



**DISSOLUTION QUESTIONNAIRE**

**Instructions:** Please provide all of the following information to the best of your ability.

Date: \_\_\_\_\_

**Please tell us about you:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Previous Full Name(s)

\_\_\_\_\_  
Address    City                      County    State                      Zip

\_\_\_\_\_  
Social Sec. #                      Birthdate                      Phone Number-Home                      Phone Number- Cell

\_\_\_\_\_  
Your Employer's Name, Address and Phone Number

\_\_\_\_\_  
Your Position Title                                      Hourly Rate or Annual Salary                                      Employed Since

\_\_\_\_\_  
Highest Level of Education/Degree Attained                                      Institution                                      Year

Are you voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime do you work each week? \_\_\_\_\_

Please provide your e-mail address: \_\_\_\_\_

**Please tell us about your spouse:**

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Last Name                      First Name                      Middle Name                      Previous Full Name(s)

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Address    City                      County                      State                      Zip

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Social Sec. #                      Birthdate                      Phone Number-Home                      Phone Number- Cell

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Employer's Name, Address and Phone Number

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Position Title                                      Hourly Rate or Annual Salary                                      Employed Since

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Highest Level of Education/Degree Attained                                      Institution                                      Year

Is your spouse voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime does your spouse work each week? \_\_\_\_\_

**Please tell us about your marriage:**

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Marriage Date and Place

Are you and your spouse currently living together or separately? \_\_\_\_\_

If separately, when did the separation occur? \_\_\_\_\_

Have you sought Marriage or Family Counseling? (Circle one) Yes No

If yes, with whom? \_\_\_\_\_

Do you desire a name change? If so, please indicate change here: \_\_\_\_\_

Are you or your spouse a member of the U.S. Armed Forces? (Circle one) Yes No

If yes, please indicate who and which branch \_\_\_\_\_

Have you or your spouse been married previously? (Circle one) Yes No

If yes, please indicate the following:

	<b>Death of Spouse/Dissolution</b>	<b>Date and place of marriage</b>
<b>Self</b>		
<b>Spouse</b>		

Has your spouse hired an attorney? If so, please indicate the name of the attorney here: \_\_\_\_\_

\_\_\_\_\_ of the \_\_\_\_\_ Law Firm

Has your spouse commenced a dissolution or child support action? (Circle one) Yes No

If yes, what documents have you received and when did you receive them?

\_\_\_\_\_  
\_\_\_\_\_

How long have you been a resident of Minnesota? \_\_\_\_\_

Do you currently have Health and Dental Insurance available for you and your spouse? (Circle one)

Yes No If yes, please indicate the following:

<b><u>Who Carries</u></b>	<b><u>Insurance Company</u></b>	<b><u>Policy #</u></b>	<b><u>Cost for Employee + Spouse</u></b>

Have you or your spouse entered into an embryonic contract? (Circle one) Yes No

If yes, please identify the company holding the embryos and related documents:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CHILD CUSTODY AND PARENTING TIME**

Children – Please list all joint children born or legally adopted with your spouse.

Full Name	Birthdate	Age	Sex	Social Security #	Living With:

Do you wish to share legal custody of your child(ren) with your spouse? (Circle one) Yes No

Do you wish to share physical custody of your child(ren) with your spouse? (Circle one) Yes No

Describe your current parenting schedule below: (Write “D” for Dad, “M” for Mom or parent’s initials in each box.)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Describe your proposed parenting schedule below: (Write “D” for Dad, “M” for Mom or parent’s initials in each box.)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you wish to establish a Holiday Schedule? (Circle one) Yes No

Describe your proposed Holiday Schedule: (Write “D” for Dad, “M” for Mom or parent’s initials in each box.)

	Odd Years	Even Years
<b>New Year’s Day</b>		
<b>Easter</b>		
<b>Memorial Day Weekend: Friday-Monday</b>		
<b>Fourth of July</b>		
<b>Labor Day weekend: Friday–Monday</b>		
<b>Thanksgiving</b>		
<b>Christmas Eve</b>		
<b>Christmas Day</b>		
<b>Mother’s Day</b>		
<b>Father’s Day</b>		
<b>Other:</b>		

Are you or your spouse (circle one if yes) currently pregnant? \_\_\_\_\_

Do you currently have Health and Dental Insurance available for your child(ren)? (Circle one) Yes No  
If yes, please indicate the following:

<u>Who Carries</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Cost for Dependent(s)</u>

Do you currently have or will you be needing childcare? (Circle one) Yes No  
If yes, please indicate the monthly cost and who pays this \_\_\_\_\_

Do you or your spouse have any non-joint children? (Circle one) Yes No  
If yes, please indicate the following:

Full Name	Birthdate	Age	Sex	Non-Joint child’s biological parent (you or your spouse)	Living With:

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ASSET/LIABILITY DISTRIBUTION**

**Instructions:** Please list the value of each of the following items of property. If you are unable to obtain the exact present value, provide your best estimate.

Homestead:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Legal Description

\_\_\_\_\_  
Date Purchased      Purchase Price      Name of Mortgage Company      Amount Owed

\_\_\_\_\_  
Appraised Value      Date of Appraisal      Appraised By

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

This property is owned by (Circle One): Husband    Wife    Both

Other Real Estate:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Legal Description

\_\_\_\_\_  
Date Purchased      Purchase Price      Name of Mortgage Company      Amount Owed

\_\_\_\_\_  
Appraised Value      Date of Appraisal      By Whom

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

This property is owned by (Circle One): Husband    Wife    Both

Other Real Estate:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Legal Description

\_\_\_\_\_  
Date Purchased      Purchase Price      Name of Mortgage Company      Amount Owed

\_\_\_\_\_  
Appraised Value      Date of Appraisal      By Whom

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

This property is owned by (Circle One): Husband    Wife    Both

<b>MISCELLANEOUS PROPERTY (patents, trademarks, copyrights, royalties)</b>		
<u>Description</u>	<u>Value</u>	<u>Owner</u>

**Business Interest**

Please provide last balance sheet, P & L statement, tax return, buy-sell agreements, etc.

1. \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owned Since \_\_\_\_\_ % Ownership \_\_\_\_\_ Appraised Value \_\_\_\_\_ Appraised By \_\_\_\_\_

2. \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owned Since \_\_\_\_\_ % Ownership \_\_\_\_\_ Appraised Value \_\_\_\_\_ Appraised By \_\_\_\_\_

3. \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owned Since \_\_\_\_\_ % Ownership \_\_\_\_\_ Appraised Value \_\_\_\_\_ Appraised By \_\_\_\_\_

<b>BANK ACCOUNTS</b>			
<u>Bank Name</u>	<u>Account #</u>	<u>Balance</u>	<u>Owner</u>

**ACCOUNTS RECEIVABLE, NOTES, LOANS MADE TO OTHERS, ETC.**

<u>Due From</u>	<u>Balance Due</u>	<u>Owner</u>

**PENSION, PROFIT SHARING, IRA RETIREMENT SAVINGS,  
PERSONAL INVESTMENTS**

<u>Plan Name</u>	<u>Account #</u>	<u>Value</u>	<u>Owner</u>

**STOCKS AND BONDS**

<u>Company Name</u>	<u>Number of Shares</u>	<u>Value/Share</u>	<u>Owner</u>

**LIFE INSURANCE**

<u>Company</u>	<u>Account #</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Insured/Beneficiary</u>





**MONTHLY EXPENSES**

Please indicate your monthly net income, including overtime, if available: \$ \_\_\_\_\_

Please indicate your monthly expenses and specify if any are payroll deductions.

<b><u>ITEM</u></b>	<b><u>SELF</u></b>	<b><u>CHILDREN</u></b>	<b><u>NOTES</u></b>
Rent			
Rental Insurance			
Mortgage Payment			
Real Estate Taxes (not escrowed)			
Homeowner's Insurance (not escrowed)			
Second Mortgage / Home Equity Line of Credit			
Contract For Deed			
Association Fee			
Utilities:			
Electricity			
Gas			
Water			
Telephone / Cell Phone			
Internet			
Cable TV			
Waste Disposal			
Home Maintenance & Repair			
House Cleaning			
Lawn Care			
Snow Removal			
Other Property			
Contract for Deed			
Insurance & Taxes			
Maintenance			
Utilities			
Food/Groceries			
Lunches			
Eating Out			
Household Supplies			
Clothing			
Dry Cleaning			
Medical Expenses			
Uncovered Medical Expenses			
Prescriptions			
Dental Insurance			
Uncovered Dental costs			
Orthodontia			

<u>ITEM</u>	<u>SELF</u>	<u>CHILDREN</u>	<u>NOTES</u>
Eye Care			
Automobile – Payment			
Gas / Oil			
Maintenance / Repairs			
Auto Insurance			
License			
Parking			
Life / Disability Insurance Premiums			
Recreation			
Vacations			
Newspapers / Magazines			
Membership Dues			
Personal Items / Incidentals			
Hair Care			
Child Care			
Babysitters			
Child Education			
Tuition			
Books / Supplies			
Activity Fees			
Allowances			
Non-School Classes			
Sports Fees			
Clubs			
Adult Education Expenses			
Tuition			
Books			
Fees			
Pet Expenses			
Veterinary			
Grooming			
Food / Treats / Toys			
Charitable Contributions			
Religious Contributions			
Gifts			
Other Miscellaneous			
Monthly Debt Reduction			
TOTALMONTHLY NEED			
SURPLUS / SHORTFALL			

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature