

# LUCAS FAMILY LAW LLC

## CLIENT MARITAL DISSOLUTION QUESTIONNAIRE

SO THAT YOUR ATTORNEY MAY BE ABLE TO ANSWER YOUR QUESTIONS AND HANDLE YOUR MARITAL DISSOLUTION PROMPTLY AND EFFICIENTLY, IT IS IMPORTANT THAT YOU ANSWER THE FOLLOWING QUESTIONS FULLY AND ACCURATELY. IF A QUESTION DOES NOT APPLY TO YOU, LEAVE IT BLANK. IF YOU NEED ADDITIONAL SPACE FOR YOUR ANSWER, PLEASE USE A SEPARATE SHEET OF PAPER. THE COMPLETE QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL AND REMAIN IN YOUR ATTORNEY'S POSSESSION. PLEASE PRINT.

Date: \_\_\_\_\_ Who referred you to me? \_\_\_\_\_

### I. INFORMATION ABOUT YOU

**YOUR NAME:** \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street City County Zip Code

Mailing Address: \_\_\_\_\_  
(if different from Street City County Zip Code  
from above)

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

National Descent: \_\_\_\_\_

How long have you been a resident of Minnesota? \_\_\_\_\_

Nearest Relative Name: \_\_\_\_\_

\_\_\_\_\_  
Address Relationship Phone

**Your Employment:** Occupation \_\_\_\_\_

Social Security Number: \_\_\_\_\_ No. of Years \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Job Title \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**Deductions:**

Federal Withholding \_\_\_\_\_  
State Withholding \_\_\_\_\_  
F.I.C.A. \_\_\_\_\_  
Medical Insurance \_\_\_\_\_  
Other Deductions \_\_\_\_\_  
\_\_\_\_\_

Net Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Number of exemptions you claim: \_\_\_\_\_

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

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

Detail your prior work experience (use separate sheet of paper if necessary): \_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

Highest grade completed in school: \_\_\_\_\_

Other training: \_\_\_\_\_



Net Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Number of exemptions claimed \_\_\_\_\_

Is your spouse employed at any other full or part-time job? \_\_\_\_\_

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

Detail your spouse's prior work experience (use separate sheet of paper if necessary): \_\_\_\_\_

Highest grade your spouse completed in school \_\_\_\_\_ Other training \_\_\_\_\_

### III. MARRIAGE INFORMATION

**Present Marriage:** \_\_\_\_\_  
Date City County State

Your age at marriage \_\_\_\_\_ Your spouse's \_\_\_\_\_

Were you previously married? \_\_\_\_\_

If so, when and where divorced? \_\_\_\_\_  
Date City County State

Are you receiving/paying any money for the support of children of a former marriage? \_\_\_\_ If so, give number of children: \_\_\_\_\_ Amount: \_\_\_\_\_ On What Dates: \_\_\_\_\_

Are any arrearages due for support? \_\_\_\_\_ If so, give amount: \$ \_\_\_\_\_

Are you receiving/paying alimony to/from previous spouse? \_\_\_\_\_

If so, give amount \$ \_\_\_\_\_ per \_\_\_\_\_

Is your spouse receiving/paying any money for the support of children of a former marriage? \_\_\_\_

Alimony? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Date of present separation: \_\_\_\_\_ Are parties in same home: \_\_\_\_\_

Address where parties last lived together: \_\_\_\_\_

Previous Separation(s): From \_\_\_\_\_ to \_\_\_\_\_

Previous counseling: On \_\_\_\_\_ by \_\_\_\_\_  
(Priest \_\_\_\_, Rabbi \_\_\_\_, Minister \_\_\_\_, Attorney \_\_\_\_, M.D. \_\_\_\_)

Has a separate proceeding for dissolution of the marriage been commenced or is a proceeding pending in

any other state? \_\_\_\_\_

Previous court action: Date filed by attorney \_\_\_\_\_

Total payments to/from spouse for support/maintenance since separation: \_\_\_\_\_

If you are seeking an action for dissolution or separate maintenance, what has your spouse done to you that you feel will give you grounds? \_\_\_\_\_

\_\_\_\_\_  
(Use reverse side if more space is needed)

If your spouse is seeking a dissolution or separate maintenance, what does your spouse say you have done to make her/him institute this action? \_\_\_\_\_

