

ANDREW M. SILVERSTEIN  
LAW OFFICE, L.L.C.

Client Information Questionnaire  
Marriage Dissolution

**The following information is required for your marriage dissolution.** It is absolutely necessary that you answer all of the questions on the following pages so we can answer your questions and handle your case in a prompt and efficient manner. If you need additional space for an answer, you may use the back of a page. If any of the questions do not relate to your situation please mark "N/A" (not applicable) and move to the next question. The completed questionnaire will be kept confidential and will remain in our possession.

PLEASE PRINT ALL OF YOUR ANSWERS.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

**PERSONAL INFORMATION CLIENT:**

1. Full Name \_\_\_\_\_

2. Previous Name(s) \_\_\_\_\_

3. Present Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

4. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

5. a) Social Security Number \_\_\_\_\_

b) Driver's License Number \_\_\_\_\_

6. Length of Residence in Minnesota \_\_\_\_\_

7. Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

8. Religion \_\_\_\_\_

9. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_

a) High School Name \_\_\_\_\_

Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

b) College/Vocational School \_\_\_\_\_

Location \_\_\_\_\_

Degree(s) \_\_\_\_\_ Year Received \_\_\_\_\_

- c) College/Vocational School \_\_\_\_\_  
Location \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Year Received \_\_\_\_\_
- d) Other Education or Training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Present Health \_\_\_\_\_
- a) Physician's Name \_\_\_\_\_
- b) Clinic/Hospital \_\_\_\_\_
- c) Currently Under Treatment For \_\_\_\_\_  
\_\_\_\_\_

11. Are You Presently in the Military Service of the U. S.? \_\_\_\_\_  
If Yes, What Branch? \_\_\_\_\_

12. Name of person (other than spouse) who always knows where you can be contacted: \_\_\_\_\_
- a) Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- b) Address \_\_\_\_\_  
\_\_\_\_\_
- c) Telephone \_\_\_\_\_

**PERSONAL INFORMATION – SPOUSE:**

1. Full Name \_\_\_\_\_
2. Previous Name(s) \_\_\_\_\_
3. Present Address \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
5. Length of Residence in Minnesota \_\_\_\_\_

6. Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
- a) High School Name \_\_\_\_\_  
Location \_\_\_\_\_ Year Graduated \_\_\_\_\_
- b) College/Vocational School \_\_\_\_\_  
Location \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Year Received \_\_\_\_\_
- c) College/Vocational School \_\_\_\_\_  
Location \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Year Received \_\_\_\_\_
- d) Other Education or Training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Present Health \_\_\_\_\_
- a) Physician's Name \_\_\_\_\_
- b) Clinic/Hospital \_\_\_\_\_
- c) Currently Under Treatment For \_\_\_\_\_
10. Is Your Spouse Presently in the Military Service of the U. S.? \_\_\_\_\_  
If Yes, What Branch? \_\_\_\_\_
11. Name of the person who would most likely know where your spouse can be contacted:
- a) Name \_\_\_\_\_ Relationship to spouse \_\_\_\_\_
- b) Address \_\_\_\_\_  
\_\_\_\_\_
- c) Telephone \_\_\_\_\_

**EMPLOYMENT INFORMATION – CLIENT:**

A. Your Employment (if self-employed, skip to B below)

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time With This Employer \_\_\_\_\_
5. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_
6. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_
  - a) Standard Rate of Compensation \_\_\_\_\_ Per \_\_\_\_\_
  - b) Overtime Rate \_\_\_\_\_
  - c) Approximate Number of Overtime Hours \_\_\_\_\_ Per \_\_\_\_\_
  - d) Commissions \_\_\_\_\_
  - e) Bonus \_\_\_\_\_
  - f) Expense Account \_\_\_\_\_

B. Your Self-Employment

1. Name of Business \_\_\_\_\_
2. Business Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Service or Product \_\_\_\_\_
4. Date Commenced \_\_\_\_\_ Cost of Investment \_\_\_\_\_
5. Position Held \_\_\_\_\_
6. Other Partners or Shareholders \_\_\_\_\_  
\_\_\_\_\_
7. Annual Gross Income of Business \_\_\_\_\_
8. Your Annual Earnings \_\_\_\_\_
9. Your Stock Interest \_\_\_\_\_ No. of Shares \_\_\_\_\_ Percentage of total \_\_\_\_\_



6. Other Monthly Income

Rental Income \$ \_\_\_\_\_  
Dividends and Interest \_\_\_\_\_  
AFDC or Welfare \_\_\_\_\_  
Social Security \_\_\_\_\_  
Veterans Administration \_\_\_\_\_  
Unemployment Compensation \_\_\_\_\_  
Pension or Annuity \_\_\_\_\_  
Child Support or Alimony \_\_\_\_\_  
Royalties \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

7. Total Monthly Income \$ \_\_\_\_\_

8. Please attach copies of your Pay-stubs for the *past two months* and your most recent Income Tax Returns and W-2 Forms.

