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MARRIAGE DISSOLUTION – CLIENT QUESTIONNAIRE

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, you may attach a separate sheet. The completed questionnaire will be kept confidential and will remain in our possession.

Please Print Your Answers

REFERRAL INFORMATION:

DATE: _____

1. How were you referred to this office?
 - a. Friend _____, if so, who? _____
 - b. Phone Book _____.
 - c. Counselor _____, if so, who? _____
 - d. Other _____, explain _____

PERSONAL INFORMATION – CLIENT:

1. Full Name _____
2. Present Address _____, City _____
State _____ County _____ Zip _____
3. Social Security Number _____
4. Home Phone/area code _____ Business Phone/area code _____
May you be called at work? _____ When _____
E-Mail Address: _____
5. List all prior/names you have been known by, including maiden name _____

6. Length of Residence in Minnesota _____

7. Birthplace _____ Birthdate _____ Age _____

8. Religion _____

9. Education: High School _____ Year Completed _____

Post Graduate _____, Years _____, Degree _____

Trade/VoTec _____

Other Education/Training _____

10. Present Health – especially conditions which may affect income production or parenting _____

Treating Doctors or Clinics _____

Does your spouse or anyone else claim drug or alcohol abuse on your part? _____

Does your spouse claim domestic violence? _____. If so explain on separate page.

11. Are you presently in the Military Service of the U.S.? _____

12. Name and telephone number of at least two people (other than your spouse) who would be most likely to always know where you can be reached:

Name _____ Relationship _____

Address _____

Home Phone _____ Business Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Business Phone _____

PERSONAL INFORMATION – SPOUSE:

1. Full Name _____
2. Present Address _____ City _____
State _____ County _____ Zip _____
3. Social Security Number _____
4. Home Phone/area code _____ Business Phone/area code _____
5. List all prior/names you have been known by, including maiden name _____

6. Length of Residence in Minnesota _____
7. Birthplace _____ Birth date _____ Age _____
8. Religion _____
9. Education: High School _____ Year Completed _____
Post Graduate _____, Years _____, Degree _____
Trade/ Vo Tec _____
Other Education/Training _____
10. Present Health – especially conditions which may affect income production or parenting _____

Treating Doctors or Clinics _____
Drug or alcohol abuse? _____
Domestic violence? _____. If yes, explain on separate page.
11. Is spouse presently in the Military Service of the U.S.? _____

MARITAL INFORMATION:

1. Date of present marriage _____
2. Place of marriage: City _____ County _____ State _____
3. With respect to any counseling received by you and/or your spouse, state:
Name of counselors: _____
Address _____
Phone Number _____ Dates of counseling _____
4. Do you feel there is a chance to save the marriage? Explain. _____

5. Summarize the situation or your spouse's conduct that you feel may cause dissolution of your marriage. _____

6. What would be your spouse's primary complaints about you? _____

7. Are you and your spouse living together? _____
8. If not, date of separation. _____
9. Who moved out? _____
10. Are you or your spouse pregnant? _____

CHILDREN FROM THIS MARRIAGE OR ADOPTED INTO THIS MARRIAGE:

1. Children's names, ages and birth dates, and social security numbers

2. Do the children now live with Client _____ Spouse _____ Both _____

3. Do you want custody of these children? _____

4. Do the children have special health, emotional or educational needs? If so, explain briefly.

PREVIOUS MARITAL INFORMATION – CLIENT:

1. Were you previously married? _____

2. When were you divorced? _____

3. City, county and state of divorce _____

4. Names and ages of minor children by previous marriage _____

5. Who received custody? _____

6. Are you receiving or are you paying spousal maintenance from a previous marriage? _____

How much? _____ per _____.

7. Are you receiving or are you paying child support from a previous marriage? _____

How much? _____ per _____.

PREVIOUS MARITAL INFORMATION – SPOUSE:

1. Was your spouse previously married? _____
2. When was your spouse divorced? _____
3. City, county and state of divorce _____
4. Names and ages of minor children by spouse's previous marriage:

5. Who received custody? _____
6. Is your spouse receiving or is he/she paying spousal maintenance from a previous marriage? _____
How Much? _____ per _____
7. Is your spouse receiving or is he/she paying child support from a previous marriage? _____
How much? _____ per _____

ASSETS:

A. Homestead

1. Address _____
2. City _____ State/Zip _____
3. Legal Description _____

Is property Abstract? _____ or Torrens? _____

(Please provide copy of deed or mortgage and tax statement and Abstract or Title).

4. When was this homestead 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. Present mortgage or Contract for Deed balance _____
10. Monthly payment _____
11. To whom are the payments made? _____
12. Does the payment include taxes? _____ Insurance _____
13. What are the yearly taxes? _____ Insurance _____
14. Are house payments delinquent? _____ How much? _____

B. Other Real Estate (for each parcel, provide the following)

1. Location _____
 2. Type of property _____
 3. Legal Description _____
- Is property Abstract? _____ or Torrens? _____

(Please provide copy of deed or mortgage and tax statement and Abstract of Title).

4. When was it purchased? _____ Cost _____
5. Amount of down payment _____
6. Source of down payment _____
7. In whose name(s) is the title? _____
8. What is approximate present value? _____
9. Present Mortgage or Contract for Deed balance _____

10. Monthly payment _____

11. To whom are the payments made? _____

12. Does the payment include taxes? _____ Insurance _____

13. What are the yearly taxes? _____ Insurance _____

14. Are payments delinquent? _____ How much? _____

15. Any rent income? _____

C. Banking

1. Savings Accounts:

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

2. Checking Accounts:

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

Bank _____ Current Balance _____

Name(s) on Account _____ Account Number _____

3. Brokerage/Stock Accounts:

Bank or Firm _____ Balance _____

Name(s) on Account _____ Account Number _____

Bank or Firm _____ Balance _____

Name(s) on Account _____ Account Number _____

4. Do you or your spouse have a safe deposit box? _____

Name of Bank _____ Account Number _____

5. Provide average monthly interest received from all accounts _____

If more space is needed provide the same information on a separate sheet.

D. Stock and Bonds

Client:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

Spouse:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

Joint:

1. Company/type _____ Number of Shares _____

2. In whose name? _____ Value _____

E. Dividends

Provide average monthly dividends from all securities. _____

1. Who _____ How much _____

2. In whose name? _____ Value _____

F. Non-Martial Claims:

Did you or your spouse (a) bring into this marriage, (b) inherit during this marriage, or (c) were given by someone outside the marriage, property or money in excess of \$500.00. If so, describe in detail:

a. List all assets with a value excess of \$500.00 that you owned at the time of marriage.

Assets	Value	Amount of Debt

b. List all assets inherited by you during the marriage. _____

c. List all assets given to you alone by a third party during the marriage _____

G. Claims:

Do you or your spouse have any personal injury claim or workers compensation claim pending or have you or your spouse received any settlement or award before or during your marriage (what, when and by whom)? _____

H. Furniture and Appliances

1. Estimated value _____

2. Balance owed _____ Payments _____ Per _____

3. Payments made to whom? _____

4. Any special items? (Jewelry, antiques, musical instruments, etc.) _____

I. Motor Vehicles

1. Make _____ Model _____ Year _____

Major Options: _____

General Condition _____ Mileage _____

Vehicle Identification Number _____

In whose name _____ Value _____

Encumbered to _____

Balance _____ Payments _____

Used by whom _____

2. Make _____ Model _____ Year _____

Major Options: _____

General Condition _____ Mileage _____

Vehicle Identification Number _____

In whose name _____ Value _____

Encumbered to _____

Balance _____ Payments _____

Used by whom _____

3. Make _____ Model _____ Year _____

Major Options: _____

General Condition _____ Mileage _____

Vehicle Identification Number _____

In whose name _____ Value _____

Encumbered to _____

Balance _____ Payments _____

Used by whom _____

J. Recreational Vehicles:

Year/Make/Model	Value	Owed	Pymt	Date Purch.
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Boat _____

Motorcycle _____

Camper _____

Trailer _____

Snowmobile _____

ATV _____

Other _____

K. Miscellaneous Assets:

Are there other assets that you know of? _____

L. Life Insurance:

a. Through work

1. Company _____

2. Type of Policy _____ Policy No. _____

3. Name of Insured _____

4. Name of Beneficiary _____

5. Annual Premium _____ Face Value _____ Cash Value _____

b. Privately Purchased

1. Company _____

2. Type of Policy _____ Policy No. _____

3. Name of Insured _____

4. Name of Beneficiary _____

5. Annual Premium _____ Face Value _____ Cash Value _____

EMPLOYMENT INFORMATION – CLIENT

1. Employer _____
2. Address _____
3. Position _____
4. Job Duties _____
5. Date employment commenced _____
6. Periodic layoffs? _____ If so, average duration _____
7. Regular overtime? _____ If so, average amounts, \$ _____ per _____
8. Paydays – (Weekly, Every other week, Bi-monthly, etc.) _____
9. State your hourly wage \$ _____, or salary \$ _____ per _____
10. Your MONTHLY income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:

	Base Pay	Last 6 month average including overtime
Gross Pay	\$ _____	_____
Federal Withholding	\$ _____	_____
State withholding	\$ _____	_____
FICA	\$ _____	_____
Medical/Dental	\$ _____	_____
Union Dues	\$ _____	_____
Retirement	\$ _____	_____
Credit Union Payment	\$	-----

Other (Specify)	\$ _____	_____
Take – Home Pay Per Month	\$ _____	_____

11. List interest received and dividend from all sources during last 6 months. _____

12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, day care expenses accounts, etc. _____

13. Does your employer sponsor a retirement plan/pension? _____

Present amount on deposit _____

If you were to terminate today, what would be the monthly benefit at age 65? ____

Full name, title, address, and phone number of the person who has information and knowledge of your pension benefits. _____

Please provide all documents you have describing your pension plan.

14. Do you participate in other retirement plans or optional programs? (i.e., profit sharing, savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, sate of initiation, and accrued amounts. Provide documentation.

Plan _____ Started _____ Value _____

Plan _____ Started _____ Value _____

15. Do you have retirement benefits accrued through previous employers? _____ If so, give employer name, description of benefit and value? Provide documentation. _____

16. Employment History:

Employer

Position

Dates

Job

17. Other income during past year?

- a. Unemployment
- b. Workers Compensation
- c. Public Assistance
- d. Disability Benefits
- e. Social Security
- f. Military
- g. Self Employment
- h. Rents
- i. Other

Dates

How Much

18. Do you have medical health coverage through work?

If so, full coverage? _____ partial coverage? _____

Cost for yourself \$ _____ per _____

Dependent premium \$ _____ per _____

Do you have dental insurance through work? _____

If so, extent of coverage _____

Cost for yourself \$ _____ Dependent \$ _____

Who presently covers family members (other than you) _____

EMPLOYMENT INFORMATION – SPOUSE:

1. Employer _____
2. Address _____
3. Position _____
4. Job Duties _____
5. Date employment commenced _____
6. Periodic layoffs? _____ If so, average duration _____
7. Regular overtime? _____ If so, average amounts, \$ _____ per _____
8. Paydays – (Weekly, Every other week, Bi-monthly, etc.) _____
9. State your hourly wage \$ _____, or salary \$ _____ per _____
10. Spouse’s MONTHLY income: Remember there are 4.33 weeks per month, so compute from your weekly, two-week, or bi-monthly check accordingly:

	Base Pay	Last 6 month average including overtime
Gross Pay	\$ _____	_____
Federal Withholding	\$ _____	_____
State withholding	\$ _____	_____
FICA	\$ _____	_____
Medical/Dental	\$ _____	_____
Union Dues	\$ _____	_____
Retirement	\$ _____	_____
Credit Union Payment	\$	-----

Other (Specify)	\$ _____	_____

Take – Home Pay Per Month \$ _____

(Please provide all paycheck stubs for last two months)

11. List interest received and dividend from all sources during last 6 months. _____

12. Describe other regular income and benefits from employer, give amounts (i.e., bonuses, commissions, car expenses, etc). _____

13. Does your spouse’s employer sponsor a retirement plan/pension?

If so, type of plan _____

Vesting requirement or time _____

Please provide information regarding the pension and documents stating accrued benefits available at retirement were they to terminate employment now.

14. Does your spouse participate in other retirement plans or optional programs? (i.e., profit sharing, savings plans, Keogh, 401K, SEP, stock ownership, etc) If so, describe plans, date of initiation, and accrued amounts, Provide documentation.

Plan _____ Started _____ Value _____

Plan _____ Started _____ Value _____

15. Does spouse have retirement benefits accrued through previous employers? _____ If so, give employer name, description of benefit and value? Provide documentation.

16. Employment History:

<u>Employer</u>	<u>Position</u>	<u>Dates</u>	<u>Job</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. When was your will executed or last revised? _____

NAME CHANGE:

1. Do you or your spouse desire to have a name change as a result of this proceeding? (no extra charge). _____

If so, what name is desired? _____

LAWSUITS:

Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?

YES

NO

If so, give details: _____

DOCUMENTATION:

Please provide any available documentation to support responses to this questionnaire or values stated, including deeds, paycheck stubs, tax returns, property tax statements, insurance policies, pension statements, loan applications, loan and debt statements, appraisals, medical reports, etc.

RESOLUTIONS:

What do you think would be a fair resolution of :

a) Custody (if applicable) _____

b) Child Support and Spousal Maintenance _____

c) Property Settlement _____

ADDITIONAL COMMENTS:
