



Grinde & Dicke Law Firm P.A.
Attorneys at Law

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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)
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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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Your Employer's Name, Address and Phone Number

Your Position Title	Hourly Rate or Annual Salary	Employed Since
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Highest Level of Education/Degree Attained	Institution	Year
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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:

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

Address City County State Zip

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

Employer's Name, Address and Phone Number

Position Title Hourly Rate or Annual Salary Employed Since

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:

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:

	Death of Spouse/Dissolution	Date and place of marriage
Self		
Spouse		

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:

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

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
New Year's Day		
Easter		
Memorial Day Weekend: Friday-Monday		
Fourth of July		
Labor Day weekend: Friday-Monday		
Thanksgiving		
Christmas Eve		
Christmas Day		
Mother's Day		
Father's Day		
Other:		

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

MISCELLANEOUS PROPERTY (patents, trademarks, copyrights, royalties)		
<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 _____

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

NON-MARITAL PROPERTY

Non-marital property is property owned prior to marriage or that was acquired from a premarital source; or property acquired by gift, devise, or inheritance.

Please list any non-marital property belonging to you or your spouse:

<u>Item</u>	<u>Value</u>	<u>Is there a debt against this item?</u>	<u>Owner</u>	<u>When and how did you acquire this property?</u>

Debts

DEBT LIST

(All current debts owed by you, your spouse, or jointly – including mortgages, credit cards, personal loans, etc. If you need more space, please use the back of this page)

<u>Name of Creditor</u>	<u>Account #</u>	<u>Current balance</u>	<u>Owner</u>

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

Date

Signature

MONTHLY EXPENSES

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

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

<u>ITEM</u>	<u>SELF</u>	<u>CHILDREN</u>	<u>NOTES</u>
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