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**CLIENT DISSOLUTION INFORMATION**

Date: \_\_\_\_\_  
Spouse's Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF THIS FORM:**

Try to fill it in as completely as possible. If you do not have all of the details about each item as requested, then include whatever information you do have, however, vague it might be.

**A. GENERAL INFORMATION**

Your current legal name: \_\_\_\_\_ Age: \_\_\_\_\_

Prior Name Ever Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Are you a U.S. Citizen?: \_\_\_\_\_ If no, of which country are you a citizen? \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
\_\_\_\_\_

Your Addresses for past twelve months: (include all dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Other)

How may we contact you? (circle all that are acceptable): Home Telephone / Work Telephone / Cell Phone (digital cell phones only) / E-mail / U.S. Mail (home) / U.S. Mail (work) / U.S. Mail (P.O. Box) / (Other; please provide address)

Your Nearest Relative : \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship) (Phone)

Spouse's current legal name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Prior Name Ever Used: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Is your spouse a U.S. Citizen?: \_\_\_\_\_ If no, of which country is he/she a citizen? \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
\_\_\_\_\_

Spouse's Addresses for past twelve months if different from yours: (include all dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Business) (Other)

How long have you resided within the State of Minnesota? \_\_\_\_\_

How long has your spouse resided within the State of Minnesota? \_\_\_\_\_

Date of Present Marriage: \_\_\_\_\_

Location of Marriage: \_\_\_\_\_  
City County State

Children of Marriage:

Name	Age	Birthdate	Social Security Number

With whom do the children currently live: \_\_\_\_\_

Where and with whom has each child resided over the past five years: \_\_\_\_\_

Do you want custody of the children? \_\_\_\_\_

Does your spouse want custody of the children? \_\_\_\_\_

Do you believe custody will be disputed? \_\_\_\_\_  
(Yes) (No)

If so why? \_\_\_\_\_

If you have minor children and custody or parenting time is contested, you are required to attend a dissolution education program pursuant to Minn. Stat. §518.157. Approved Parent Education programs can be found at <http://www.mncourts.gov/Help-Topics/Parent-Education.aspx>. After you have completed the course, please provide your attorney with the Certificate of Completion and he/she will file it with the Court.

Are you pregnant or is your spouse pregnant? \_\_\_\_\_

Has a separate proceeding for dissolution of the marriage been commenced or is a proceeding pending in any other state? \_\_\_\_\_

Date of Separation \_\_\_\_\_

Total payment to/from spouse for support/maintenance since separation:

Prior Marriages:	Name of Spouse	Dissolution Date(s)
_____	_____	_____
_____	_____	_____

### B. JOB HISTORY AND EMPLOYMENT

	You	Spouse
Current Employment/Occupation		
Employer		
Address		
Length of time employed there		
Gross salary per _____		
Deductions:		
Federal Withholding		
State Withholding		
FICA		
Savings		

Loans		
Medical Insurance		
Dental Insurance		
Life Insurance		
Union Dues		
Retirement		
Other _____		
Net salary per _____		
Number of exemptions claimed		
Average number of overtime hours worked		
Bonuses of any kind generally received each year (approximate amount each year)		
Employment Benefits:		
a. Health Insurance: Who is covered? Who provides coverage?		
b. Dental Insurance Who provides coverage?		
c. Life Insurance		
d. Paid vacation/holiday		
e. Expense account		
f. Stock purchases		
g. Savings plan		
h. Retirement plan:		
Entire Name of Pension plan & value		
Entire Name of Profit sharing plan & value		

**C. BUSINESS INTEREST**

1. Do you or your spouse own an interest in any business? \_\_\_\_\_
2. Name of company: \_\_\_\_\_ Type of business: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Sole proprietorship? \_\_\_\_\_ Partnership? \_\_\_\_\_ Corporation? \_\_\_\_\_
5. Position in the company: \_\_\_\_\_
6. Interest in the company; percentage interest or number of shares:  
\_\_\_\_\_
7. Names of others who have an interest: \_\_\_\_\_

