

CLIENT DISSOLUTION WORKSHEET

Please answer all questions which apply to your situation as completely as possible. This will give us the basic information we need to evaluate your situation, draft papers and answer your questions regarding dissolution of marriage or legal separation. This can be an expensive process. *You can help save us time and save yourself attorneys fees* if you take the time to fill this worksheet out completely and accurately and have the documents requested.

If a question does not apply to your situation, indicate by N/A. If you do not know the answer, indicate by saying, "do not know." Please feel free to attach extra sheets if necessary or attach other documentation that answers the questions in lieu of answering the questions directly on the form.

Please note: If any of the following information changes during the course of our representation of you, you must contact our office without delay and provide us with updated information as applicable.

BASIC INFORMATION

Your name: _____
(First) (Middle) (Last)

Present Address: _____
(Street and/or Box/Apartment Number)

(City) (County) (State) (Zip Code)

Current Home Phone Number: () _____ Work Number: () _____

Cell Number: () _____ E-mail address: _____

YOUR PRIVACY AND CONTACTING YOU

It is important that we protect your privacy. It is our preference to provide documentation and information regarding your case to you via email. We recommend that you do not use your work email address to exchange attorney-client privileged correspondence as it and its contents may be the property of your employer. Also, we recommend you change all of your passwords, both email and voice mail, to something unfamiliar to your spouse.

Similarly, please be careful about your use of social media during the duration of these proceedings. No matter how carefully you have set your privacy settings, your posts, tweets, and other similar communication may be discoverable by the opposing party. That being said, DO NOT delete your existing social media exchanges. This could be considered spoliation of evidence and hurt your case.

What is the best phone number to reach you at during the day? _____.

What phone number, if any, can we leave messages at? _____.

What email address should we use? _____.

Can we send you mail to your home? _____.

We appreciate you using the services of Bloomgren Hanson Legal, if someone referred you to us, we would like to thank them. If you are comfortable with us thanking them, please let us know the name of the referral: _____.

ADDITIONAL PERSONAL INFORMATION

Length of time at your present address: _____ Length of time a resident of Minnesota _____

Contact person if we cannot reach you: _____
(name, relationship, and phone number)

List all prior names you have used: _____

Do you wish to have your name changed as part of this proceeding? Yes _____ No _____

If so, what name do you wish to go by? _____

Date of Birth: _____ Age: _____ Social Security No. _____

Place of Birth: _____
(City) (County) (State)

Are you (or your wife) pregnant or could you (or your wife) be pregnant? Yes _____ No _____

Do you have a girl/boyfriend? Yes ___ No ___ If yes, what is that person's name? _____
Please explain if you think his or her involvement or that of other third parties will be an issue in this matter.

Was either party ever in the armed services? If so, please provide branch of service, dates served, and other details:

YOUR SPOUSE

Name of Spouse: _____
(First) (Middle) (Last)

List all prior names your spouse has used: _____

Date of Birth: _____ Age: _____ Social Security No. _____

Place of Birth: _____
(City) (State) (County)

Present Address: _____
(Street and/or Box/Apartment Number)

(City) (County) (State) (Zip Code)

Current Phone Number: (____) _____

Length of time at present address: _____ Length of time a resident of Minnesota _____

Spouse's Attorney (if any): _____

Does your spouse have a girl/boyfriend? Yes ___ No ___

If yes, what is that person's name? _____

Please explain if you think his or her involvement or that of other third parties will be an issue in this matter.

MARITAL HISTORY

Date of Marriage: _____ Separation date (different residences): _____

Place of Marriage: _____
(City) (County) (State)

Do you have a Prenuptial Agreement? ___ Yes ___ No (If yes, please attach copy)

Why do you or your spouse feel that a marriage dissolution or legal separation is necessary?

If you or your spouse was previously married, please provide details regarding prior divorce decree, whether receiving or paying child support or spousal maintenance, when such an obligation will end, any arrearages which may be due, etc. _____

Previous child support or spousal (alimony) maintenance order being paid or received: \$ _____.

Paid by whom? _____ Received by whom? _____

CHILDREN

Dependent children born to this marriage or who will be affected by this legal proceeding (include all adopted children, but do not include step-children if they have not been adopted):

<u>FULL NAMES (first, middle, last)</u>	<u>BIRTHDATES/AGES</u>	<u>SOCIAL SECURITY NO.</u>	<u>LIVING WITH</u>
_____	_____, age ____	_____	_____
_____	_____, age ____	_____	_____
_____	_____, age ____	_____	_____
_____	_____, age ____	_____	_____

Do you believe there will be a custody dispute over your children? Yes ___ No ___ If so, why? _____

What are your current parenting time arrangements? _____

Do you foresee this arrangement as the permanent arrangement? If not, how would you like permanent parenting time arrangements to look? _____

Do you believe you and your spouse share legal custody of the children, or should it be granted only to one of you? (Legal custody is the right of the parent to participate in major decision making for a child including schooling, religious training, and medical care):

Joint: _____ Sole to Me: _____ Sole to My Spouse: _____

Please state the reasoning for your answer above: _____

If you are not contemplating an equal parenting time arrangement, do you have a preference if physical custody is granted to the parent with the majority of parenting time?

Yes: ___ No: ___ Why? _____

Do you foresee you or spouse moving out of state or more than 45 minutes away from your current locations in the near future? If so, please explain: _____

Are any children the subject of any juvenile court proceedings? _____ If so, please explain. _____

Child care arrangements: Please describe all work-related and education-related child care:

Child care costs per month: \$ _____ During school year

\$ _____ During summer

Are any significant changes expected in the near future regarding anything relating to the children's care and needs? If so, please explain: _____

DOMESTIC ABUSE

Have you or your spouse or partner ever sought a domestic abuse order for protection, or a harassment restraining order? _____

Do you believe one would be appropriate? _____

Do you have any concerns about your spouse having free access to the children through parenting time (i.e., physical, sexual or emotional abuse, chemical use, etc.)? _____

Are you or your spouse currently on probation for any criminal charges? _____

Please consider the following questions:

- Has your spouse or partner ever pushed, slapped, hit, hurt, or threatened you or your children, or is there anything that goes on at home that makes you feel afraid? Yes____ No___
- Has your spouse or partner ever forced you to do something you did not want to do? Yes____ No___
- Does your spouse or partner prevent you from eating or sleeping, or endanger your health in other ways? Yes___ No___
- Does your spouse or partner try to control where you can go, who you can see or call, how many miles you can drive, or other daily activities? Yes__ No___
- Is your spouse or partner constantly or violently jealous? Yes____ No___
- Has your spouse or partner ever hurt your pets or destroyed your clothing, objects in your home, or something you especially cared about? Yes___ No _____
- Has your spouse or partner taken the children without permission, threatened to never let them see you again, or otherwise harmed them? Yes___No _____

- Has your spouse or partner ever used or threatened to use a weapon inappropriately? Yes ___ No ___
- Has your spouse or partner ever threatened or tried to commit suicide? Yes ___ No ___

If you answered yes to any of the above, please provide details below.

HEALTH

Are there physical/emotional health problems, chemical dependency, medications, whether or not currently being treated by a physician or counselor, which may impair either party's ability to be employed or to parent effectively? Please rate each of your health as good, fair or poor.

Husband: _____

Wife: _____

Are there any such problems involving the children? _____ If yes, please explain. _____

EDUCATION AND EMPLOYMENT

Education

Husband

Wife

Highest level of formal education:

Additional training or education:

If education or training was
obtained during the marriage,
source of funds:

Desire to obtain further
training or education to obtain
different or better employment:

Employment

Husband

Wife

Name of Current Employer:

Address of Employer:

Job Title:

Date of hire:

Job duties:

Average number of hours worked per week

Gross income per _____:

\$ _____

\$ _____

If you or your spouse has job skills, education, training, or work experience with an ability to earn more than is being earned at the present time, please explain the training, skills or experience and the potential income not currently being earned: _____

If either party has unusual income circumstances (for example, earns substantial tips, is paid on commission, works for cash, has widely fluctuating earnings, is self-employed, or works overtime) please explain below:

Please include copies of recent paystubs and income tax returns, including attachments such as W-2 and 1099 forms, for the past three years, if available.

