



ESTEBO, FRANK &
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LTD.

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Marriage Dissolution Questionnaire

In order to be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page or attach another page. The completed questionnaire will be kept confidential and will remain in our possession.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

Full Name: _____

All previous names used: _____

Present Street Address: _____ City: _____

County: _____ State: _____ Zip: _____ Length of Residence in MN: _____

Home/ Cell Phone: _____ Business Phone: _____

Social Security Number: _____

Birthplace: _____ Date of Birth: _____ Age: _____

Highest Level of Education: _____ Year Completed: _____

Present Health: _____ Are you presently in the military service? _____

Name of person (other than your spouse) who would be most likely to always know where you can be reached:

_____ Telephone Number: _____

Relationship to you: _____

Address for mail if different than home address:

YOUR EMPLOYMENT INFORMATION

Employer: _____

Address: _____

Occupation: _____ Full-time _____ or Part-time _____

Length of Time with this Employer: _____

How often are you regularly paid? Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

Gross Earnings: \$ _____ Per _____

Net Earnings: \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment):

Describe all other employment benefits (car, car allowance, meals, memberships, etc.):

Detail your prior work experience (what, when and where):

Are you receiving any welfare benefits? _____ If so, in which county? _____

Amount per month: \$ _____

SPOUSE'S PERSONAL INFORMATION

Full Name: _____

All previous names used: _____

Present Street Address: _____ City: _____

County: _____ State: _____ Zip: _____ Length of Residence in MN: _____

Home/ Cell Phone: _____ Business Phone: _____

Social Security Number: _____

Birthplace: _____ Date of Birth: _____ Age: _____

Highest Level of Education: _____ Year Completed: _____

Present Health: _____ Is your spouse presently in the military service? _____

Address for mail if different than home address:

YOUR SPOUSE'S EMPLOYMENT INFORMATION

Employer: _____

Address: _____

Occupation: _____ Full-time _____ or Part-time _____

Length of Time with this Employer: _____

How often is your spouse regularly paid? Weekly _____ Every two weeks _____ Twice a month _____ Monthly _____

Gross Earnings: \$ _____ Per _____

Net Earnings: \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment):

Describe all other employment benefits (car, car allowance, meals, memberships, etc.):

Detail your spouse's prior work experience (what, when and where):

Is your spouse receiving any welfare benefits? _____ If so, in which county? _____

Amount per month: \$ _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE

Children:	<u>Social Security Number</u>	<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do the children now live with Client? _____ Spouse _____ Both _____

Do you want physical custody of these children? _____

Do you expect a contest over who should have custody of the children? _____

Why? _____

MARITAL INFORMATION

Did you sign a pre-marital (antenuptial) agreement? _____

Date of present marriage: _____

City, county, and state where you were married: _____

Are you and your spouse living together? _____ If not, date of separation: _____

Are you, or your spouse, pregnant? _____

Describe any action that has been taken by either you or your spouse to dissolve this marriage:

State the date, purpose and names of individuals involved in any counseling of you and/or your spouse:

Is there a history of domestic abuse in your marriage relationship? _____

If so, describe: _____

Have you or your spouse ever sought an order for protection as a result of domestic abuse? _____

If so, describe: _____

YOUR OTHER MARITAL INFORMATION

Were you previously married? _____

If so, how did that marriage end? Death _____ Divorce _____ Annulment _____

City, county and state of divorce: _____

Minor children from previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who received custody? _____

Maintenance and child support payments received by you:

Maintenance: \$ _____ per _____ from _____

Child Support: \$ _____ per _____ from _____

Maintenance and child support payments paid by you:

Maintenance: \$ _____ per _____ from _____

Child Support: \$ _____ per _____ from _____

Assets awarded to you: _____

SPOUSE'S OTHER MARITAL INFORMATION

Was your spouse previously married? _____

If so, how did that marriage end? Death _____ Divorce _____ Annulment _____

City, county and state of divorce: _____

Minor children by spouse's previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who received custody? _____

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

Maintenance: \$ _____ per _____ from _____

Child Support: \$ _____ per _____ from _____

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

Maintenance: \$ _____ per _____ from _____

Child Support: \$ _____ per _____ from _____

Assets awarded to your spouse: _____

YOUR HEALTH INSURANCE

Coverage provided for: (Check all that apply.)

<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1. Medical: _____	_____	_____	_____
2. Dental: _____	_____	_____	_____
3. Optical: _____	_____	_____	_____
4. Other: _____	_____	_____	_____

SPOUSE'S HEALTH INSURANCE

Coverage provided for: (Check all that apply.)

<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1. Medical: _____	_____	_____	_____
2. Dental: _____	_____	_____	_____
3. Optical: _____	_____	_____	_____
4. Other: _____	_____	_____	_____

ASSETS

A. Homestead

Address: _____
City: _____ County: _____ State: _____
Purchased by Deed or Contract for Deed? _____ (Please furnish copy.)
When was this homestead purchased? _____ Cost: _____
Amount of down payment: _____ Source of down payment: _____
In whose name(s) is the title? _____
What is the present value? _____
Present mortgage or Contract for Deed balance: _____
Monthly payment: _____ To whom are the payments made? _____
Does the payment include taxes? _____ Insurance? _____
What are the yearly taxes? _____ Insurance? _____
Are house payments delinquent? _____ How much? _____
Describe all improvements made to the property during the marriage: _____

B. Other Real Estate

Address: _____
City: _____ County: _____ State: _____
Type: _____
Purchased by Deed or Contract for Deed? _____ (Please furnish copy.)
When was it purchased? _____ Cost: _____
Amount of down payment: _____ Source of down payment: _____
In whose name(s) is the title? _____
What is the present value? _____
Present mortgage or Contract for Deed balance: _____
Monthly payment: _____ To whom are the payments made? _____
Does the payment include taxes? _____ Insurance? _____
What are the yearly taxes? _____ Insurance? _____
Are house payments delinquent? _____ How much? _____
Describe all improvements made to the property during the marriage: _____

C. If you have additional real estate, please provide the same information for each parcel.

D. Do you own an interest in and operate a business? _____

If yes, name of business: _____

Address of business: _____

E. Motor Vehicles

Driven by **you**:

Kind: _____ Year: _____ Model: _____

In whose name? _____

Balance owed: _____ Payments: _____ Per: _____

Payments made to whom? _____

Driven by **spouse**:

Kind: _____ Year: _____ Model: _____

In whose name? _____

Balance owed: _____ Payments: _____ Per: _____

Payments made to whom? _____

F. Recreational Vehicles

	<u>Make & Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles:	_____	\$ _____	\$ _____	\$ _____
Snowmobiles:	_____	\$ _____	\$ _____	\$ _____
Boat, Motor & Trailer:	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles:	_____	\$ _____	\$ _____	\$ _____

G. Savings Accounts

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

H. Certificates of Deposit

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

I. Checking Accounts

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

J. Cash Management or Brokerage Accounts

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

K. Stock

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

L. Bonds

Depository: _____ Balance: _____

Name(s) on Account: _____

Depository: _____ Balance: _____

Name(s) on Account: _____

M. Safe Deposit Box

Depository: _____ Who has access? _____

Describe contents: _____

N. List all Pension/Retirement Plans (IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.)

Type	In Whose Name?	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

O. Does anyone owe you or your spouse money? _____

1. Who: _____ How much? \$ _____

2. Who: _____ How much? \$ _____

P. Did **you** bring property or money into this marriage? _____

Describe: _____

Q. Did **your spouse** bring property or money into this marriage? _____

Describe: _____

R. Describe any inheritance or substantial gifts **you** have received:

S. Describe any inheritance or substantial gifts **your spouse** has received:

T. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? _____

U. Does **your spouse** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? _____

V. Life Insurance

1. Company: _____

Type of Policy: _____

Name of Insured: _____

Name of Beneficiary: _____

Annual Premium: _____ Face Value: _____ Cash Value: _____

2. Company: _____

Type of Policy: _____

Name of Insured: _____

Name of Beneficiary: _____

Annual Premium: _____ Face Value: _____ Cash Value: _____

3. Company: _____
 Type of Policy: _____
 Name of Insured: _____
 Name of Beneficiary: _____
 Annual Premium: _____ Face Value: _____ Cash Value: _____

W. Value of:

Jewelry: \$ _____ Art: \$ _____ Precious Metals: \$ _____
 Collections (describe): \$ _____

X. Household Goods and Furnishings

Estimated value: _____
 Balance owed: _____ Payments: _____ Per: _____
 Payments made to whom? _____

Y. Describe any other assets that you know of: _____

DEBTS

	<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

MISCELLANEOUS

Do you or your spouse have a will?_____ When were the wills executed or last revised?_____

Do you or your spouse desire to have a name change as a result of this proceeding?_____

If so, what name is desired?_____

Are you or your spouse named as a party in any pending lawsuit, including bankruptcy?

PLEASE BRING COPIES OF

- ✓ All Deeds/Contracts for Deed for Real Estate
- ✓ Personal and Business Tax Returns for the last 3 years
- ✓ Pay Stubs for current year
- ✓ Financial Statements
- ✓ Any other relevant financial document

MONTHLY BUDGET WORKSHEET

	Self	Minor Child
Residence		
Rent or mortgage payment	\$	\$
Contract for deed payment	\$	\$
Real estate taxes	\$	\$
Insurance	\$	\$
Utilities		
Heat (fuel)	\$	\$
Water, sewer	\$	\$
Electricity	\$	\$
Telephone	\$	\$
Refuse disposal	\$	\$
Cable TV	\$	\$
Other:	\$	\$
Laundry & Dry Cleaning	\$	\$
Home Maintenance		
Housecleaning	\$	\$
Repairs and maintenance	\$	\$
Yard and landscaping expense	\$	\$
Snow removal	\$	\$
Food & Groceries	\$	\$
Automobile		
Gas and oil	\$	\$
Repairs and maintenance	\$	\$
License	\$	\$
Insurance	\$	\$
Installment payments	\$	\$
Clothing	\$	\$
Grooming, Cosmetics, & Personal Hygiene	\$	\$
Medical		
Insurance	\$	\$
Unreimbursed medical expense	\$	\$
Unreimbursed dental expense	\$	\$
Unreimbursed counseling and therapy	\$	\$
Insurance		
Life insurance	\$	\$
Disability insurance	\$	\$
Miscellaneous Personal Expenses		
Cigarettes	\$	\$
Newspapers, magazines, books	\$	\$
Charitable contributions	\$	\$
Club or association dues	\$	\$

Recreation and entertainment	\$	\$
Vacations	\$	\$
Gifts and special occasion expenses	\$	\$
Other:	\$	\$
Educational Expenses		
Tuition	\$	\$
Transportation	\$	\$
Books and supplies	\$	\$
School lunches	\$	\$
School activities	\$	\$
Children's Allowances, Lessons & Activities		
Babysitting and/ or Daycare	\$	\$
Debt Payments		
Other Expense Items		
TOTAL:	\$	\$