9. Detail your previous work history since you met your spouse. Use the back of this page, if necessary attach additional pages.

a) Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

b) Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

**EMPLOYEE INFORMATION – SPOUSE:**

A. Your Spouse’s Employment (if self employed, skip to B below)

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of time with this Employer \_\_\_\_\_
5. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_
6. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_
  - a) Standard Rate of Compensation \_\_\_\_\_ Per \_\_\_\_\_
  - b) Overtime Rate \_\_\_\_\_
  - c) Approximate Number of Overtime Hours \_\_\_\_\_ Per \_\_\_\_\_
  - d) Commissions \_\_\_\_\_
  - e) Bonus \_\_\_\_\_
  - f) Expense Account \_\_\_\_\_

B. Your Spouse’s Self Employment

1. Name of Business \_\_\_\_\_
2. Business Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Service or Product \_\_\_\_\_
4. Date Commenced \_\_\_\_\_ Cost of Investment \_\_\_\_\_
5. Position Held \_\_\_\_\_
6. Other Partners or Shareholders \_\_\_\_\_  
\_\_\_\_\_
7. Annual Gross Income of Business \_\_\_\_\_
8. Spouse’s Annual Earnings \_\_\_\_\_
9. Spouse’s Stock Interest \_\_\_\_\_ No. of Shares \_\_\_\_\_ Percentage of total \_\_\_\_\_





6. Other Monthly Income:

Rental Income	\$ _____
Dividends and Interest	_____
AFDC or Welfare	_____
Social Security	_____
Veterans Administration	_____
Unemployment Compensation	_____
Pension or Annuity	_____
Child Support or Alimony	_____
Royalties	_____
Other _____	_____
_____	_____

7. Total Monthly Income \$ \_\_\_\_\_

8. Please attach copies of your spouse's pay-stubs for the *past two months* and your spouse's most recent income tax returns and W-2 forms, if available.

9. Detail your spouse's previous work history since you met your spouse. Use the back of this page, if necessary attach additional pages.

a) Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

b) Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

**MARITAL INFORMATION:**

1. Date of present marriage \_\_\_\_\_

2. City, County, and State where you were married \_\_\_\_\_

3. Describe any action that has been taken by either you or your spouse to dissolve your marriage \_\_\_\_\_  
\_\_\_\_\_

4. Have you and/or your spouse had counseling? \_\_\_\_\_

If yes, please provide the following information:

a) Counselor Name \_\_\_\_\_ Telephone \_\_\_\_\_

b) Counselor's Address \_\_\_\_\_

c) Person (s) Counseled \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Joint

d) Dates of Counseling: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Do you believe there is any chance to save your marriage? \_\_\_\_\_

6. Do you believe further counseling, either to preserve the marriage relationship or to aid in the adjustment to divorce would be helpful? \_\_\_\_\_

7. What makes you believe that you must commence this proceeding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If your spouse is seeking a dissolution of this marriage relationship or legal separation, what makes him/her feel that he/she must commence this proceeding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How do you feel that you have contributed to the problems of the marriage relationship? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. How do you feel that your spouse has contributed to the problems of the marriage relationship? \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Are you and your spouse living together? \_\_\_\_\_
12. If not, date of separation \_\_\_\_\_
13. Date of previous separation(s) From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_
14. Has a Domestic Abuse action been commenced? \_\_\_\_\_  
 If yes, County \_\_\_\_\_ Court file number \_\_\_\_\_
15. Are you or your spouse pregnant? \_\_\_\_\_

