



Please fill out this questionnaire. It is important that you answer each question fully and be as candid as possible. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the questions "N/A". Your responses to the questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

Marital/Custody Information

Referred By: _____ Date of Interview: _____

Client:

Full Name: _____ Age: ____ Birthdate: _____

Social Security Number: _____ U.S. Citizen? Yes ____ No ____

Maiden name or any other previous names: _____

Have you been a resident of Minnesota for the past 12 months? _____

Your present address: _____

How long have you been there? _____

Previous address: _____

Nearest relative: _____
(Name) (Address) (Relationship) (phone)

Your phone numbers: (home) _____ (work) _____ (cell) _____

Email address: _____

Your physical, mental, and emotional health: _____

Being treated for: _____

Are either you or your spouse in the military? Yes ____ No ____

If you are under 18 years of age, give name, relationship, address, and telephone number of proposed Guardian: _____

Were you previously married? Yes _____ No _____
If so, when, and where was marriage dissolved? _____

Obligations to minor children of previous marriage: _____

Amount delinquent: \$ _____
Are you receiving any money for the support of children by a former marriage?
Yes _____ No _____
How much per month? \$ _____
Amount delinquent: \$ _____
Spousal Maintenance to previous spouse: _____
Amount delinquent: \$ _____
Are you receiving public assistance? Yes _____ No _____
What assistance are you receiving? _____

Give the name, address, and telephone number of someone who we can contact to locate you if needed:

Has there ever been or is there currently an Order for Protection between you and your spouse? Yes _____ No _____ If yes please give the details: _____

Adverse Party:

Full name: _____ Age: _____ Birthdate: _____

Social Security Number: _____ U.S. Citizen? Yes _____ No _____

Maiden Name or any other previous names: _____

Present address: _____

Phone numbers: (home) _____ (work) _____ (cell) _____

Nearest relative: _____
(Name) (Address) (Relationship) (phone)

Physical, mental and emotional health: _____

Being treated for: _____

Was spouse previously married? Yes _____ No _____

If so, when, and where was marriage dissolved? _____

Obligations to minor children of previous marriage: _____

Amount delinquent: \$ _____

Spousal Maintenance to previous spouse: \$ _____

Amount delinquent: \$ _____

Is your spouse receiving public assistance? Yes _____ No _____

What assistance are they receiving? _____

About the marriage:

Date of Marriage: _____

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

Date of Separation: _____

Children of this marriage:

Name	Birthdate	Age	Social Security Number	Living With?

Any physical or mental disabilities? _____

Are you now, or could you be pregnant or is your spouse pregnant? Yes____ No ____

Are you still sharing the same home? Yes____ No____

Address where you both last lived together: _____

Previous separations (dates): _____

Previous counseling: dates: _____

By: _____

Previous court proceedings (when, where): _____

Do you expect there to be a dispute over the custody of the children? Yes____ No____

If yes, why? _____

What would you like for Custody? _____

What would you like for Parenting Time? _____

Do you desire your name to be changed? Yes____ No____

If so, to what name? _____

Your Employment:

Employed by: _____

How long: _____

Address: _____

Phone: _____

Type of work: _____

Gross salary: \$ _____

Net salary: \$ _____

Medical Insurance provided? Yes____ No____

Pension or 401K? Yes____ No____ Amount: \$ _____

Other income: _____

Spouse's Employment:

Employed by: _____

How long: _____

Address: _____

Phone: _____

Type of work: _____

Gross salary: \$ _____

Net salary: \$ _____

Medical Insurance provided? Yes _____ No _____

Pension or 401K? Yes _____ No _____ Amount: \$ _____

Other income: _____

Spouse's previous work history and skills in detail: _____

If both parents work, what arrangements are made for the care of the children? _____

If daycare is used what is the monthly cost? And who pays it? \$ _____

Have you or your spouse filed bankruptcy in the past 6 years? Yes _____ No _____

Assets:

Homestead:

Address: _____

Legal Description (from the deed, not tax documents): _____

Date of Purchase: _____

Purchase price: \$ _____

Down payment: \$ _____

Current value: \$ _____

Monthly payment: \$ _____

Mortgage Balance: \$ _____

Any arrearage in house payments? Yes _____ No _____

If yes, amount: \$ _____

Who do you want to get this house? _____

Other real estate:

Type: _____

Address: _____

Legal Description: _____

Date of Purchase: _____

Purchase price: \$ _____

Down payment: \$ _____

Current value: \$ _____

Monthly payment: \$ _____

Mortgage Balance: \$ _____

Any arrearage in house payments? Yes _____ No _____

If yes, amount: \$ _____

Who do you want to get this real estate? _____

Checking Accounts:

Name(s) on account: _____

Name of Bank: _____

Approximate Balance: \$ _____

Name(s) on account: _____

Name of Bank: _____

Approximate Balance: \$ _____

Savings Accounts:

Name(s) on account: _____

Name of Bank: _____

Approximate Balance: \$ _____

Name(s) on account: _____

Name of Bank: _____

Approximate Balance: \$ _____

Any Other Accounts:

Name(s) on account: _____

Name of Bank: _____

Approximate Balance: \$ _____

Stocks:

Location: _____

Type: _____

Name(s): _____

Value: \$ _____

Does your spouse have any money or property held by others? Yes _____ No _____

If so, give details: _____

Do you have any property that you brought into the marriage? Yes _____ No _____

If so, give details and value: _____

Life Insurance:

Policy Number: _____ with _____

On life of: _____ for \$ _____

Beneficiary: _____

Yearly premium: \$ _____ Current surrender or loan value: \$ _____

Policy Number: _____ with _____

On life of: _____ for \$ _____

Beneficiary: _____

Yearly premium: \$ _____ Current surrender or loan value: \$ _____

Policy Number: _____ with _____

On life of: _____ for \$ _____

Beneficiary: _____

Yearly premium: \$ _____ Current surrender or loan value: \$ _____

Medical and Dental Insurance:

Private, through employment, or public assistance? _____

Monthly premium: \$ _____

Automobiles and Other Motor Vehicles:

Make: _____ Model: _____ Year: _____

Name on title: _____

Who has possession? _____

Encumbrance: \$ _____

Balance: \$ _____

Monthly payment: \$ _____

Make: _____ Model: _____ Year: _____

Name on title: _____

Who has possession? _____

Encumbrance: \$ _____

Balance: \$ _____

Monthly payment: \$ _____

Make: _____ Model: _____ Year: _____

Name on title: _____

Who has possession? _____

Encumbrance: \$ _____

Balance: \$ _____

Monthly payment: \$ _____

Make _____ Model _____ Year _____

Name on title _____

Who has possession? _____

Encumbrance \$ _____

Balance \$ _____

Monthly payment \$ _____

Monthly Budget:

Expense	You now	Before Separation	For Children
Rent	\$	\$	\$
Mortgage	\$	\$	\$
Second Mortgage	\$	\$	\$
Property Taxes	\$	\$	\$
Homeowner's Insurance	\$	\$	\$
Renter's Insurance	\$	\$	\$
House Cleaning	\$	\$	\$
Lawn Care	\$	\$	\$
Snow Removal	\$	\$	\$
Home Repairs	\$	\$	\$
Household Supplies	\$	\$	\$
Gas	\$	\$	\$
Electricity	\$	\$	\$
Telephone	\$	\$	\$
Cell Phone	\$	\$	\$
Water	\$	\$	\$
Garbage	\$	\$	\$
Cable Television	\$	\$	\$
Online Service	\$	\$	\$
Groceries	\$	\$	\$
Lunches	\$	\$	\$
Meals Out	\$	\$	\$
Clothing	\$	\$	\$
Laundry	\$	\$	\$
School Expenses	\$	\$	\$
Car Payment	\$	\$	\$
Gas	\$	\$	\$
Auto Insurance	\$	\$	\$
Other Auto Expenses	\$	\$	\$
Medical/Dental	\$	\$	\$
Prescriptions	\$	\$	\$
Day Care	\$	\$	\$
Recreation	\$	\$	\$
Monthly Debt Payments	\$	\$	\$
Total:	\$	\$	\$