\_\_\_\_\_  
(Use reverse side if more space is needed)

What would be your spouse's primary complaint about your conduct? \_\_\_\_\_

Does your spouse have a girl/boy friend? Yes \_\_\_\_ No \_\_\_\_

Do you have a girl/boy friend? Yes \_\_\_\_ No \_\_\_\_

If yes, give name, age & address: \_\_\_\_\_

Give details: \_\_\_\_\_  
(Use reverse side if more space is needed)

Are you or your spouse willing to save this marriage? \_\_\_\_\_

Who is/could be your spouse's attorney? \_\_\_\_\_

Do you desire your former name to be restored? Yes \_\_\_\_ No \_\_\_\_

What is your or your spouse's maiden name? \_\_\_\_\_

Do you or your spouse receive any financial assistance from the Veterans' Administration, Social Security, Unemployment Compensation, etc? \_\_\_\_\_

If so, from whom and how much? \_\_\_\_\_

If you or your spouse receive a disability pension from the Veterans' Administration, state amount:  
\$ \_\_\_\_\_

Reason: \_\_\_\_\_

Do you or your spouse receive any financial assistance from a welfare department? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

**IV. CHILDREN**

**Children of this marriage:**

	<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Soc. Sec. #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

In custody of: \_\_\_\_\_ at \_\_\_\_\_

**Children's School Information:**

	<u>School</u>	<u>Grade</u>	<u>Teacher</u>	<u>Principal</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Do you want custody of the children? \_\_\_\_\_ Will your spouse object? \_\_\_\_\_  
Why? \_\_\_\_\_

Does your spouse want custody of the children? \_\_\_\_\_ Do you object? \_\_\_\_\_  
Why? \_\_\_\_\_

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

Date of last sexual intercourse with spouse: \_\_\_\_\_

**Children's Doctor(s):** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does any child have special problems or needs? \_\_\_\_\_

Has a psychiatrist, psychologist or social worker examined any of the children? \_\_\_\_\_

Are there persons with special knowledge who can testify regarding custody? \_\_\_\_\_

Do either you or your spouse plan to move? \_\_\_\_\_

Is remarriage planned by either you or your spouse? \_\_\_\_\_

Do the children have a preference regarding custody? \_\_\_\_\_

If so, describe: \_\_\_\_\_

If you and your spouse are separated, describe in detail (dates, times and locations) the visitation with the children which has taken place: \_\_\_\_\_  
\_\_\_\_\_

What do you prefer for visitation? \_\_\_\_ strict schedule, \_\_\_\_ visitation arranged each time at least 24 hours in advance, \_\_\_\_ specific days and times of each week or month?

What does your spouse prefer for visitation? \_\_\_\_\_

What do your children desire for visitation? \_\_\_\_\_

## V. ASSETS

**Your Homestead:** (If you rent, write "rent" in the margin and skip to the part called "Other Real Property" on the next page)

Address: \_\_\_\_\_  
Street City County State

Who is listed as owners? \_\_\_\_\_

Legal Description - Please attach a copy of your Deed or other document (not a Tax Statement) containing the full legal description.

Date you purchased house: \_\_\_\_\_ Price paid \$ \_\_\_\_\_

Downpayment \$ \_\_\_\_\_ Yearly Taxes \$ \_\_\_\_\_

Source of downpayment (savings, gift, loan, pre-marital) \_\_\_\_\_

First Mortgage:

Who holds mortgage? \_\_\_\_\_

Original date of first mortgage: \_\_\_\_\_

Balance to date on mortgage: \_\_\_\_\_

Monthly payment on mortgage: \_\_\_\_\_

Second Mortgage or Contract for Deed:

Who holds mortgage? \_\_\_\_\_

Original date of second mortgage: \_\_\_\_\_

Balance to date on mortgage: \_\_\_\_\_

Monthly payment on mortgage: \_\_\_\_\_

Present Value \$ \_\_\_\_\_ Present Equity \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Present Contract for Deed Balance \$ \_\_\_\_\_

Any arrearages on house payment? \_\_\_\_\_ If so, how much \$ \_\_\_\_\_

Any major improvements made on homestead since purchase? \_\_\_\_\_

If so, state date, type and cost: \_\_\_\_\_

List any other liens, assessments, or mortgages on property: \_\_\_\_\_

\_\_\_\_\_

**Other Real Property:**

Do you own other real property? \_\_\_\_ If so, supply the above information for this property on a separate sheet of paper.