OTHER INCOME

(1) Public Assistance:	\$ _____	\$ _____
(2) Social Security benefits for party or child(ren):	\$ _____	\$ _____
(3) Unemployment/Workers Comp.:	\$ _____	\$ _____
(4) Investment income:	\$ _____	\$ _____
(5) Dividend income per _____:	\$ _____	\$ _____
(6) Rental income per _____:	\$ _____	\$ _____
(7) Other income:	\$ _____	\$ _____

Small Business(es) Owned:

List the name, address and phone number of any businesses owned by you or your spouse, and the service or product, and yours and your spouse's ownership interest. Explain details if there are other partners or shareholders, directors and officers: _____

MONTHLY EXPENSES

Please note: the following section must be completed only if child support or spousal maintenance (alimony) may be issues.

Try to be as realistic as you can with these numbers based on your actual standard of living. It will be most useful if your estimates are based on actual average or budgeted numbers, and are not unreasonably high or low. If you find it easier to figure out some of these expenses annually, divide your yearly expenses by 12. You may also use the columns below to designate past, current, or expected future expenses.

		<u>Yours</u>	<u>Children (if separate)</u>
a.	Rent:	\$ _____	\$ _____
b.	Mortgage payment:	\$ _____	\$ _____
c.	Contract for Deed or second mortgage:	\$ _____	\$ _____
d.	Homeowners or renters insurance:	\$ _____	\$ _____
e.	Real estate taxes:	\$ _____	\$ _____
f.	Utilities:		
	i. Electricity:	\$ _____	\$ _____
	ii. Gas and heat:	\$ _____	\$ _____
	iii. Water and sewer:	\$ _____	\$ _____
	iv. Garbage disposal:	\$ _____	\$ _____
	v. Telephone:	\$ _____	\$ _____
g.	Food:		
	i. Meals at home:	\$ _____	\$ _____
	ii. Meals eaten out:	\$ _____	\$ _____
h.	Clothing:	\$ _____	\$ _____
i.	Laundry and drycleaning:	\$ _____	\$ _____
j.	Medical and dental (co-pays, deductibles, and not covered by insurance):		
	i. Doctors:	\$ _____	\$ _____
	ii. Dentists:	\$ _____	\$ _____
	iii. Eye glasses, other medical aids:	\$ _____	\$ _____
	iv. Medicines (drugs), vitamins:	\$ _____	\$ _____
	v. Other (e.g. therapy):	\$ _____	\$ _____
k.	Transportation:		
	i. Gas:	\$ _____	\$ _____
	ii. Repairs, tuning, oil changes, maintenance:	\$ _____	\$ _____
	iii. Car payment:	\$ _____	\$ _____
	iv. License tabs:	\$ _____	\$ _____
	v. Depreciation/replacement:	\$ _____	\$ _____
	vi. Bus fare:	\$ _____	\$ _____

l.	Car insurance:	\$ _____	\$ _____
m.	Life insurance:	\$ _____	\$ _____
n.	Recreation, entertainment, travel:		
	i. Vacation (averaged monthly):	\$ _____	\$ _____
	ii. Fairs & amusement parks:	\$ _____	\$ _____
	iii. Event tickets:	\$ _____	\$ _____
	iv. Sports/activities:	\$ _____	\$ _____
	v. Movies/videos:	\$ _____	\$ _____
	vi. Cable TV:	\$ _____	\$ _____
	vii. Other:	\$ _____	\$ _____
o.	Newspapers and magazines:	\$ _____	\$ _____
p.	Social and church obligations:	\$ _____	\$ _____
q.	Personal allowances and incidentals:		
	i. Grooming, cosmetics, haircuts, personal hygiene:	\$ _____	\$ _____
	ii. Gifts & special occasion expenses:	\$ _____	\$ _____
	iii. Office (postage, envelopes, cards, etc.):	\$ _____	\$ _____
r.	Babysitting and child care:	\$ _____	\$ _____
s.	Home maintenance:	\$ _____	\$ _____
t.	Children's school needs and allowances:	\$ _____	\$ _____
u.	Debt repayment (itemize):		
	i. _____	\$ _____	\$ _____
	ii. _____	\$ _____	\$ _____
	iii. _____	\$ _____	\$ _____
	iv. _____	\$ _____	\$ _____
	v. _____	\$ _____	\$ _____
v.	Other monthly expenses (itemize):		
	i. _____	\$ _____	\$ _____
	ii. _____	\$ _____	\$ _____
	iii. _____	\$ _____	\$ _____
	iv. _____	\$ _____	\$ _____
	v. _____	\$ _____	\$ _____

