TUFT LACH JERABEK & O'CONNELL PLLC
MINNESOTA FAMILY LAW
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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? _____

Social Security No. _____

Home (Residential) Address:

_____

_____

Confidential from Spouse: ____ Yes ____ No

Mailing Address (if different than Home Address):

_____

_____

Confidential from Spouse: ____ Yes ____ No

Are you enrolled in Minnesota's Safe at Home program? ____ Yes ____ No ____ Not sure

Safe at Home is a confidential address program run by the Minnesota Secretary of State for people who fear for their safety. What is Safe at Home?

If yes, your Safe at Home Address:

PO Box _____

_____

Email Address: _____

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 Email Address: _____

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.

_____

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.

_____

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:

_____

_____

_____

_____

2. Describe any medical/educational difficulties:

_____

_____

_____

_____

3. Describe any emotional or behavioral difficulties:

_____

_____

4. Do either of you have children from a previous marriage or relationship? If so, state names, ages, and amount of child support received or paid out.

_____

_____

Are there any arrearages? _____ _____ Amount: $_____
(Yes) (No)

J. PHYSICAL/MENTAL/CHEMICAL HEALTH

1. List your past and current physical/mental/chemical health problems.

_____

_____

2. List your spouse's past and current physical/mental/chemical health problems.

_____

_____

3. Are you currently seeing a therapist? If so, what is the diagnoses (if any) and name of your therapist?

_____

_____

K. NAME CHANGE

Do you want your name changed? _____

If so, by what name do you want to be known?

_____

First Middle Last

L. MARITAL PROBLEMS

1. Why do you feel that a marriage dissolution or legal separation is necessary?

_____

_____

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.

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.

_____

_____

_____

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? _____. If so, give as many details and as much information as possible regarding each such trust interest(s):

_____

_____

_____

8. Antenuptial Agreements. Did you or your spouse sign any antenuptial agreements prior to the marriage? _____. If so, enclose a copy.

Y. DEBTS

Creditor	Purpose of Debt	Present Balance	Monthly Payment	Debt in Whose Name	Secured

Z. INSURANCE

Life insurance on your 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 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)?

_____

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. _____

_____

_____

_____

_____

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._____

_____

_____

_____

_____

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. _____

_____

_____

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:

_____

_____

_____

_____

_____

_____

_____

DOMESTIC ABUSE: Please check all that applies to you:

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

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

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

	License/Dues	
	Total Miscellaneous	
Dependent Care:		
	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	
	Total Dependent Care	
	TOTAL MONTHLY EXPENSES	