**CHILDREN FROM THIS MARRIAGE OR ADOPTED INTO THIS MARRIAGE:**

1. Children of this marriage (designate if adopted):

Full Name	Birthdate	Age	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. These children currently live with \_\_\_\_\_
3. Are you seeking custody of these children? \_\_\_\_\_  
 Joint Custody \_\_\_\_\_ Sole Custody \_\_\_\_\_
4. Do you expect a contest over who should have custody of the children? \_\_\_\_\_  
 Why? \_\_\_\_\_  
 \_\_\_\_\_
5. Physical or emotional disabilities of the children \_\_\_\_\_  
 \_\_\_\_\_
6. Children's physician/counselor \_\_\_\_\_
  - a) Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_
  - b) Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**OTHER MARITAL INFORMATION – CLIENT:**

1. Were you previously married? \_\_\_\_\_
2. Were you divorced? \_\_\_\_\_
3. City, County, and State of divorce \_\_\_\_\_
4. Children from your previous marriage? \_\_\_\_\_

Full Name	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? \_\_\_\_\_

6. Are you receiving or are you paying any child support from a previous marriage? \_\_\_\_\_  
 How much \_\_\_\_\_ Per \_\_\_\_\_
7. Are any arrearages due for support? \_\_\_\_\_  
 Amount \_\_\_\_\_ Date Due \_\_\_\_\_
8. Are you receiving any or are you paying maintenance from a previous marriage? \_\_\_\_\_  
 How much \_\_\_\_\_ Per \_\_\_\_\_
9. Are any arrearages due for the maintenance? \_\_\_\_\_  
 Amount \_\_\_\_\_ Date Due \_\_\_\_\_
10. Assets you received \_\_\_\_\_  
 \_\_\_\_\_

**OTHER MARITAL INFORMATION – SPOUSE:**

1. Was your spouse previously married? \_\_\_\_\_
2. When was your previously spouse divorced? \_\_\_\_\_
3. City, County, and State of divorce \_\_\_\_\_
4. Children from your spouse's previous marriage? \_\_\_\_\_

Full Name	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? \_\_\_\_\_
6. Is your spouse receiving or paying child support from a previous marriage? \_\_\_\_\_  
 How much? \_\_\_\_\_ Per \_\_\_\_\_
7. Are any arrearages due for support? \_\_\_\_\_  
 Amount \_\_\_\_\_ Date Due \_\_\_\_\_
8. Is your spouse receiving or paying maintenance from a previous marriage? \_\_\_\_\_  
 How Much? \_\_\_\_\_ Per \_\_\_\_\_

9. Are any arrearages due for maintenance? \_\_\_\_\_  
 Amount \_\_\_\_\_ Date Due \_\_\_\_\_
10. Assets your spouse received \_\_\_\_\_  
 \_\_\_\_\_

**ASSETS OF YOU AND YOUR SPOUSE:**

\* \* IMPORTANT: Attach copies of documents that indicate the *full legal description* for all real property listed.

A. Homestead

1. Family home is owned \_\_\_\_\_ rented \_\_\_\_\_
2. Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
3. Do you have a copy of the deed for this property? \_\_\_\_\_
4. Is this abstract or torrens property? \_\_\_\_\_
5. When was this homestead purchased? \_\_\_\_\_ Cost \_\_\_\_\_
6. Amount of down payment \_\_\_\_\_
7. Source of down payment \_\_\_\_\_  
 \_\_\_\_\_
8. In whose name(s) is the title? \_\_\_\_\_
9. What is the present value? \_\_\_\_\_
10. Mortgage or Contract for Deed
  - a) Payments made to \_\_\_\_\_
  - b) Loan Number \_\_\_\_\_
  - c) Present balance \_\_\_\_\_
  - d) Payment amount \_\_\_\_\_ Per \_\_\_\_\_
  - e) Real estate taxes \_\_\_\_\_ Included in house payment? \_\_\_\_\_

f) Insurance \_\_\_\_\_ Included in house payment? \_\_\_\_\_

g) Are house payments delinquent? \_\_\_\_\_ Amount \_\_\_\_\_

h) Are taxes delinquent? \_\_\_\_\_ Amount \_\_\_\_\_

11. Second mortgage or home improvement loan? \_\_\_\_\_

a) Payments made to \_\_\_\_\_

Address \_\_\_\_\_

b) Loan Number \_\_\_\_\_

c) Present balance \_\_\_\_\_

d) Payment amount \_\_\_\_\_ Per \_\_\_\_\_

B. Other Real Estate

\* \* List all properties and *attach full legal descriptions*. Use a separate sheet if necessary.

1. Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

2. Do you have a copy of the deed to this property? \_\_\_\_\_

3. Is this abstract or torrens property? \_\_\_\_\_

4. When was this property 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 value? \_\_\_\_\_

9. Mortgage or Contract for Deed

a) Payments made to \_\_\_\_\_

b) Loan Number \_\_\_\_\_

c) Present balance \_\_\_\_\_

d) Payment Amount \_\_\_\_\_ per \_\_\_\_\_

- e) Real estate taxes \_\_\_\_\_ Included in house payment \_\_\_\_\_
- f) Insurance \_\_\_\_\_ Included in house payment \_\_\_\_\_
- g) Are house payments delinquent? \_\_\_\_\_ Amount \_\_\_\_\_
- h) Are taxes delinquent? \_\_\_\_\_ Amount \_\_\_\_\_

10. Second mortgage or home improvement loan? \_\_\_\_\_

- a) Payments made to? \_\_\_\_\_  
Address \_\_\_\_\_
- b) Loan Number \_\_\_\_\_
- c) Present balance \_\_\_\_\_
- d) Payment Amount \_\_\_\_\_ per \_\_\_\_\_

11. Rental income \_\_\_\_\_ per \_\_\_\_\_

C. Automobiles

Client:

- 1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
- 2. Registered owner \_\_\_\_\_ License No. \_\_\_\_\_
- 3. Chattel mortgage or loan
  - a) Payments made to \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_
  - c) Payment amounts \_\_\_\_\_ per \_\_\_\_\_
- 4. Present market value \_\_\_\_\_
- 5. Presently used by Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_

Spouse:

- 1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
- 2. Registered owner \_\_\_\_\_ License No. \_\_\_\_\_



3. Chattel mortgage or loan
  - a) Payments made to \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_
  - c) Payment amounts \_\_\_\_\_ per \_\_\_\_\_
4. Present market value \_\_\_\_\_
5. Presently used by Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_

D. Recreational Vehicles

1. Motor Home
  - a) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_ Payment \_\_\_\_\_ per \_\_\_\_\_
  - c) Present market value \_\_\_\_\_
  - d) Registered Owner \_\_\_\_\_ Used by \_\_\_\_\_
2. Snowmobile
  - a) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_ Payment \_\_\_\_\_ per \_\_\_\_\_
  - c) Present market value \_\_\_\_\_
  - d) Registered Owner \_\_\_\_\_ Used by \_\_\_\_\_
3. Boat and motor
  - a) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_ Payment \_\_\_\_\_ per \_\_\_\_\_
  - c) Present market value \_\_\_\_\_
  - d) Registered Owner \_\_\_\_\_ Used by \_\_\_\_\_
4. Trailer
  - a) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_
  - b) Balance owed \_\_\_\_\_ Payment \_\_\_\_\_ per \_\_\_\_\_
  - c) Present market value \_\_\_\_\_

d) Registered Owner \_\_\_\_\_ Used by \_\_\_\_\_

5. Motorcycle

a) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

b) Balance owed \_\_\_\_\_ Payment \_\_\_\_\_ per \_\_\_\_\_

c) Present market value \_\_\_\_\_

d) Registered Owner \_\_\_\_\_ Used by \_\_\_\_\_

E. Furniture, Appliances, Collections, Valuables

1. General description of furniture and appliances \_\_\_\_\_

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2. Approximate total value \_\_\_\_\_

3. Chattel Mortgages or Loans

Balance \_\_\_\_\_ Payments \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_

Balance \_\_\_\_\_ Payments \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_

Balance \_\_\_\_\_ Payments \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_

4. Antiques, Silver, Art Objectives, Etc.

Item \_\_\_\_\_ Value \_\_\_\_\_

Item \_\_\_\_\_ Value \_\_\_\_\_

Item \_\_\_\_\_ Value \_\_\_\_\_

5. Coin, Stamp, and Other Collections

Item \_\_\_\_\_ Value \_\_\_\_\_

Item \_\_\_\_\_ Value \_\_\_\_\_

Item \_\_\_\_\_ Value \_\_\_\_\_

F. Bank Accounts

1. Savings Accounts

a) Bank name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

b) Bank name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

2. Checking Accounts

a) Bank name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

b) Bank name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

3. Do you or your spouse have a safe deposit box? \_\_\_\_\_  
Name of Bank or Depository \_\_\_\_\_  
Address \_\_\_\_\_

G. Individual Retirement Accounts

1. Institution name \_\_\_\_\_  
Address \_\_\_\_\_  
In name of \_\_\_\_\_

Approximate balance of \_\_\_\_\_ Date opened \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Institution name \_\_\_\_\_

Address \_\_\_\_\_

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

Approximate balance of \_\_\_\_\_ Date opened \_\_\_\_/\_\_\_\_/\_\_\_\_

H. Profit Sharing Plans

1. Plan Name/Employer \_\_\_\_\_

Participant \_\_\_\_\_

Date of first participation \_\_\_\_\_

Percentage of interest now vested \_\_\_\_\_

Projected monthly benefit at retirement \_\_\_\_\_

Present cash value, if any \_\_\_\_\_

Monthly contribution by employee \_\_\_\_\_

Name and address of plan administrator or trustee \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Plan Name/Employer \_\_\_\_\_

Participant \_\_\_\_\_

Date of first participation \_\_\_\_\_

Percentage of interest now vested \_\_\_\_\_

Projected monthly benefit at retirement \_\_\_\_\_

Present cash value, if any \_\_\_\_\_

Monthly contribution by employee \_\_\_\_\_

Name and address of plan administrator or trustee \_\_\_\_\_

\_\_\_\_\_

I. Pension Plans

1. Plan Name/Employer \_\_\_\_\_  
Participant \_\_\_\_\_  
Date of first participation \_\_\_\_\_  
Percentage of interest now vested \_\_\_\_\_  
Projected monthly benefit at retirement \_\_\_\_\_  
Present cash value, if any \_\_\_\_\_  
Monthly contribution by employee \_\_\_\_\_  
Name and address of plan administrator or the trustee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Plan Name/Employer \_\_\_\_\_  
Participant \_\_\_\_\_  
Date of first participation \_\_\_\_\_  
Percentage of interest now vested \_\_\_\_\_  
Projected monthly benefit at retirement \_\_\_\_\_  
Present cash value, if any \_\_\_\_\_  
Monthly contribution by employee \_\_\_\_\_  
Name and address of plan administrator or trustee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Stocks

1. Company name \_\_\_\_\_  
Number of shares \_\_\_\_\_ Purchase Price Per Share \_\_\_\_\_  
Current Value \_\_\_\_\_ Date Purchased \_\_\_\_\_  
Publicly traded? \_\_\_\_\_ Where? \_\_\_\_\_

2. Company name \_\_\_\_\_  
Number of shares \_\_\_\_\_ Purchase Price Per Share \_\_\_\_\_  
Current Value \_\_\_\_\_ Date Purchased \_\_\_\_\_  
Publicly traded? \_\_\_\_\_ Where? \_\_\_\_\_

K. Money Market Funds

1. Institution name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Value \_\_\_\_\_  
In name of \_\_\_\_\_

2. Institution name \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_ Value \_\_\_\_\_  
In name of \_\_\_\_\_

L. Bonds (Corporate, government, municipal, or savings)

1. Type \_\_\_\_\_  
Amount \_\_\_\_\_ Value \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
In name of \_\_\_\_\_

2. Type \_\_\_\_\_  
Amount \_\_\_\_\_ Value \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
In name of \_\_\_\_\_

M. Partnerships (General or Limited)

Name of partnership \_\_\_\_\_

Address \_\_\_\_\_

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

Type: \_\_\_\_\_ general \_\_\_\_\_ limited \_\_\_\_\_ value \_\_\_\_\_

Description of your interest \_\_\_\_\_

\_\_\_\_\_

N. Other Investment

1. Type \_\_\_\_\_

2. In name of \_\_\_\_\_

Amount \_\_\_\_\_ Value \_\_\_\_\_

O. Miscellaneous Asset Information

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

If so, give details \_\_\_\_\_

\_\_\_\_\_

2. Does anyone owe you or your spouse money? \_\_\_\_\_

a) Who \_\_\_\_\_ How much? \_\_\_\_\_

b) Who \_\_\_\_\_ How much? \_\_\_\_\_

3. Did you or your spouse bring money in excess of \$1,000.00 into this marriage? \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are any part of the assets of you or your spouse inherited? (what, when, and by whom?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P. Life Insurance Policies

1. Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_  
Loan Balance \_\_\_\_\_ Net Cash Value \_\_\_\_\_
2. Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_  
Loan Balance \_\_\_\_\_ Net Cash Value \_\_\_\_\_
3. Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_  
Loan Balance \_\_\_\_\_ Net Cash Value \_\_\_\_\_

Q. Medical and Disability Insurance

1. Check any of the following that are presently in effect.  
Major Medical \_\_\_\_\_ Accident \_\_\_\_\_  
Dental \_\_\_\_\_ Hospitalization \_\_\_\_\_  
Physicians \_\_\_\_\_ Disability \_\_\_\_\_



2. Indicate payment arrangements

\_\_\_ Provided by your own employer and/or labor union at \$ \_\_\_\_\_ cost to you.

\_\_\_ Provided by spouse's employer and/or labor union at \$ \_\_\_\_\_ cost.

\_\_\_ Purchased privately by \_\_\_\_\_ at \$ \_\_\_\_\_ cost per \_\_\_\_\_.

3. \_\_\_ If coverage is provided by your and/or your spouse's employer, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are the annual deductible amounts? \$ \_\_\_\_\_

5. Uninsured percentages? \_\_\_\_\_

6. Does the above coverage include the entire family? \_\_\_\_\_

7. Which members? Explain \_\_\_\_\_

\_\_\_\_\_

**DEBTS:**

Creditor	Account #	Balance	Mo. Payment	Debtor
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**ESTATE:**

1. Do you have a will? \_\_\_\_\_ If so, describe any bequest for your spouse or your children  
\_\_\_\_\_
2. When was your will executed or last reviewed? \_\_\_\_\_

**MISCELLANEOUS:**

1. Do you or your spouse desire to have a name change as a result of this proceeding? \_\_\_\_\_  
If so, what name is desired? \_\_\_\_\_
2. Have you or your spouse received monies for damages resulting from a personal injury claim? \_\_\_\_\_  
State by whom received, from whom, amount and date received: \_\_\_\_\_  
\_\_\_\_\_
3. Have you or your spouse received monies or properties prior or during the marriage by gift from a third party? \_\_\_\_\_  
State by whom received, from whom, amount and date received: \_\_\_\_\_  
\_\_\_\_\_
4. Do you or your spouse have any State or Federal Tax refunds due? \_\_\_\_\_  
If so, from whom, for whom, the taxable year, and the amount: \_\_\_\_\_  
\_\_\_\_\_
5. Are you or your spouse beneficiaries under any trust? \_\_\_\_\_  
Explain \_\_\_\_\_
6. Are you or your spouse beneficiaries in any proceedings now in probate? \_\_\_\_\_ If so, state which party, whose estate and the approximate amount to be received \_\_\_\_\_  
\_\_\_\_\_
7. Have you or your spouse ever filed for bankruptcy? \_\_\_\_\_  
When? \_\_\_\_\_

8. Are you or your spouse named as parties in any existing lawsuits? \_\_\_\_\_ If so, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

9. List any prior or other name or names used by you or your spouse (e.g. maiden name, name from previous marriage, etc.) and any prior or other names used by each living minor dependant child \_\_\_\_\_

\_\_\_\_\_

**FUTURE ESTIMATED MONTHLY EXPENSES** (Complete only those which are applicable):

A. Your Monthly Expenses: (Note: Expenses directly related to child(ren) are to be listed on page #29)

1. Homestead

Mortgage Payments	\$ _____	
Contract for Deed Payments	\$ _____	
Home Improvement Loan Payment	\$ _____	
Real Estate Taxes	\$ _____	
Homeowners Insurance	\$ _____	
Association Fees	\$ _____	
Total		\$ _____

2. Cabin or other realty expenses: (specify) \$ \_\_\_\_\_

3. Rent \$ \_\_\_\_\_

4. Food \$ \_\_\_\_\_

5. Utilities:

Water, sewer	\$ _____	
Electricity	\$ _____	
Heat	\$ _____	
Telephone	\$ _____	
Garbage	\$ _____	
Gas	\$ _____	
Water Softener	\$ _____	
Total		\$ _____

6. Insurance: (If not a payroll deduction)

Life	\$ _____	
Medical	\$ _____	
Renters	\$ _____	
Total		\$ _____

7. Clothing \$ \_\_\_\_\_
8. Laundry, dry cleaning \$ \_\_\_\_\_
8. Personal expenses (grooming/haircuts, hobbies, pets etc.) \$ \_\_\_\_\_
8. Transportation:
- |                        |          |          |
|------------------------|----------|----------|
| Loan or Lease payments | \$ _____ |          |
| Gas and oil            | \$ _____ |          |
| Car maintenance        | \$ _____ |          |
| License                | \$ _____ |          |
| Insurance              | \$ _____ |          |
| Parking                | \$ _____ |          |
| Bus Fare               | \$ _____ |          |
| Car purchase allowance | \$ _____ |          |
| Total                  |          | \$ _____ |
9. Medical, Dental, Drugs, Counseling: (Not covered by insurance or paid by employer) \$ \_\_\_\_\_
10. Home maintenance:
- |                                    |          |          |
|------------------------------------|----------|----------|
| House upkeep, cleaning and repairs | \$ _____ |          |
| Yard upkeep                        | \$ _____ |          |
| Snow removal                       | \$ _____ |          |
| Total                              |          | \$ _____ |
11. Support: (for children or spouse of any previous marriage) \$ \_\_\_\_\_  
Number of children \_\_\_\_\_
12. Dues and memberships: (itemize)
- |       |          |          |
|-------|----------|----------|
|       | \$ _____ |          |
|       | \$ _____ |          |
|       | \$ _____ |          |
| Total |          | \$ _____ |
13. Religious and Charitable contributions: \$ \_\_\_\_\_
14. Your education expenses: (itemize)
- |       |          |          |
|-------|----------|----------|
|       | \$ _____ |          |
|       | \$ _____ |          |
|       | \$ _____ |          |
| Total |          | \$ _____ |
15. Recreation, restaurants, entertainment and vacations: \$ \_\_\_\_\_
16. Visitation: Entertainment and expenses for your children. \$ \_\_\_\_\_
17. Furniture replacement allowance: \$ \_\_\_\_\_

18. Miscellaneous: ( newspapers, magazines, gifts, books, cable TV – identify) \$ \_\_\_\_\_

19. Contributions to 401(k), pension or stock purchase plans \$ \_\_\_\_\_

19. Other: (identify)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

20. Monthly payments on debts not included in above expenses:

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

21. Upcoming special expenses not included above: (itemize)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**TOTAL ESTIMATED MONTHLY EXPENSES:** \$ \_\_\_\_\_

**B. The Expenses Directly Attributed to Your Minor Child(ren):**

NOTE: The child/children's expenses also include a reasonable portion of the costs listed above for your food, shelter, transportation and so on, which you do not need to specify except as listed specifically for the child/ren.

Number of Minor Children Included \_\_\_\_\_

1. Clothing \$ \_\_\_\_\_

2. Food

2. Diapers and/or Service \$ \_\_\_\_\_

3. Medical/Dental (cost of family coverage minus cost of single coverage) \$ \_\_\_\_\_

4. Entertainment \$ \_\_\_\_\_

5. Child Care \$ \_\_\_\_\_

6. Lessons \$ \_\_\_\_\_

- 7. Sports Team Fees \$ \_\_\_\_\_
- 8. School Supplies \$ \_\_\_\_\_
- 9. School Lunches \$ \_\_\_\_\_
- 10. Hair Cuts/Personal Products \$ \_\_\_\_\_
- 11. Transportation to/from School \$ \_\_\_\_\_
- 12. Extracurricular Activities, Field Trips,  
Summer Camp \$ \_\_\_\_\_
- 13. Toys/Gifts \$ \_\_\_\_\_
- 14. Children's Allowance \$ \_\_\_\_\_
- 15. School Tuition and School Books \$ \_\_\_\_\_
- 16. Travel \$ \_\_\_\_\_

**TOTAL ESTIMATED MONTHLY EXPENSES:** \$ \_\_\_\_\_

**C. Child's/Children's Income and Resources**

1. Are any of your children employed? \_\_\_\_\_

If so, what use do they make of their earning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do any of your children receive any other monies, either directly or indirectly, which you have available to use for their support or which they have available to use for expenses which you otherwise cover? \_\_\_\_\_

If so, please specify \_\_\_\_\_

3. Do your children own any assets of value exceeding \$1,000 or do you hold any such assets on their behalf? \_\_\_\_\_

If so, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_