

HENNEK KLAENHAMMER & LEES, P.A.
2585 HAMLINE AVENUE NORTH
SUITE A
ROSEVILLE, MN 55113
(651) 633-4400

Client Information Questionnaire
Post Decree Proceeding

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 question 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:

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 _____ Business Phone _____
May you be called at work? _____ When? _____

E-Mail Address: _____

5. Length of Residence in Minnesota

6. Age _____ Birth Date _____

7. Birthplace: State _____ County _____

8. Religion _____

9. Highest Level of Education: _____

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

Treating Doctors or Clinics _____

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 mostly likely to always know where you can be reached:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____

13. Are you currently married? _____ If so, give present spouse's name and date of present marriage: _____
(name) (date of marriage)

a. Do you and your present spouse have any children? _____

If so, please state their names, dates of birth and ages:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>

- b. Is your present spouse receiving or paying any child support or alimony?
_____ If so, state whether support or alimony and amount: _____
- c. Are the payments being made regularly? _____

PERSONAL INFORMATION – FORMER SPOUSE:

1. Full Name _____
2. Present Address _____
State _____ County _____ Zip _____
3. Social Security Number _____
4. Home Phone _____ Business Phone _____
5. Length of Residence in Minnesota _____
6. Age _____ Birth Date _____
7. Birthplace: State _____ County _____
8. Religion _____
9. Highest Level of Education: _____
10. Present Health – especially conditions which may affect income production or parenting: _____

Treating Doctors or Clinics _____
11. Is he/she presently in the Military Service of the U.S.? _____

12. Has your former spouse remarried? _____ If so, give spouse's name _____
a. Does your former spouse and his/her present spouse have any children?
_____ If so, give names, dates of birth and ages:

NAME

DATE OF BIRTH

AGE

- b. Is his/her present spouse receiving or paying and child support or alimony? _____ If so, state whether support or alimony and amount, if known _____

GENERAL INFORMATION – PREVIOUS MARRIAGE

1. Children of you and your spouse for whom you have support obligation pursuant to Court Order.

NAME

DATE OF BIRTH

AGE

2. With whom and where are the children living? _____

3. In whose legal custody are they? _____

4. Physical or emotional disabilities of minor children: _____

5. State the date and place of dissolution of marriage from former spouse and attach a copy of decree.

Date: _____ County _____

6. Was the dissolution by agreement or by trial? _____

7. If by agree, was agreement oral or written? _____
8. Name of former spouse's attorney: _____
 Address _____ Phone: _____
9. Amount ordered for spousal maintenance:
 \$ _____ per _____
10. Amount ordered for child support:
 \$ _____ per _____
11. Is payment of maintenance or support current? _____
12. If not, how much is owed as of the date herein? _____

13. Do you have receipts, canceled checks or other records or proof of payment of support or maintenance? _____ If so attach all records.

IF IN ARREARS IN SUPPORT OR ALIMONY:

<u>Dates</u>	<u>Amount due Child Support</u>	<u>Amount Paid Child Support</u>	<u>Amount Due Spousal Maintenance</u>	<u>Amount Paid Spousal Maintenance</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

EMPLOYMENT INFORMATION – CLIENT:

1. Employer _____
2. Address _____

3. Position _____

4. Job Duties _____

5. Date employment commenced _____

6. Earnings*

*Remember there are 4.33 weeks per month. It is important that you give MONTHLY figures, even if you are paid weekly or every other week. Itemize those items that are deducted from your paycheck per month:

Gross Pay PER MONTH \$ _____

Federal withholding \$ _____

State withholding \$ _____

FICA \$ _____

Medicare \$ _____

Pension \$ _____

Union Dues \$ _____

Health & Hospitalization \$ _____

Dental Coverage \$ _____

Other (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Take-Home Pay Per Month \$ _____

7. How many exemptions do you claim? _____

8. Do you regularly work overtime? _____ If, so give approximate additional income per month. Gross \$ _____

Net \$ _____

9. Do you receive any bonus or commissions? _____ If so, give approximate additional income per month.

Gross \$ _____

Net \$ _____

10. Do you participate in a pension plan through your current employer? _____

If so,

a. are you vested? _____

b. When will you (did you) become vested? _____

c. If you were to terminate your employment today, how much, if any, cash could you draw?

d. If you were to terminate your employment today, and you drew out all available cash (if any), what monthly benefit would you be entitled to receive upon reaching retirement age (65)?

e. Could you retire before age 65? _____ If so at what:

Age _____

Monthly Benefit \$ _____

11. Are you vested in any pension plan for a previous employer? _____

If yes:

a. When can you begin to receive benefits? _____

b. How much per month? _____

c. What are the dates you worked for the employer preceding this employer:

From: _____ to _____

12. Do you participate in any stock option or profit sharing plans? _____

If so, describe:

EMPLOYMENT INFORMATION – FORMER SPOUSE (IF YOU KNOW):

1. Employer _____

2. Address _____

3. Position _____

4. Job Duties _____

5. Date employment commenced _____

6. Earnings*

* Remember there are 4.33 weeks per month. It is important that you give

MONTHLY figures, even if he/she is paid weekly or every other week. Itemize those

items that are deducted from ex-spouse's paycheck per month:

Gross Pay PER MONTH \$ _____

Federal withholding \$ _____

State withholding \$ _____

FICA \$ _____

Medicare \$ _____

Pension \$ _____

Union Dues \$ _____

Health & Hospitalization \$ _____

Dental Coverage \$ _____

Other (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Take-Home Pay Per Month \$ _____

7. How many exemptions does your ex-spouse claim? _____
(for example S-1, M-2)

8. Does your ex-spouse regularly work overtime? _____ If so, give approximate
additional income per month

Gross \$ _____

Net \$ _____

9. Does your ex-spouse receive any bonus or commissions? _____ If so, give
approximate additional income per month.

Gross \$ _____

Net \$ _____

10. Does your ex-spouse participate in a pension plan through his/her current employer?
_____ if so,

a. Is he/she vested? _____

b. When will he/she become vested? _____

c. If he/she were to terminate their employment today, how much, if any, cash could he/
she draw?

d. If he/she were to terminate their employment today and they drew out all available
cash (if any), what monthly benefit would he/she be entitled to receive upon reaching
retirement age (65)?

e. Could he/she retire before age 65? _____ If so, at what:

Age _____

Monthly Benefit \$ _____

11. Is he/she vested in any pension plan for a previous employer? _____ If yes:

a. When can he/she begin to receive benefits? _____

b. How much per month? _____

c. What are the dates he/she worked for the employer preceding this employer:

From: _____ to _____

12. Does he/she participate in any stock option or profit sharing plans? _____ If so, describe _____

NATURE OF PRESENT PROBLEM:

	<u>Yes/No/Explain</u>	
Arrearages in support or alimony	_____	_____
Failure to comply with any other terms of the Judgment and Decree	_____	_____
Change in amount of support or alimony	_____	_____
Reciprocal support (out-of-state action)	_____	_____
Motion for money judgment brought by County for welfare monies paid	_____	_____
Extraordinary medical or dental expenses of the Children	_____	_____

IF PROBLEM IS VISITATION:

Date of last visitation: _____ Why has visitation been (or should be) denied?

IF PROBLEM IS CUSTODY:

Explain briefly the nature of the problem. _____

MISCELLANEOUS FINANCIAL INFORMATION:

HOMESTEAD:

Address: _____ Zip _____

Date Purchased: _____ Price: _____ In name of: _____

Present mortgage balance: _____ payable \$ _____ per _____

Present C/D balance: _____ payable \$ _____ per _____

Approximate present value \$ _____

Approximate present equity \$ _____

Legal Description: _____

OTHER REAL ESTATE:

Address: _____ Zip _____

Date Purchased: _____ Price: _____ In name of: _____

Present mortgage balance: _____ payable \$ _____ per _____

Present C/D balance: _____ payable \$ _____ per _____

Approximate present value \$ _____

Approximate present equity \$ _____

Legal Description: _____

OTHER ASSETS:

1. List savings accounts or savings certificates:

BANK OR DEPOSITORY

ACCOUNT NO.

BALANCE

2. If you have a checking account, state the:

<u>BANK OR DEPOSITORY</u>	<u>ACCOUNT NO.</u>	<u>BALANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all stocks and bonds:

<u>COMPANY</u>	<u>NO. OF SHARES</u>	<u>VALUE OF EACH</u>	<u>TOTAL VALUE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List all automobiles boats trailers, motorcycles, snowmobiles, campers or other motor vehicles, stating an approximate value for each and amount of any encumbrance:

LIABILITIES:

1. Are the children of your former marriage covered under a medical, health or hospitalization plan? _____ Provided or paid by whom? _____
2. Are there any life insurance policies owned by your former spouse that have any cash value? _____ Give details: _____

DEBTS:

<u>Creditor</u>	<u>Reason Debt Incurred</u>	<u>When was Debt Incurred</u>	<u>Who Signed For Credit</u>	<u>Monthly Payment</u>	<u>Balance Due</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MONTHLY LIVING EXPENSES

Estimate your MONTHLY living expenses for each of the following situations, filing only those which are applicable.

	Self and any children of your prior marriage living with you	Self and all members of current household
Rent	_____	_____
Mortgage Payment	_____	_____
Contract for Deed Payment	_____	_____
Homeowner's Insurance	_____	_____
Real Estate Taxes	_____	_____
Utilities	_____	_____
Food	_____	_____

Clothing	_____	_____
Laundry and Dry Cleaning	_____	_____
Medical and Dental	_____	_____
Transportation	_____	_____
Car Insurance	_____	_____
Recreation, Entertainment and Travel	_____	_____
Newspapers and Magazines	_____	_____
Social and Church Obligations	_____	_____
Personal Allowances and Incidentals	_____	_____
Babysitting and Day Care	_____	_____
Home Maintenance	_____	_____
Children's School Needs and Allowances	_____	_____
Child Support Obligation	_____	_____
Spousal Maintenance Obligation	_____	_____
Totals:	\$ _____	\$ _____

