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**CONFIDENTIAL QUESTIONNAIRE FOR
MARRIAGE DISSOLUTIONS**

Date: _____ How Were You Referred to This Office: _____

A. PERSONAL INFORMATION ABOUT YOU:

Name _____
First Middle Last

Prior Names or

Aliases: _____

Home Address: _____
Street City Zip Code

ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS:

Telephone: Home: _____ Work: _____

Cell/Pager: _____ Fax Number: _____

E-Mail Address: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Lived in Minnesota: _____ Years

Member of the Armed Forces? Yes No

Name of Branch: _____

Highest Level of Education: _____ Year Completed: _____

C. INFORMATION ON MARRIAGE:

Did you sign a pre-marital (antenuptial) agreement: Yes No

Date of Marriage: _____

Place of Marriage: _____
City County State

Are you and your spouse living together? Yes No
If not, date of separation: _____

Wife's Former Surname: _____

Does Wife Wish to Have Former Surname Restored? _____

Have you or your spouse started divorce proceedings anywhere else? Yes No
If so, when? _____
Where? _____
What happened? _____

Is the wife pregnant? Yes No
If yes, what is the due date? _____

Have you or your spouse had professional marriage counseling? Yes No
If so, where? _____

Do you want marriage counseling at this time? Yes No

Have you been married before?: Yes No
If so, when? _____ To whom? _____
How did marriage end? _____
In what County? _____

Has your spouse been married before?: Yes No
If so, when? _____ To whom? _____
How did marriage end? _____
In what County? _____

What are your primary complaints about your spouse?

What are your spouse's primary complaints about you?

Has your spouse ever physically abused you? Yes No
If so, what happened? _____

Was there a domestic abuse action? Yes No
If so, attach a copy of the documents.

Do you think you need a restraining order? Yes No

Does your spouse have drug or alcohol problems? Yes No

D. PERSONAL INFORMATION ABOUT CHILD(REN) (BORN OR ADOPTED INTO THIS MARRAGE (Do not list children from previous marriages or other relationships):

FULL NAME	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER

1. Are any of the children adopted? Yes No
If so, who? _____
2. Do you expect a contest over who should have custody of the child(ren)?
Yes No
3. If you want custody, do you want any restrictions on parenting time by the other parent?
Yes No
If yes, explain: _____

4. Who should get parenting time and for what periods of time (weekdays, weekends, summer, holidays??)?
5. Should parenting time be supervised? Yes No
6. Does the parent currently exercise parenting time? Yes No
When and how long? _____
-
7. Have there been any other custody proceedings? Yes No
If yes, explain: _____
8. Should mediation be attempted? Yes No
9. Are you interested in a Guardian ad Litem? Yes No
10. Are you interested in a Custody Evaluator? Yes No
11. Have there been any other custody proceedings in addition to the dissolution?
Yes No
If so, explain: _____
12. Were any of the children conceived or born before the Marriage? Yes No
If yes, explain: _____
-
13. Are there any children of this marriage where they may be a claim the husband is NOT the father? Yes No
If yes, explain: _____

E. INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS:

1. Were you previously married? Yes No
2. When were you divorced? _____
3. City, County and State of divorce? _____
4. Do you or your ex-spouse have responsibility for other children who are not of this marriage? Yes No

FULL NAME	BIRTHDATE AND AGE	CURRENTLY RESIDES WITH

5. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the City, County and State in which it was issued:

6. Child support and maintenance payments RECEIVED by you:

Child Support \$ _____ per _____ from _____

Maintenance \$ _____ per _____ from _____

7. Child support and maintenance payments PAID by you:

Child Support \$ _____ per _____ from _____

Maintenance \$ _____ per _____ from _____

For major pieces of property, you can assign either replacement value or your best guess as to the value of it as long as you are consistent with your property and your spouse's property. Remember that you need to be very fair in the dollar amounts you assign to yourself and your spouse. Often, if the other side believes you have undervalued your property and overvalued their property, they will propose to switch the property. So, make certain you are fair to both sides.

F. INFORMATION ON REAL PROPERTY:

Is this your Homestead? Yes No

Address: _____

County: _____

Torrens property Abstract of Title property

If Torrens, Certificate of Title NO: _____

Where is the Certificate of Title located? _____

Please provide a copy of the legal description for the property from either the Abstract of Title, Certificate of Title, Mortgage, Warranty Deed, Quit Claim Deed or Contract for Deed. (We cannot use the legal description provided on your annual tax statements.) TITLE EXAMINERS NEED THE EXACT DESCRIPTION. WHEN CONVEYING THE PROPERTY, IT WILL COST YOU OR YOUR SPOUSE \$10 FOR EACH CERTIFIED COPY OF THE JUDGMENT AND \$20 TO RECORD IT. IF THE DESCRIPTION IS NOT ACCEPTABLE TO THE RECORDER, IT WILL COST YOU MORE IN ATTORNEY FEES TO AMEND THE JUDGMENT AND DECREE, ANOTHER \$10 FOR CERTIFIED COPY AND ANOTHER \$20 TO RECORD IT!

In whose name is the title held? _____

Your personal estimate of current market value: \$ _____

Tax Assessor's assessed market value: \$ _____

Date Purchased: _____

Original Price: \$ _____

Down payment amount: \$ _____

Source of down payment: _____

Any non-marital funds used for purchase? YesNo If so, whose? _____

Amount of non-marital funds used for purchase: \$ _____

Mortgage balance: \$ _____

Monthly payment: \$ _____

Does the payment include taxes? \$ _____ Per Month/Year

Does the payment include insurance? \$ _____ Per Month/Year

Escrow for your taxes/insurance? Yes No Amount? \$ _____

Any overdue payments: Yes No If yes, how much? \$ _____

On the reverse side of this page, describe all improvements made to the property during this marriage.

Name & Address of mortgage holder/company:

Second mortgage on property? Yes No Amount? \$ _____

Date second mortgage taken out: _____

Second Mortgage balance: \$ _____

Monthly payment: \$ _____

Any overdue payments: Yes No If yes, how much? \$ _____

Name & Address of second mortgage holder/company: _____

Have you had property appraised? Yes No
When? _____

Name & Address of appraiser: _____

G. INFORMATION ON OTHER REAL PROPERTY:

Address: _____

County: _____

Torrens property Abstract of Title property

If Torrens, Certificate of Title NO: _____

Where is the Certificate of Title located?

Please provide a copy of the legal description for the property from either the Abstract of Title, Certificate of Title, Mortgage, Warranty Deed, Quit Claim Deed or Contract for Deed. (We cannot use the legal description provided on your annual tax statements.)

TITLE EXAMINERS NEED THE EXACT DESCRIPTION. WHEN CONVEYING THE PROPERTY, IT WILL COST YOU OR YOUR SPOUSE \$10 FOR EACH CERTIFIED COPY OF THE JUDGMENT AND \$20 TO RECORD IT. IF THE DESCRIPTION IS NOT ACCEPTABLE TO THE RECORDER, IT WILL COST YOU MORE IN ATTORNEY FEES TO AMEND THE JUDGMENT AND DECREE, ANOTHER \$10 FOR CERTIFIED COPY AND ANOTHER \$20 TO RECORD IT!

In whose name is the title held? _____

Your personal estimate of current market value: \$ _____

Tax Assessor's assessed market value: \$ _____

Date Purchased: _____

Original Price: \$ _____

Down payment amount: \$ _____

Source of down payment: _____

Any non-marital funds used for purchase? Yes No If so, whose? _____

Amount of non-marital funds used for purchase: \$ _____

Mortgage balance: \$ _____

Monthly payment: \$ _____

Does the payment include taxes? \$ _____ Per Month/Year

Does the payment include insurance? \$ _____ Per Month/Year

Escrow for your taxes/insurance? Yes No Amount? \$ _____

Any overdue payments: Yes No If yes, how much? \$ _____

Name & Address of mortgage holder/company:

Second mortgage on property? Yes No Amount? \$ _____

Date second mortgage taken out: _____

Second Mortgage balance: \$ _____

Monthly payment: \$ _____

Any overdue payments: Yes No If yes, how much? \$ _____

Name & Address of second mortgage holder/company: _____

Have you had property appraised? Yes No When? _____

Name & Address of appraiser: _____

For major pieces of property, you can assign either replacement value or your best guess as to the value of it as long as you are consistent with your property and your spouse's property. Remember that you need to be very fair in the dollar amounts you assign to yourself and your spouse. Often, if the other side believes you have undervalued your property and overvalued their property, they will propose to switch the property. So, make certain you are fair to both sides.

H. INFORMATION ON MOTOR VEHICLES:

Condition Meanings:

Poor: Mechanical Problems, Visual Defects

Fair: Some Mechanical Problems, Visual Blemishes

Good: No Major Mechanical Problems or Visual Blemishes

Excellent: Excellent Mechanical Condition, Glossy Paint, Perfect Interior

1. Automobiles and Pickups

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

2. Recreational Vehicles:
(travel trailers, campers, motorcycles, snowmobiles, boats/motors/trailers)

Condition Meanings:

Poor: Mechanical Problems, Visual Defects

Fair: Some Mechanical Problems, Visual Blemishes
 Good: No Major Mechanical Problems or Visual Blemishes
 Excellent: Excellent Mechanical Condition, Glossy Paint, Perfect Interior

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

Year: _____ **Make:** _____ **Model:** _____

Number of Miles on Odometer (approx.) _____ mi.	Condition: ____ Poor ____ Fair ____ Good ____ Excellent	Your Estimate of Current Value: \$ _____	Loan Balance: \$ _____	Monthly Payment on Loan: \$ _____
Date Purchased	Title in Whose Name:	Who Has Possession of Title?	Who Drives or Has Possession of Vehicle?	

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I. INFORMATION ON PERSONAL PROPERTY:

1. Checking Accounts

Name of Bank: _____
 Address: _____
 Date Opened: _____ In Whose Name: _____
 Account Number: _____ Balance: \$ _____
 Date Closed: _____ By Whom: _____
 Amount of Withdrawal: \$ _____

Name of Bank: _____
 Address: _____
 Date Opened: _____ In Whose Name: _____
 Account Number: _____ Balance: \$ _____
 Date Closed: _____ By Whom: _____
 Amount of Withdrawal: \$ _____

Name of Bank: _____
 Address: _____
 Date Opened: _____ In Whose Name: _____
 Account Number: _____ Balance: \$ _____
 Date Closed: _____ By Whom: _____
 Amount of Withdrawal: \$ _____

2. Savings Accounts

Name of Bank: _____
 Address: _____
 Date Opened: _____ In Whose Name: _____
 Account Number: _____ Balance: \$ _____
 Date Closed: _____ By Whom: _____
 Amount of Withdrawal: \$ _____

Name of Bank: _____
 Address: _____
 Date Opened: _____ In Whose Name: _____
 Account Number: _____ Balance: \$ _____
 Date Closed: _____ By Whom: _____
 Amount of Withdrawal: \$ _____

Name of Bank: _____
Address: _____
Date Opened: _____ In Whose Name: _____
Account Number: _____ Balance: \$ _____
Date Closed: _____ By Whom: _____
Amount of Withdrawal: \$ _____

In the past year have there been any large, **un-agreed to**, withdrawals for either checking or savings? Yes No If so, who withdrew? _____

Date: _____ Amount: \$ _____

Reason for withdrawal: _____

3. Safe Deposit Box

Do you or your spouse own a safe deposit box? Yes No

Owner: _____ Where located? _____

Contents of box: _____

4. Certificates of Deposit:

Name of Bank: _____
In Whose Name: _____ Balance: \$ _____

Name of Bank: _____
In Whose Name: _____ Balance: \$ _____

5. Cash Management or Brokerage Accounts:

Name of Depository: _____
In Whose Name: _____ Balance: \$ _____

Name of Depository: _____
In Whose Name: _____ Balance: \$ _____

6. Bonds:

Name of Depository: _____
In Whose Name: _____ Balance: \$ _____

Name of Depository: _____
In Whose Name: _____ Balance: \$ _____

7. **Stock:**

Owner: _____
No. of Shares: _____ Value per share: \$ _____
Date purchased: _____ Value at purchase: \$ _____

Owner: _____
No. of Shares: _____ Value per share: \$ _____
Date purchased: _____ Value at purchase: \$ _____

Owner: _____
No. of Shares: _____ Value per share: \$ _____
Date purchased: _____ Value at purchase: \$ _____

8. **IRAs/Annuities:**

Certificate No.	Amount/Value	Owner

9. **Pension/Profit Sharing Plans:**

Your Plan: _____
Date began: _____ Value of Plan: \$ _____
Is it vested? Yes No Can you withdraw from it? Yes No
If so, under what circumstances? _____

Spouse's
Plan: _____
Date began: _____ Value of Plan: \$ _____
Is it vested? Yes No Can you withdraw from it? Yes No
If so, under what circumstances? _____

10. **Other Monetary Information:**

Do you anticipate receiving an income tax refund? Yes No
If so, list the amount, for whom and when you expect to receive it: \$ _____

Do you have any personal injury or worker's compensation claim pending or have you received any settlement or award?

Does your spouse have any personal injury or worker's compensation claim pending or received any settlement or award?

List any sums of money that **have been received** by you or your spouse from personal injury, worker's compensation or disability claims: \$ _____

When? _____

What happened to the money? _____

Do you anticipate receiving such sums? Yes No

Have either of you sold or given away any property having a value of more than \$500.00 for less than its true value in the last year? Yes No If so, describe the item, its value, what was received, to whom it was transferred, when, by whom, and why it was transferred: _____

Does anyone owe you or your spouse any money? Yes No If so, to whom, the date of the loan, the purpose of the loan, the terms of the repayment, and the present balance owed: _____

Do you or your spouse have any cash on hand not mentioned above? Yes No If so, how much and in whose possession: \$ _____

Did you bring property or money into this marriage? Yes No

Describe: _____

Describe any inheritance you have received:

Describe any inheritance your spouse has received:

11. Household Property:

Do you and your spouse have the furniture and household goods and personal property divided to your satisfaction? Yes No

If not, list **all** the property **purchased during the marriage** with a current value of over \$250.00 each such as furniture, appliances, audio/visual equipment, lawn equipment, musical instruments, collections (stamps, coins, etc.), furs, royalties, rents, patents, pets, livestock, stock options, anticipated bonuses, etc. Put a "*" next to the property you desire to be awarded to you.

Description	Value	*

Is there any property in your spouse's possession you want? Yes No If so, describe and list in detail: _____

List all non-marital property (acquired before the marriage, gift to one spouse, inheritance):

Description	Owner	How Received/Owned

J. INFORMATION ON INSURANCE:

1. Life Insurance Owned by Husband:

Name of Company: _____
 Address: _____
 Policy No. _____ Whole or Term? _____
 Face value: \$ _____
 Cash Value: \$ _____

Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
Face value: \$ _____
Cash Value: \$ _____
Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

2. Life Insurance Owned by Wife:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
Face value: \$ _____
Cash Value: \$ _____
Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
Face value: \$ _____
Cash Value: \$ _____
Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

3. Life Insurance Owed by Child(ren):

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____

Face value: \$ _____
Cash Value: \$ _____
Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
Face value: \$ _____
Cash Value: \$ _____
Amount of any loans? \$ _____
Date of loan: _____
Who paid premiums? _____
Premium amount: \$ _____
Beneficiary(ies): _____

4. Health Insurance on Husband:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
What benefits are included? _____

5. Health Insurance on Wife:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
What benefits are included? _____

6. Health Insurance on Children:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
What benefits are included? _____

7. Disability Insurance on Husband:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
What benefits are included? _____

8. Disability Insurance on Wife:

Name of Company: _____
Address: _____
Policy No. _____ Whole or Term? _____
What benefits are included? _____

K. INFORMATION ON DEBTS:

List all debts other than those listed in the real estate section:

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____

Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

Name of creditor: _____
Address: _____
Account No. _____ Amount owed: \$ _____
Owed by: _____ Monthly Payment \$ _____
Purpose of debt: _____

L. INFORMATION ON MONTHLY INCOME & DEDUCTIONS

Is the family receiving any public assistance? Yes No
 If so, through what County and how much? _____

Your Present Employer:

Name Address
 Position: _____
 Been Employed There? _____ Years
 Hours of Work: _____

Spouse's Present Employer:

Name Address
 Position: _____
 Been Employed There? _____ Years
 Hours of Work: _____

MONTHLY GROSS INCOME	CLIENT	SPOUSE
Salary, wages (include commissions, bonuses, allowances, overtime pay, etc.)		
Salary, etc. Paid: (weekly, bi-weekly, monthly)		
Pensions, Retirement Pay		
Social Security		
Unemployment Compensation, Workers Comp, Disability Pay		
Welfare Payments, MFIP		
Child Support - prior action		
Dividends, Interest Payments		
Rents, Royalties		
Other Sources (i.e., non-monetary compensation such as company car)		

Total Gross Monthly Income		
Monthly Deductions:		
Number of Exemptions Taken (i.e., Single, 1; Married, 2)		
Federal Withholding		
State Withholding		
Social Security		
Health/Dental Insurance		
Life Insurance		
Other Insurance (<i>specify</i>)		
Union Dues		
Retirement or Pension		
Saving Plan		
Credit Union		
Child Support Paid		
Other (<i>specify</i>):		
NET MONTHLY INCOME (<i>subtract total deductions from total gross</i>)		

Specify any reasons why present income or deductions may change in the near future:

You: _____

Spouse: _____

M. HEALTH INSURANCE PROVIDED THROUGH YOU

	Name of Carrier	You	Spouse	Dependents
Medical				
Dental				
Optical				
Other				

MONTHLY LIVING EXPENSES

Please complete to the best of your ability.
Estimate when necessary.

	PARENT	CHILD
HOME EXPENSES:		
A. Rent		
B. Mortgage Payment		
Second Mortgage Payment		
C. Contract for Deed Payment		
D. Homeowner/Renter's Insurance		
E. Real Estate Taxes		
F. Association Fee		
G. Utilities		
Electricity		
Telephone Base Rate		
Telephone Long Distance		
Water/Sewer		
Refuse/Disposal		
Water Softener		
H. Heat		
I. Food		
Groceries		
Eating Out		
Lunches at Work		
J. Clothing		
K. Laundry & Dry Cleaning		
L. Medical Insurance		
M. Medical Expenses NOT Covered by Insurance		
Doctor Visits		
Prescriptions		
Contacts, Glasses		
Counseling		
Other (specify):		
N. Dental Insurance		
O. Dental Expenses NOT Covered by Insurance		
P. Orthodontia		
Q. Transportation		
Loan/Lease		
Gasoline		
Maintenance & Repairs		
License		

Parking		
Car Replacement Savings		
Other (specify)		
R. Car Insurance		
S. Life Insurance		
Policy No.		
Policy No.		
Policy No.		
T. Recreation and Entertainment		
Cable TV		
Club Dues		
Movies/Theatre		
Video Rental		
Liquor		
Internet Provider		
Other (<i>specify</i>):		
U. Vacations		
V. Newspaper & Magazines		
W. Church Obligations		
X. Personal Allowances		
Hair Care		
Grooming		
Other (specify)		
Y. Child Care		
Daycare (work or school related)		
Other Babysitting		
Z. Home Maintenance & Repairs		
Cleaning		
Lawn Care		
Snow Removal		
Average Monthly Repair to Home & Appliances		
Furniture Replacement		
Other (specify)		
AA. Child's Needs & Allowances		
Tuition		
Required Annual School Donation		
Busing		
School Books		
School Lunches		
Pictures/Yearbooks		
Field Trips		
Tutoring (describe)		
Non-School Classes (describe)		

Music Lessons (describe)		
Sports (describe)		
Memberships (describe)		
Allowances		
Other (describe)		
BB. Pet Expenses		
Food		
Veterinary		
Grooming		
CC. Gifts		
DD. Household Supplies		
EE. Charitable Contributions		
FF. Disability Insurance		
GG. Misc. Insurance (other than life, disability or car)		
HH. Cell Phone/Pager		
II. Postage		
JJ. Non-Reimbursed Business Expenses		
KK. Tax Preparation		
LL. Misc. Cash		
MM. Other (describe)		
NN. Real Estate Other Than Home		
Rent/Mortgage/Contract		
Owner/Renter Insurance		
Taxes		
Utilities		
Other (describe)		
OO. Retirement Contributions (not paid thru employer)		
PP. School Expenses		
Tuition		
Books		
Other (describe)		
QQ. Children in College Expenses		
Name of Child:		
Tuition		
Books		
Room & Board		
Transportation		
Spending Money		
Other (describe)		
PP. Monthly Debt Payments (describe)		

TOTAL:		

**WHEN YOU RETURN THIS QUESTIONNAIRE TO OUR OFFICE,
ALSO GATHER UP AND BRING TO US THE FOLLOWING ITEMS:**

- Last five (5) recent pay stubs for you and your spouse
- Federal and state income tax returns for last 3 years (including W-2 forms)
- Expense reimbursement records
- Documentation regarding pension or profit sharing plans, IRA or annuity account statements, or any other retirement plan
- Medical insurance plans (copy of each policy)
- Car titles, statement of loan balance, dealer appraisal of vehicle worth
- Documents regarding real property showing legal description and any appraisals done to determine fair market value
- Documentation on life insurance policies
- Checking and savings account statements from the month before separation to the present
- Certificate of Deposit records
- Financial Statements prepared for you, spouse, or business
- Documents relating to annuities, trusts, wills, probate and estate records, and evidence of distributions
- Documents which establish or support claims of non-marital property
- Copies of promissory notes, invoices, bills, account statements, credit card statements, etc.
- List of personal property within the residence and its estimated value
- Any other documents to prove the statements answered in this Questionnaire
- _____

GOALS

1. Custody and Visitation

2. Real Property Disposition

3. Motor Vehicle Disposition

4. Other Property Disposition

5. Spousal Maintenance
