

MCINTOSH LAW OFFICES

P.O. Box 331
200 North Central Avenue
Buffalo, Minnesota 55313
Telephone 763-682-1882
Facsimile 763-682-1514
john@mcintoshlaw.net
www.mcintoshlaw.net

102 Laurel Street
Brainerd, Minnesota 56401
Telephone 218-821-1996
john@mcintoshlaw.net
www.mcintoshlaw.net

Client Information Questionnaire

Marriage Dissolution

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 attempt to answer the following questions fully and accurately. If you need additional space for an answer, please use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please keep a copy for yourself and send us an electronic or hard copy version of the filled out questionnaire.

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:

E-mail:

Is E-mail confidential?

6. Social Security Number:

7. Length of Residence in Minnesota:

8. Birthplace:

Birthdate:

Age:

- 9. Religion: _____ Race: _____
- 10. Highest Level of Education: _____ Year Completed: _____
- 11. Present Health: _____
- 12. Are you presently in the military service? : _____

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: _____ Married or Single exemption status: _____
- 9. Deductions from your paycheck:

Federal	\$:	Per:	
State	\$:	Per:	
FICA	\$:	Per:	
Medical/Dental	\$:	Per:	
Other [Specify]	\$:	Per:	
- 10. Describe the type and amount of any other income [overtime, bonuses, commissions, other employment] :
- 11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.]:
- 12. 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 Children	_____ 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. Any previous names your spouse has ever used:
3. Present Street Address:
City: County: State: Zip Code:
4. Home Phone: Business Phone:
5. Social Security Number:
6. Length of Residence in Minnesota:
7. Birthdate: Age:
8. Religion:
9. Highest Level of Education:
10. Present Health:
11. Is your spouse presently in the military service:

SPOUSE'S 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: _____ Married or Single exemption status: _____
9. Deductions from your paycheck:
- | | | |
|-----------------|----------|------------|
| Federal | \$ _____ | Per: _____ |
| State | \$ _____ | Per: _____ |
| FICA | \$ _____ | Per: _____ |
| Medical/Dental | \$ _____ | Per: _____ |
| Other [Specify] | \$ _____ | Per: _____ |
10. Describe the type and amount of any other income: [overtime, bonuses, commissions, other employment]
11. Describe all other employment benefits [car, car allowance, meals, memberships, etc.]
12. 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 Children | _____ 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 THE MARRIAGE:

1.	<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. Where were the children born? (city and county):
3. Who do the children currently live with?
4. What has the access schedule been from the birth of the child(ren) to the present?

5. Are you seeking physical custody of the children?
6. Do you anticipate that your spouse partner will be seeking physical custody of the children?
7. What type of arrangement and access schedule do you think is in the child(ren)'s best interest and why? Weekends, mid-week, school year, summer, holidays and vacations.

8. Do you or your spouse have any children from a previous or subsequent marriage or relationship?

9.	<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

10. What type of custody arrangement and access schedule do you have with your other children?

(a) How do your joint children in the present matter get along with your prior or subsequent children?

MARITAL INFORMATION:

1. Is there a pre-nuptial agreement at issue:
2. Date of marriage:
3. City, County and State where you were married:
4. Are you and your spouse currently living together:
5. If not, what was the date of your separation and who is living in the home you lived in together during the marriage:
6. Has there been any domestic abuse during the marriage/relationship:

7. Is there an Order for Protection in place:
8. Has there been any Orders for Protection during the marriage:
9. Have you or your spouse been married previously:

INSURANCE INFORMATION:

1. Who carries the health insurance for your family:
2. What is the name of the insurance company:
3. What is the monthly premium:
4. What is the cost breakdown between individual and family/dependent coverage:

Individual (Employee):

Spouse:

Child(ren):

Family:

5. What is the nature of the coverage, i.e. 80/20:
6. What is the amount of the deductible:
7. Does the policy include dental coverage:
8. Do you know the cost of COBRA coverage:
9. Do you or your spouse have any policies of life insurance:

If so, identify the name of the company, the type of policy, beneficiaries and face value.

ASSETS:

I. REAL ESTATE

1. Homestead Address:
2. Is the property abstract or torrens:
3. When was the property purchased:
4. Amount and source of down payment:

5. In whose name is the title:
6. What do you believe the fair market value to be:
7. What is the balance of the first mortgage of contract for deed:
8. What is the name of the mortgage company:
9. Is there is a second mortgage:
10. If so, what is the principal balance:
11. What is the monthly payment:
12. Does the monthly payment include taxes and insurance:
13. Are the payments current:
14. Does either you or your spouse have a pre-marital or non-marital interest in the house:
Describe:
15. What is the legal description of the property:
16. Do you have any interest in other real estate:
17. Address:
18. Is the property abstract or torrens:
19. When was the property purchased:
20. Amount and source of down payment:
21. In whose name is the title:
22. What do you believe the fair market value to be:
23. What is the balance of the first mortgage of contract for deed:
24. What is the name of the mortgage company:
25. Is there is a second mortgage:
26. If so, what is the principal balance:
27. What is the monthly payment:

6. Do either you or your spouse have any lawsuits pending:

If so, describe:

III. MOTOR VEHICLES

1. Identify the make, model and year of the vehicle driven by you and in whose name the vehicle is titled:

2. What is the balance owed, to whom and monthly payment:

3. Identify the make, model and year of the vehicle driven by your spouse and in whose name the vehicle is titled:

4. What is the balance owed, to whom and monthly payment:

5. Identify the make, model and year of any other vehicles, including balance owed and to whom, the monthly payment and in whose name the vehicles are titled:

6. Identify the make, model and year of any snowmobiles, motorcycles, boats and motors and recreational vehicles, including balance owed, to whom and monthly payment :

7. Identify any household goods or other personal property with any substantial value, including livestock, furniture, art, jewelry, antiques, etc.:

DEBTS

	<u>Creditor</u>	<u>Balance due</u>	<u>Monthly payment</u>	<u>In whose name</u>
1.				
2.				
3.				

- 4.
- 5.
- 6.
- 7.
- 8.

9. Do you or your spouse desire a name change as part of the divorce proceeding:

If so, what is the intended name:

You will very likely need to get together a significant amount of financial information including paystubs, account statements, tax returns and other financial records so gather up that information and make copies as you get organized. The more organized you are the better. It is also helpful to sketch out what area of agreement you and your spouse have when you return this form as well as how you would like to the ultimate resolution to look. This form may be returned by e-mail to john@mcintoshlaw.net, preferably in a Word document format.

Dated:

Printed Signature

MONTHLY LIVING EXPENSES

Homestead Mortgage (PITI)	\$ _____
Electricity	\$ _____
Water	\$ _____
Gas	\$ _____
Cable	\$ _____
Telephone (includes long distance)	\$ _____
Garbage	\$ _____
Food	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
Car License & Tabs	\$ _____
Car Maintenance	\$ _____
Car Gasoline	\$ _____
Clothing	\$ _____
Personal Care (Haircuts, etc.)	\$ _____
Health Insurance	\$ _____
Dental Insurance	\$ _____
Life Insurance	\$ _____
Newspapers	\$ _____
Charitable Contributions	\$ _____
School Lunches/ Activities	\$ _____
Family Entertainment	\$ _____
Family Vacations	\$ _____
Household supplies, cleaning,	\$ _____
Miscellaneous (Debt Service)	\$ _____