8. Name and address of accountant: \_\_\_\_\_
9. End of fiscal year: \_\_\_\_\_
10. Are financial statements prepared? \_\_\_\_\_
11. Buy-Sell agreement? \_\_\_\_\_
12. Are corporate minutes kept? \_\_\_\_\_
13. What personal expenses are paid by the company? \_\_\_\_\_
- Auto lease \_\_\_\_\_ Auto gas \_\_\_\_\_
- Auto insurance \_\_\_\_\_ License \_\_\_\_\_
- Auto repairs \_\_\_\_\_ Lunches \_\_\_\_\_
- Travel \_\_\_\_\_ Entertainment \_\_\_\_\_
- Clothing \_\_\_\_\_ Home office \_\_\_\_\_
- Attorney fees \_\_\_\_\_ Wages, family members \_\_\_\_\_
- Personal property purchases/depreciation \_\_\_\_\_
- Other \_\_\_\_\_
14. Is your name on any business-related debts or guarantees that needs to be removed? \_\_\_\_\_ . If so, list all debts or guarantees in which your name should be removed.

**D. OTHER EMPLOYMENT**

Are you employed at any other full- or part-time job \_\_\_\_\_

If so, explain: \_\_\_\_\_

**E. OTHER INCOME**

	You	Spouse
Rental Income		
Dividends and Interest		
Disability Pay		
Veteran's Pay		
Workers' Compensation		
Unemployment		
A.F.D.C.		
Child Support		

Retirement in Payment Status		
Other _____		

**F. PREVIOUS EMPLOYMENT**

If you are not currently employed, state:

1. Name of last employer: \_\_\_\_\_
2. Occupation \_\_\_\_\_
3. Termination date: \_\_\_\_\_
4. Annual income when last employed \_\_\_\_\_
5. Did you have a pension or other retirement benefit for which you may receive funds?  
\_\_\_\_\_

6. Annual income past 5 years (most recent year first): **In lieu of entering the information below, provide state and federal income tax returns for the last 5 years, along with all schedules.**

	Year	You	Spouse
a. Wages: Other:			
b. Wages: Other:			
c. Wages: Other:			
d. Wages: Other:			
e. Wages: Other:			

**G. EDUCATION**

1. High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_
2. Vocational School \_\_\_\_\_ Year of Graduation \_\_\_\_\_
3. College \_\_\_\_\_ Year of Graduation \_\_\_\_\_
4. Other training \_\_\_\_\_

5. If education was obtained during the marriage, state source of funds.

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6. Is there the desire to obtain further training or education to obtain different or better employment? \_\_\_\_\_

**H. YOUR SPOUSE'S EDUCATION**

1. High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

2. Vocational School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

3. College \_\_\_\_\_ Year of Graduation \_\_\_\_\_

4. Other training \_\_\_\_\_

5. If education was obtained during the marriage, state source of funds.

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6. Is there the desire to obtain further training or education to obtain different or better employment? \_\_\_\_\_

**I. CHILDREN**

1. Describe any health or physical problems of any of your children, including anticipated dental care:

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2. Describe any medical/educational difficulties:

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3. Describe any emotional or behavioral difficulties:





2. If your spouse is seeking a legal separation or marriage dissolution, what reason does he/she give? \_\_\_\_\_

\_\_\_\_\_

3. Have you had marriage counseling? \_\_\_\_\_ When? \_\_\_\_\_

Name of counselor: \_\_\_\_\_

4. Do you think counseling would be helpful to:

a. Preserve the marriage? \_\_\_\_\_

b. Help you with adjustment to the divorce? \_\_\_\_\_

5. Do you have a significant other? \_\_\_\_\_

If so, name, age, and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your significant other involved in your child(ren)'s lives?

## **ASSETS**

Is your spouse likely to try and hide assets? \_\_\_\_\_

If yes, why do you believe so? \_\_\_\_\_

\_\_\_\_\_

## **M. HOMESTEAD**

County: \_\_\_\_\_ Address: \_\_\_\_\_

Description (buildings, lot size, number of bedrooms, etc.): \_\_\_\_\_

\_\_\_\_\_

Legal description (provide copy of Warranty Deed, if possible)

\_\_\_\_\_

\_\_\_\_\_

Abstract or Torrens property? \_\_\_\_\_

If Torrens, certificate number: \_\_\_\_\_

Title in whose name(s)? \_\_\_\_\_

Purchased when? \_\_\_\_\_ Price: \$ \_\_\_\_\_ Name of: \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

Current market value:

Tax value: \$ \_\_\_\_\_

Your estimate: \$ \_\_\_\_\_

Mortgage or contract for deed? \_\_\_\_\_ With whom? \_\_\_\_\_

Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Does payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_

Annual taxes: \$ \_\_\_\_\_ Annual insurance premium: \$ \_\_\_\_\_

Details of any other encumbrances, e.g., home improvement loans, second mortgages, etc.

