____ How much \$ _____

2. Who _____ How much \$ _____

N. Did **you** bring property or money into this marriage? _____

Describe _____

O. Did **your spouse** bring property or money into this marriage? _____

Describe _____

P. Describe any inheritance **you** have received _____

Q. Describe any inheritance **your spouse** has received _____

R. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? _____

S. Does **your spouse** have any personal injury or worker's compensation claim pending or has **your spouse** received any settlement or award? _____

T. Life Insurance

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

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

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

U. Motor Vehicles Driven by **YOU**:

1. Kind _____ Year _____ Model _____
2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____

Motor Vehicles Driven by **SPOUSE**:

1. Kind _____ Year _____ Model _____
2. In whose name? _____
3. Balance owed _____ Payments _____ Per _____
4. Payments made to whom? _____

V. Recreational Vehicles:

	Make and Model	Value	Payments	Balance Due
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat/Motor/Trailer	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles	_____	\$ _____	\$ _____	\$ _____

W. Value of:

Jewelry \$ _____ Furs \$ _____ Art \$ _____
Precious Metals \$ _____ Collections [describe] \$ _____

X. Household Goods and Furnishings:

1. Estimated value _____
2. Balance owed \$ _____ Payments \$ _____ Per _____
3. Payments made to whom? _____

Y. Describe any other assets that you know of _____

DEBTS:

	<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

MISCELLANEOUS:

1. Do you or your spouse have a will? _____
2. When were the wills executed or last revised?

3. Do you or your spouse desire to have a name change as a result of this proceeding? _____
If so, what name is desired? _____
4. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?