**Savings Accounts**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Source of Funds</u>	<u>Name(s) of Acct Holder</u>

**Checking Accounts**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Source of Funds</u>	<u>Name(s) of Acct Holder</u>

**Other Investments (money market, stocks, bonds):**

<u>Bank or Company</u>	<u>Nature of Investment</u>	<u>Date Made</u>	<u>Source of Funds</u>	<u>Present Value</u>	<u>Person in Control</u>

**Personal Property** (furniture, household goods):

What is the approximate value of your and your spouse's personal property? \$ \_\_\_\_\_

If there are particular items you desire to have, please list them:

<u>Item</u>	<u>In Whose Possession</u>	<u>Approximate Value</u>
_____		
_____		
_____		

Are there particular items your spouse would want to have? \_\_\_\_\_

<u>Item</u>	<u>In Whose Possession</u>	<u>Approximate Value</u>
_____		
_____		
_____		

**Other Property:** Please list other items of significant value not listed above:

<u>Item</u>	<u>In Whose Possession</u>	<u>Date Obtained</u>	<u>How Acquired</u>	<u>Present Value</u>
_____				
_____				
_____				

### **NON-MARITAL PROPERTY**

If any of the foregoing property was acquired by you before marriage or obtained by gift or inheritance after marriage by you, list below that property and indicate its present value and the nature of any encumbrances or liens against it.

If any of the foregoing property was acquired by your spouse before marriage or obtained by gift or inheritance after marriage by your spouse, list below that property and indicate its present value and the nature of any encumbrances or liens against it.

**Motor and Recreational Vehicles:**

	<u>#1</u>	<u>#2</u>	<u>#3</u>
Year	_____	_____	_____
Model/Make	_____	_____	_____
VIN#	_____	_____	_____
Purchase Price	_____	_____	_____
Mortgage Balance	_____	_____	_____
Monthly Payments	_____	_____	_____
Current Mileage	_____	_____	_____
Current Value	_____	_____	_____
Name of Listed Owner	_____	_____	_____
Yearly Insurance	_____	_____	_____
License Cost	_____	_____	_____
In whose possession?	_____	_____	_____

**Insurance:** (Use separate sheet for additional policy information).

Type of policy: _____	Type of policy: _____
Company: _____	Company: _____
Date policy secured: _____	Date policy secured: _____
Face Value: _____	Face Value: _____
Insured: _____	Insured: _____
Beneficiary: _____	Beneficiary: _____

Cash Value: \_\_\_\_\_

Cash Value: \_\_\_\_\_

**YOUR Employment Benefits/Retirement Benefits:**

	Benefits or Amount <u>In Plan</u>	<u>No.</u>	Acct. <u>Name</u>	Source or Employer's <u>Premium</u>	Monthly
Health and Medical Insurance					
Dental Insurance					
Life Insurance					
Profit Sharing Plan					
Stock Purchase Plan					
Pension Retirement Plan					
Commission Sales					
Expense Account					

**Your SPOUSE'S Employment Benefits/Retirement Benefits:**

	Benefits or Amount <u>In Plan</u>	<u>No.</u>	Acct. <u>No.</u>	Source or Employer's <u>Name</u>	Monthly <u>Premium</u>
Health and Medical Insurance					
Dental Insurance					
Life Insurance					
Profit Sharing Plan					
Stock Purchase Plan					
Pension Retirement					

Plan \_\_\_\_\_  
 Commission Sales \_\_\_\_\_  
 Expense Account \_\_\_\_\_

**Debts, Credit Card Accounts, and All Other Obligations:**

<u>Bank or Creditor</u>	<u>Purpose or for Whom</u>	<u>Original Amount</u>	<u>Present Balance</u>	<u>Monthly Payment</u>	Whose Obligation: Husband, Wife or <u>Both</u>

**Income Taxes:**

Do you or your spouse have any state or federal tax refunds due?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ What year(s) \_\_\_\_\_