\_\_\_\_\_  
*Please let us know if you would like us to have an Owners and Encumbrance Report done on your property to see how the property is titled and all loans that are encumbering the property. The cost is approximately \$75. \_\_\_ Yes or \_\_\_ No.*

#### **N. OTHER REAL ESTATE**

Type of property (i.e., lake home, rental, etc.): \_\_\_\_\_

County: \_\_\_\_\_ Address: \_\_\_\_\_

Description (buildings, lot size, number of bedrooms, etc.): \_\_\_\_\_

\_\_\_\_\_  
Legal description (provide copy of possible): \_\_\_\_\_

\_\_\_\_\_  
Abstract or Torrens property? \_\_\_\_\_

If Torrens, certificate number: \_\_\_\_\_

Title in whose name(s)? \_\_\_\_\_

Purchased when? \_\_\_\_\_ Price: \$ \_\_\_\_\_ Name of: \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

Current market value:

Tax value: \$ \_\_\_\_\_

Your estimate: \$ \_\_\_\_\_

Mortgage or contract for deed? \_\_\_\_\_ With whom? \_\_\_\_\_

Present Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Does payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_

Annual taxes: \$ \_\_\_\_\_ Annual insurance premium: \$ \_\_\_\_\_

Details of any other encumbrances, e.g., home improvement loans, second mortgages, etc.

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*Please let us know if you would like us to have an Owners and Encumbrance Report done on your property to see how the property is titled and all loans that are encumbering the property. The cost is approximately \$75. \_\_\_\_\_ Yes or \_\_\_\_\_ No.*

### **O. RETIREMENT ACCOUNTS**

1. In addition to the retirement plans listed in Sections B and F above, provide the full name of all retirement plans, defined contribution plans, IRA, Roth IRAS, cash management accounts, defined benefit plans, etc., in which you and your spouse have an interest and provided the most recent value. Please provide the most current statements for each retirement plan in which you and your spouse have an interest.

#### Accounts Held in Your Name:

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

#### Retirement Accounts Held in Your Spouse's Name:

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ ; value as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_

**P. AUTOMOBILES/MOTOR VEHICLES**

1. Year, make and model: \_\_\_\_\_ Title name of: \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_ To whom: \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ Currently driven by: \_\_\_\_\_
2. Year, make and model: \_\_\_\_\_ Title name of: \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_ To whom: \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ Currently driven by: \_\_\_\_\_
3. Year, make and model: \_\_\_\_\_ Title name of: \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_ Payments: \$ \_\_\_\_\_ To whom: \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ Currently driven by: \_\_\_\_\_
4. Which vehicle(s) would you choose to drive? \_\_\_\_\_

**Q. HOUSEHOLD GOODS OVER \$1,000.00**

In your possession:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(State details of any loans for household goods under "Debts")

In your spouse's possession:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(State details of any loans for household goods under "Debts")

Miscellaneous recreational vehicles and equipment, tools, guns, jewelry, collections, etc., and any personal property not mentioned:

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**R. SAVINGS ACCOUNTS**

1. Location: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Amount as of: \_\_\_\_\_ (date) \$ \_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_
2. Location: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Amount as of: \_\_\_\_\_ (date) \$ \_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_
3. Location: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Amount as of: \_\_\_\_\_ (date) \$ \_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_

**S. CHECKING ACCOUNTS**

1. Location: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Amount as of: \_\_\_\_\_ (date) \$ \_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_
2. Location: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Amount as of: \_\_\_\_\_ (date) \$ \_\_\_\_\_  
Name(s) of account holder(s): \_\_\_\_\_

**T. BONDS**

- Face value: \$ \_\_\_\_\_ When purchased: \_\_\_\_\_ Whose name: \_\_\_\_\_  
Face value: \$ \_\_\_\_\_ When purchased: \_\_\_\_\_ Whose name: \_\_\_\_\_

**U. STOCK**

1. Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_  
In whose name: \_\_\_\_\_ Purchase price per share: \$ \_\_\_\_\_  
Current value per share: \$ \_\_\_\_\_ When purchased: \_\_\_\_\_
2. Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_  
In whose name: \_\_\_\_\_ Purchase price per share: \$ \_\_\_\_\_  
Current value per share: \$ \_\_\_\_\_ When purchased: \_\_\_\_\_
3. Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_

In whose name: \_\_\_\_\_ Purchase price per share: \$ \_\_\_\_\_  
Current value per share: \$ \_\_\_\_\_ When purchased: \_\_\_\_\_

**V. ACCOUNTS RECEIVABLE**

1. Does anyone owe money to you or your spouse? \_\_\_\_\_ If so, state details.  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have any income tax refunds or rebates due? \_\_\_\_\_  
If so, what amount? \$ \_\_\_\_\_

**W. DIGITAL CURRENCY**

1. Do you or your spouse own any bitcoin, or any other form of digital currency? \_\_\_\_\_  
\_\_\_\_\_

**X. NONMARITAL PROPERTY**

Nonmarital property is generally treated differently than marital property as it is given to one spouse only. Therefore, please complete the following information:

1. Did either you or your spouse bring any cash, real estate, or other property into the marriage? \_\_\_\_\_. If yes:
  - a. Describe the property and the value or amount at the time of marriage.  
\_\_\_\_\_  
\_\_\_\_\_
  - b. What was done with the property during the marriage?  
\_\_\_\_\_  
\_\_\_\_\_
2. Did you or your spouse receive any inheritance during the marriage? \_\_\_\_\_. If yes:
  - a. Describe the property, the date received, and, if cash, state the amount.  
\_\_\_\_\_  
\_\_\_\_\_
  - b. What was done with the property during the marriage?

\_\_\_\_\_  
\_\_\_\_\_

3. Did you receive any gift(s) from someone other than your spouse which was a gift to you alone, not a joint gift to you and your spouse? \_\_\_\_\_

Did you spouse receive a similar gift(s) of value? \_\_\_\_\_. If yes to either question:

a. List each gift, to whom given, name of the giver, the date received, and the present value:

\_\_\_\_\_  
\_\_\_\_\_

b. If the gift was cash, state the amount received, to whom given, the date received, and what was done with the cash:

\_\_\_\_\_  
\_\_\_\_\_

4. Are you a beneficiary under any will or estate now in probate court? \_\_\_\_\_.

If yes, name of estate: \_\_\_\_\_

Estimate amount involved:

\_\_\_\_\_

5. Is your spouse a beneficiary under any will or estate now in probate court? \_\_\_\_\_.

If yes, name of estate: \_\_\_\_\_

Estimate amount involved:

\_\_\_\_\_

6. Are you a party to any present lawsuit? If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

7. Are you, your spouse, or any of your children named in any trust document as grantor, settlor, beneficiary, and/or trustee, including but not limited to any and all contingent interests, discretionary interests, irrevocable insurance trusts, and irrevocable estate plans?





Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

2. Type (term, whole life): \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

3. Type (term, whole life): \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

Life insurance on your spouse's life:

1. Type (term, whole life): \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

2. Type (term, whole life): \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_  
Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_  
Who pays premiums? \_\_\_\_\_  
Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

3. Type (term, whole life): \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_  
Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_  
Who pays premiums? \_\_\_\_\_  
Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

Life insurance on children:

1. Name of insured: \_\_\_\_\_  
Type (term, whole life): \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_  
Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_  
Who pays premiums? \_\_\_\_\_  
Policy loans: Date: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_

2. Name of insured: \_\_\_\_\_  
Type (term, whole life): \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

3. Name of insured: \_\_\_\_\_

Type (term, whole life): \_\_\_\_\_

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Face amount of policy: \$ \_\_\_\_\_

Present cash value: \$ \_\_\_\_\_ Amount for premiums: \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays premiums? \_\_\_\_\_

Policy loans: Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

**AA. MISCELLANEOUS FINANCIAL INFORMATION**

1. Average monthly deposits and withdrawals in joint checking account for past year:

Deposits: \$ \_\_\_\_\_ Withdrawals: \$ \_\_\_\_\_

2. Names and addresses of banks with which you have done business for past three years if not previously provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BB. FERTILITY HISTORY AND INFORMATION**

Have you or your spouse ever been diagnosed as infertile or treated for infertility? \_\_\_\_\_

If so, provide the name and address of each and every fertility physician who has treated you; and explain in detail the diagnosis and what kind of treatment each physician performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have any stored genetic material (sperm, eggs, and/or embryos)?

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If so, for each type of genetic material stored, please state, what type of genetic material is stored, whose genetic material it is; and the name and address of the storage facility at which it is currently stored. \_\_\_\_\_

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Have you or your spouse had any children born to you as the result of any fertility treatments?

If so, are the children who were born genetically related to both you and your spouse? \_\_\_\_\_  
If not, please identify each such child by name and date of birth, identify by name and address the third party contributor (whether contributor of sperm, egg, or other genetic material); and identify the type of genetic material he or she contributed. \_\_\_\_\_

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Have you completed any legal proceeding to establish your parentage of the children who resulted from your fertility treatments? \_\_\_\_\_

If so, please state the name and address of any attorneys who represented you in any such proceedings and provide copies of all pleadings and/or court orders issued in connection with any such proceedings. \_\_\_\_\_

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What is your intended use or other disposition of all stored genetic material at this time? \_\_\_\_\_

**MISCELLANEOUS**

Other information not covered by this questionnaire that you believe is important:

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DOMESTIC ABUSE: Please check all that applies to you:

Physical/Sexual Abuse	Emotional Abuse	Control of Daily Life	Economic Abuse
<input type="checkbox"/> Hold, pin, restrain <input type="checkbox"/> Kneel on or sit upon <input type="checkbox"/> Tie up, bind, gag <input type="checkbox"/> Push, shove, shake <input type="checkbox"/> Grab  <input type="checkbox"/> Scratch, pull hair, <input type="checkbox"/> Shave <input type="checkbox"/> Twist arm  <input type="checkbox"/> Bite <input type="checkbox"/> Spit on <input type="checkbox"/> Urinate upon  <input type="checkbox"/> Slap <input type="checkbox"/> Hit or punch <input type="checkbox"/> Kick or stomp <input type="checkbox"/> Strike or throw object  <input type="checkbox"/> Choke or strangle <input type="checkbox"/> Burn <input type="checkbox"/> Poke, stab, cut  <input type="checkbox"/> Withhold food <input type="checkbox"/> Withhold medicine <input type="checkbox"/> Disable medical equip.  <input type="checkbox"/> Forced sex	<input type="checkbox"/> Insult you/put you down <input type="checkbox"/> Ridicule you in public <input type="checkbox"/> Purposely humiliate you <input type="checkbox"/> Play mind games  <input type="checkbox"/> Intimidate you <input type="checkbox"/> Yell or scream at you <input type="checkbox"/> Act aggressively to you <input type="checkbox"/> Get jealous/possessive <input type="checkbox"/> Accuse you of infidelity  <input type="checkbox"/> Interfere with:  <input type="checkbox"/> work/school life <input type="checkbox"/> social life <input type="checkbox"/> sleep <input type="checkbox"/> healthcare/medication <input type="checkbox"/> Threaten to:  <input type="checkbox"/> kill you or the children <input type="checkbox"/> kill him/herself <input type="checkbox"/> harm you or the children <input type="checkbox"/> harm person you care for <input type="checkbox"/> harm or kill pets <input type="checkbox"/> Destroy things you care for <input type="checkbox"/> Threaten you w/ weapon <input type="checkbox"/> Put your life in danger <input type="checkbox"/> Disable your car <input type="checkbox"/> Drive recklessly to scare you	<input type="checkbox"/> Follow or stalk you <input type="checkbox"/> Often check up on <input type="checkbox"/> Examine mail/email <input type="checkbox"/> Check phone calls  <input type="checkbox"/> Hack into email <input type="checkbox"/> Grill you <input type="checkbox"/> Time activities <input type="checkbox"/> Use others as spies <input type="checkbox"/> Invade privacy <input type="checkbox"/> Misuse social media  <input type="checkbox"/> Physically restrain <input type="checkbox"/> Forbid you to leave <input type="checkbox"/> Punish you for disobeying  <input type="checkbox"/> Arrive unannounced <input type="checkbox"/> Make unwanted contact <input type="checkbox"/> Leave things to scare you  <input type="checkbox"/> Make you do things you don't want to do	<input type="checkbox"/> Deny money <input type="checkbox"/> Refuse to pay bills <input type="checkbox"/> Empty bank <input type="checkbox"/> Hide assets  <input type="checkbox"/> Destroy your credit <input type="checkbox"/> Deny credit access <input type="checkbox"/> Run up debt <input type="checkbox"/> Forge papers <input type="checkbox"/> Refuse to pass title  <input type="checkbox"/> Destroy property <input type="checkbox"/> Steal your property <input type="checkbox"/> Sell your property  <input type="checkbox"/> Shut off utilities <input type="checkbox"/> Fail to pay insurance <input type="checkbox"/> Cancel insurance <input type="checkbox"/> Cancel credit cards  <input type="checkbox"/> Refuse to work <input type="checkbox"/> Refuse to let you work <input type="checkbox"/> Try to get you fired  <input type="checkbox"/> Hide bills <input type="checkbox"/> Hide financial info.  <input type="checkbox"/> Constantly return to court