REAL PROPERTY

Complete Address of Homestead
(Street Address, City, State, Zip):

Complete Address of Other Property
(Street Address, City, State, Zip):

If additional properties owned please attach sheet with information.

Legal description -- please provide a photocopy of a recorded deed or mortgage. DO NOT use the abbreviated version found on your real estate tax statement, do not copy the caption of an abstract alone, and do not use a handwritten legal description.

	<u>Homestead</u>	<u>Other</u>
Present fair market value:	\$ _____	\$ _____
Source of valuation	_____	_____
Mortgage or Contract for Deed Balance:	\$ _____	\$ _____
Other debts against house:	\$ _____	\$ _____
Monthly payment:	\$ _____	\$ _____
In possession of:	_____	_____
Date acquired:	_____	_____
Purchase price:	\$ _____	\$ _____

What do you foresee happening with your current home? You'll stay there? Your spouse will stay there? It will be sold? It will be foreclosed? _____

MOTOR VEHICLES AND RECREATIONAL VEHICLES

Motor Vehicles: (If more space needed, please attach additional information)

	(1) _____ year/make/model	(2) _____ year/make/model
Vehicle ID Number:	_____	_____
Market Value (blue book):*	_____	_____
Encumbrance (loan amt.):	_____	_____
Name of Lender:	_____	_____
Monthly Payment:	\$ _____	\$ _____
In Possession of:	_____	_____
	(3) _____ year/make/model	(4) _____ year/make/model
Vehicle ID Number:	_____	_____
Market Value (blue book):*	\$ _____	\$ _____
Encumbrance (loan amt.):	\$ _____	\$ _____
Name of Lender:	_____	_____
Monthly Payment:	\$ _____	\$ _____
In Possession of:	_____	_____

** If you know the make, model, equipment, and mileage, you can determine values online using resources such as www.nadaguides.com (NADA) or www.kbb.com (Kelley Blue Book). Use the same source and method for each vehicle.*

Boats, Motors, Campers, Snowmobiles, Trailers, etc.:

	(1) _____ year/make/model	(2) _____ year/make/model
Serial Number:	_____	_____
Market Value:	\$ _____	\$ _____
Encumbrance (loan amt.):	\$ _____	\$ _____
Name of lender:	_____	_____
Monthly Payment:	\$ _____	\$ _____
In Possession of:	_____	_____

NADA guides online may also provide values of motorcycles, RVs, or boats.

PERSONAL PROPERTY

	<u>Name of Bank</u>	<u>Approx. Balance</u>	<u>Name(s) on Accounts.</u>
Checking accounts:	_____	\$ _____	_____
	_____	\$ _____	_____
Savings accounts:	_____	\$ _____	_____
	_____	\$ _____	_____

Stocks, stock options, bonds, mutual funds, money market accounts, certificates of deposit, other investment accounts, etc. (describe no. of shares, approx. value, etc.): _____

Tools, guns, collections, valuable animals, etc.: _____

Unique or Valuable Household goods and furnishings*: _____

** Our hourly rate is too high for you to pay us to help you fight over small items. We ask that you try your best to split household goods and furnishings between yourselves without the involvement of attorneys. If there is a list of items you are unable to amicably split, please let us know and we can provide you some tools and techniques to split the property on your own.*

Accounts receivable and claims (anyone who might owe you or your spouse money): _____

RETIREMENT PLANS

(For example: pension, profit sharing, ESOP, 401K, 403B, military, IRA, Keogh, or other retirement or deferred compensation plans.) Please provide copies of most recent account statements.

Owner: (1) _____ (2) _____

Specific name of plan: _____

Current balance or information regarding monthly benefit upon retirement \$ _____ \$ _____

Other information: _____

Owner: (3) _____ (4) _____

Specific name of plan: _____

Current balance or information regarding monthly benefit upon retirement \$ _____ \$ _____

Other information: _____

HEALTH INSURANCE

Medical insurance _____
Dental insurance _____ (Check insurance coverage available to you)
Optical insurance _____

Available to you through employer or union? _____ Currently being utilized? _____

Available to spouse through employer or union? _____ Currently being utilized? _____

Your Coverage:

Spouse's Coverage:

Persons covered: _____

Persons covered: _____

Monthly cost for you: \$ _____

Monthly cost for spouse: \$ _____

Additional monthly cost
for spouse: \$ _____

Additional monthly cost
for you: \$ _____

Amount of the premium(s) attributable to the
children *only*, if any \$ _____

Amount of premium(s) attributable to the
children *only*, if any \$ _____

Please summarize terms: Completeness of coverage, amounts of deductibles and co-payments, etc. Explain if any family member has any special health problems which might be costly or make them uninsurable:

LIFE INSURANCE

Husband

Wife

Company: _____

Policy number: _____

Type (term, whole life, etc.): _____

Face amount (death benefit): \$ _____

Cash surrender value: \$ _____

Loans:	\$ _____	\$ _____
Insured:	_____	_____
Beneficiary:	_____	_____
Owner:	_____	_____

Please include general descriptions of any other assets not described anywhere above, including approximate values, party in possession, etc.:

DEBTS

(In addition to encumbrances listed above. Attach sheet if more space is needed.) *Please note* – ordinarily, you should take immediate steps to stop joint extensions of credit (such as credit cards, home equity credit lines, etc. which are in both names) so that joint debts are at least getting no worse, letting your spouse know that you are doing so. Consult your attorney if you have questions.

Creditor:	(1) _____	(2) _____
Principal balance due:	\$ _____	\$ _____
Monthly payment:	\$ _____	\$ _____
Party obligated (H,W,J):	_____	_____
Reason for debt:	_____	_____
Collateral pledged:	_____	_____
Creditor:	(3) _____	(4) _____
Principal balance due:	\$ _____	\$ _____
Monthly payment:	\$ _____	\$ _____
Party obligated (H,W,J):	_____	_____
Reason for debt:	_____	_____

Collateral pledged:	_____	_____
Creditor:	(5) _____	(6) _____
Principal balance due:	\$ _____	\$ _____
Monthly payment:	\$ _____	\$ _____
Party obligated (H,W,J):	_____	_____
Reason for debt:	_____	_____
Collateral pledged:	_____	_____

NON-MARITAL CLAIMS

Non-marital property is property for which it can be clearly demonstrated:

- a) was owned prior to the marriage (to the extent paid for);
- b) is excluded by a valid prenuptial agreement;
- c) was received by way of a personal injury settlement (for pain, suffering, or loss of use);
- d) was received by gift or inheritance by one party alone; or
- e) was obtained in exchange for any of the above.

(If any non-marital property would be claimed by either party, please explain the basis for any claim, approximate value of property, and documentation or other evidence which may exist to prove it. Attach any extra sheets, if necessary.)

Description: _____

IMMEDIATE CONCERNS

Most of the Twin Cities Metro area counties use an early intervention process. As a part of this process, you cannot bring a request for temporary relief except with special approval from the Court. It is important that you let us know if there are immediate needs that are not being met and cannot wait for 30 – 60 days. Do you have concerns over you or your children's immediate needs? If so, what are your immediate concerns?

AGREEMENTS

Do you and your spouse already have some agreements with custody and parenting time, child support, spousal maintenance, or division of your assets and debts? If so, please outline your understanding of the agreements below. *Please be advised that until an agreement is in writing, signed by both parties, and signed by the Court it is not enforceable as a matter of law. This is especially important with respect to custody. The police cannot enforce an agreement unless it is also a Court Order.*

GOALS

What are your goals in this proceeding? If you had things your way, what result would you like to see in a final divorce decree in terms of child custody, visitation, property division, child support, spousal maintenance, etc. that are not described above?

Are there any other important facts which you think your attorney might need to know not already disclosed above? Explain:
