

MARRIAGE DISSOLUTION QUESTIONNAIRE

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, please consider and answer these questions to the best of your ability. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: _____ Who Referred You to Our Firm: _____

If possible, please provide copies of the following documentation: tax returns for the previous three years, any prenuptial agreement, deeds to all real estate involved, financial statements, financial institution/bank account statements for the past six months, and any documentation regarding any interest in any businesses, corporations, partnerships, sole proprietorships, etc.

PARTIES' PERSONAL INFORMATION

1. Your Personal Information:

- a. Full Name _____
(First, Middle, and Last Name)
- b. All previous names used _____
- c. Present Street Address _____
City _____ County _____ State _____ Zip _____
Can we send mail to this address? Yes _____ No _____
If no, where should we send your mail? _____
Home Phone _____ Business Phone _____
- d. Social Security Number _____ E-Mail Address: _____
- e. Length of Residence in Minnesota _____
- f. Birthplace _____ Birthdate _____ Age _____
- g. Religion _____
- h. Highest Level of Education _____ Year Completed _____
- i. Present Health _____
- j. Physician or Clinic _____
- k. Have you been a member of the Armed Forces during the preceding 12 months? Yes _____ No _____
(If you answered yes, please give the state where you were stationed. If you were a member of the Armed Forces, you will need to sign a waiver of rights under the Soldiers and Sailors Relief Act).

- l. Name of person (other than your spouse) who would be most likely to always know where you can be reached _____ Telephone Number _____

Relationship to you _____

m. Will you be changing your name after the divorce? Yes _____ No _____

If yes, what name do you intend to take? _____

n. Were you previously married? Yes _____ No _____ How did the marriage end?
_____ Divorce _____ Death of Spouse _____ Other: _____

If divorced, when were you divorced? _____
City, county and state of divorce _____

Minor children from previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who received custody? _____

Maintenance and child support payments **received by you**:

Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

Maintenance and child support payments **paid by you**:

Maintenance \$ _____ per _____ to _____
Child Support \$ _____ per _____ to _____

Assets awarded to you _____

1. **Your Spouse's Personal Information:**

a. Full Name _____
(First, Middle, and Last Name)

b. All previous names used _____

c. Present Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Business Phone _____

For purposes of service of process, is your spouse expecting service of these divorce papers?
Yes _____ No _____

Will your spouse accept these documents and sign an Acknowledgment of Service?
Yes _____ No _____

OR

Where should we serve your spouse with the divorce papers? At your spouse's present address? Yes _____ No _____; at his place of employment? Yes _____ No _____; Other location: _____ . If we are to serve your spouse at your spouse's place of employment, please indicate your spouse's working hours: _____

- d. Social Security Number _____
- e. Length of Residence in Minnesota _____
- f. Birthplace _____ Birthdate _____ Age _____
- h. Religion _____
- i. Highest Level of Education _____ Year Completed _____
- j. Present Health _____
- k. Physician or Clinic _____
- l. Has your spouse been a member of the Armed Forces during the preceding 12 months? Yes _____ No _____ (If the answer is yes, please give the state where your spouse was stationed. If your spouse was a member of the Armed Forces, your spouse will need to sign a waiver of rights under the Soldiers and Sailors Relief Act): _____
- m. Will your spouse be changing his/her name after the divorce? Yes _____ No _____
If yes, what name will he/she take? _____
- n. Was your spouse previously married? Yes _____ No _____ How did the marriage end?
_____ Divorce _____ Death of Spouse _____ Other: _____
If divorced, when was your spouse divorced? _____
City, county and state of divorce _____

Minor children by spouse's previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who received custody? _____

Maintenance and child support payments **received by your spouse**:

Maintenance \$ _____ per _____ from _____
Child Support \$ _____ per _____ from _____