**DOCUMENTS TO PRODUCE AT INITIAL CONFERENCE**

1. \_\_\_\_\_ Current paystubs - yours
2. \_\_\_\_\_ Current paystubs - spouse's
3. \_\_\_\_\_ State and federal income tax returns - five years
4. \_\_\_\_\_ Warranty Deeds or abstracts or Torrens certificates showing legal description of home or other real property
5. \_\_\_\_\_ Most current Tax assessors' statements on real estate
6. \_\_\_\_\_ Mortgage, contract for deed, or home improvement loan balances
7. \_\_\_\_\_ Stock documentation
8. \_\_\_\_\_ Insurance policy documentation
9. \_\_\_\_\_ Pension plan, retirement plan, stock
10. \_\_\_\_\_ Employee benefit statements
11. \_\_\_\_\_ Financial statements
12. \_\_\_\_\_ Appraisals
13. \_\_\_\_\_ Credit Report

**MONTHLY EXPENSES**

		<b>Monthly Expense</b>
<b>Housing:</b>		
	Mortgage (P&I)	
	Second Mortgage	
	Property Taxes, if separate	
	Home Owner's Insurance, if separate	
	Association Dues	
	<b>Total Housing</b>	
<b>Home Maintenance &amp; Repairs:</b>		
	House Cleaning	
	Lawn Care/Snow Removal	
	Decorating	
	Home Repairs & Appliances	
	Household Supplies	
	<b>Total Home Maintenance and Repairs</b>	
<b>Utilities:</b>		
	Gas and Electric	
	Telephone	
	Cell Phone	
	Water/Sewage	
	Refuse Disposal	
	Cable/Internet	
	Alarm Service	
	<b>Total Utilities</b>	
<b>Food:</b>		
	Groceries	
	Meals out	
	<b>Total Food</b>	
<b>Clothing and Shoes</b>		
<b>Drycleaning &amp; Laundry</b>		
	<b>Total Clothing and Laundry</b>	
<b>Medical:</b>		
	Medical/Hospitalization Insurance	
	Dental Insurance	
	Disability Insurance	
	Uninsured Medical Expense	
	Uninsured Dental Expense	
	Orthodontia	
	Prescriptions	
	Contact/Eyeglasses	
	Counseling/Therapy	

	<b>Total Medical</b>	
<b>Transportation:</b>		
	Car Payment	
	Gasoline & Oil	
	Maintenance & Repairs	
	License	
	Insurance	
	Parking	
	Motor Clubs (e.g. AAA)	
	Taxi/Bus	
	<b>Total Transportation</b>	
<b>Personal Allowances &amp; Incidentals:</b>		
	Hair Care	
	Cosmetics/Toiletries	
	<b>Total Personal Allowances and Incidentals</b>	
<b>Recreation, Travel &amp; Entertainment:</b>		
	Movies, Plays, Sporting Events	
	Parties/Home Entertainment	
	Vacations	
	Ski/Golf	
	Health Clubs	
	<b>Total Recreation, Travel &amp; Entertainment</b>	
<b>Pet Expense:</b>		
	Food and Supplies	
	Veterinary	
	<b>Total Pet Expense</b>	
<b>Debt Repayment:</b>		
	Attorneys' Fees	
	<b>Total Debt Repayment</b>	
<b>Miscellaneous:</b>		
	Safe Deposit Box	
	Life Insurance	
	Gifts	
	Newspapers & Magazines	
	Church	
	Donations	
	Retirement Savings	
	Education Savings	
	General Savings	
	Postage	
	Spending Money	
	License/Dues	
	<b>Total Miscellaneous</b>	



<b>Dependent Care:</b>	
Child Care/Daycare	
Babysitting	
Children's School Tuition	
Books	
Lunches	
Pictures	
Field Trips	
Year books	
Allowance	
Tutoring	
School Supplies	
School Activities	
Sports Equipment	
Musical Instrument	
Special Interests	
Summer Camps	
Miscellaneous	
College Tuition	
<b>Total Dependent Care</b>	
<b>TOTAL MONTHLY EXPENSES</b>	