Amount of Refund - Federal \$ \_\_\_\_\_

Amount of Refund - State \$ \_\_\_\_\_

**VI. MISCELLANEOUS**

Do you have an I.R.A. Account? \_\_\_\_\_ State Amount \$ \_\_\_\_\_

Does your spouse have an I.R.A. Account? \_\_\_\_\_ State Amount \$ \_\_\_\_\_

Do either of you have medical, health, or dental insurance which is not through your employers? \_\_\_ If so,

describe: \_\_\_\_\_

Do you or your spouse have any money or property held by others? \_\_\_\_\_

If so, give details: \_\_\_\_\_

Have you or your spouse ever filed for bankruptcy? \_\_\_\_\_ When: \_\_\_\_\_

Was your separate money or property at time of marriage in excess of \$1,000.00? \_\_\_\_\_

If so, give details: \_\_\_\_\_

Did either you or your spouse receive a personal injury award or workers' compensation award during the marriage? \_\_\_\_\_ If so, describe: \_\_\_\_\_

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

If yes, name of Estate: \_\_\_\_\_ Estimate Amount Involved: \_\_\_\_\_

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

If yes, name of Estate: \_\_\_\_\_ Estimate Amount Involved: \_\_\_\_\_

Are you or your spouse a party to any present lawsuit? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Do you or your spouse have any children from a prior marriage? \_\_\_\_\_

List the name(s) of any children from the previous marriage: \_\_\_\_\_

In whose custody: \_\_\_\_\_

**Health:**

How is your current health? \_\_\_\_\_

List your past and current health problems, if any: \_\_\_\_\_

Your Medical Doctor's Name and Address: \_\_\_\_\_

Your Dental Doctor's Name and Address: \_\_\_\_\_

List your spouse's past and current health problems, if any: \_\_\_\_\_

Spouse's Medical Doctor's Name and Address: \_\_\_\_\_

Spouse's Dental Doctor's Name and Address: \_\_\_\_\_

Please give an accurate physical description of your spouse (height, color of hair, weight, etc.) Also **please** attach a photograph of your spouse if you have one.

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When and where should dissolution or separation papers be served on your spouse?

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**NOTE:** In the event this office must reach you on short notice, give name, relationship, address and phone number of the person most likely to know where you are:

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**MONTHLY EXPENSES**

	Joint Expenses Before Separation	Expenses After Separation	Children (if Separate)
Contract for Deed, Mortgage or Rent Payment	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Homeowner's Insurance	_____	_____	_____
Utilities:			
Fuel	_____	_____	_____
Heat	_____	_____	_____
Water	_____	_____	_____
Electricity	_____	_____	_____
Telephone	_____	_____	_____
Garbage	_____	_____	_____
Laundry/drycleaning	_____	_____	_____
Maintenance of house, yard, repairs	_____	_____	_____
Food	_____	_____	_____
Automobile:			
Gas	_____	_____	_____
Oil	_____	_____	_____
License	_____	_____	_____
Payment	_____	_____	_____
Insurance	_____	_____	_____

Repairs	_____	_____	_____
Clothing	_____	_____	_____
Medical	_____	_____	_____
Dental	_____	_____	_____
Drugs	_____	_____	_____
Life Insurance (total of all policy premiums)	_____	_____	_____
Church or Synagogue	_____	_____	_____
Newspaper, periodicals, magazines	_____	_____	_____
Child care	_____	_____	_____
Haircuts	_____	_____	_____
Club memberships	_____	_____	_____
Entertainment, recreation	_____	_____	_____
Veterinary expenses, pet food, etc.	_____	_____	_____
Travel	_____	_____	_____
Miscellaneous expenses (not counted above-list nature of expenses)	_____	_____	_____
<b>Children's Expenses:</b>			
Clothing	_____	_____	_____
Grooming	_____	_____	_____
Books	_____	_____	_____

Tuition	_____	_____	_____
School lunches	_____	_____	_____
Athletic expenses	_____	_____	_____
Allowance(child/monthly)	_____	_____	_____
Medical, dental	_____	_____	_____
<b>TOTAL EXPENSES:</b>	_____	_____	_____

**PLEASE RETURN WITH THIS QUESTIONNAIRE COPIES OF THE FOLLOWING:**

1. The deed and/or contract for deed to your home and all other real estate property.
2. Your paystubs for the past month (and your spouse's, if available).
3. Current credit card statements.
4. The face sheet (summary) of all medical, dental and life insurance policies.
5. Account statements or periodic reports for you or your spouse's investments, pension plan, retirement account and so forth.