



MINNESOTA DIVORCE

Today's date: _____

How did you hear about our services? _____

BACKGROUND INFORMATION

YOU:

SPOUSE:

Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Mailing Address:		Mailing Address:	
Future Address:		Future Address:	
As of (date):		As of (date):	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Work Phone No:		Work Phone No:	
Hours:		Hours:	
Cell No.		Cell No.	
Email:		Email:	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

Date of marriage: _____

Date of separation (if applicable): _____

Place of marriage (city, county, state or country): _____

Have you (or your spouse) ever started a divorce or legal separation proceeding before? _____

If so, when? Where? (County, State) What was the outcome? _____

Do you (or your spouse) desire a name change at the time of the dissolution? _____

From: _____ To: _____

Have you been a resident of Minnesota for more than 180 days? _____

Has your spouse been a resident of Minnesota for more than 180 days? _____

Will you or your spouse be moving out of state in the near future? _____

Explain: _____

Are either you or your spouse in the US military service? Explain: _____

Do you (or your spouse) have a Will, Trust, and/or any Power of Attorney documents? _____

Have you or your spouse been previously married? _____

If so, when and where did the dissolution action(s) take place? _____

CHILDREN BORN OR ADOPTED DURING THE MARRIAGE

Child's Full Name	Birthdate	Age	SSN



Who are the children living with? _____

Do any children have special needs? _____

Explain: _____

Are there children from a previous marriage or relationship whose interests may be affected by this dissolution? _____

Explain: _____

Are you or your spouse currently pregnant? _____

If so, who is the biological father? _____

Do the children attend daycare? _____ If so, where? _____

How much are the daycare costs? _____ Who pays? _____

Is custody of the child(ren) contested? _____

If custody is not an issue, please choose from the following arrangements:

- You have sole physical custody
- Other parent has sole physical custody
- Parties have equal/joint physical custody
- You have sole decision making
- Other parent has sole decision making
- Parties have equal/joint decision making

Who will take the child tax exemptions? _____

INCOME INFORMATION

Attach paycheck stubs (if possible) from the last three pay periods

YOU:		SPOUSE:	
Degree(s) Obtained:		Degree(s) Obtained:	
Occupation:		Occupation:	
Employed by:		Employed by:	
Address:		Address:	



Work Schedule:		Work Schedule:	
Years employed:		Years employed:	
Gross Salary:	\$ _____ per _____	Gross Salary:	\$ _____ per _____
Bonus:		Bonus:	
Net Salary:	\$ _____ per _____	Net Salary:	\$ _____ per _____
Other source or potential source of income?		Other source or potential source of income?	

SUPPORT OBLIGATIONS

List all current support paid or received by you or your spouse. Include amounts paid since the date of separation from your spouse.

	YOU:	SPOUSE:
Child Support Paid		
Child Support Received		
Spousal Support Paid		
Spousal Support Received		

HEALTH INFORMATION

Do you have insurance available through employment? _____

Does your spouse have insurance available through employment? _____

Who provides health insurance? You Spouse

Through employment? Yes No

Who is covered by health insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

Who provides dental insurance? You Spouse

Through employment? Yes No



Who is covered by dental insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

Who provides vision insurance? You Spouse

Through employment? Yes No

Who is covered by vision insurance? _____

Cost for individual: _____ Cost for dependent: _____ Cost for family: _____

What is your general state of health? _____

Are you currently under treatment for anything? If so, what? _____

What is your spouse's general state of health? _____

Is your spouse currently under treatment for anything? If so, what? _____

COUNTY/STATE BENEFITS

Benefits received by you or your spouse:

	AMOUNT:	COUNTY:
Cash Grant (AFDC or MFIP)		
Medical Assistance		
Minnesota Care		
Subsidized or sliding fee child care		
Veterans Administration		
Social Security		
Unemployment Compensation		
Workers' Compensation		
Other, explain:		



BUSINESS INTERESTS

Name of Company: _____

Address: _____

Phone: _____ Service or Product: _____

Date Acquired: _____ Position Held: _____

Cost of Investment: _____ Source of Investment: _____

Directors/Officers: _____

Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Additional Information: _____

REAL ESTATE

Marital Home Address: _____

Title held by: You Spouse Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

What would you like to do with the property? _____



Address: _____

Title held by: You Spouse Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

What would you like to do with the property? _____

Address: _____

Title held by: You Spouse Both Abstract or Torrens Property? _____

Legal Description: _____

Date Purchased: _____ Purchase Price: _____

Monthly Payment: _____ Insurance: _____

Property Tax: _____ Down Payment (amount and source): _____

Mortgage Balance: _____ Other Mortgages: _____

Market Value: _____ Source of Market Value: _____

Tax Assessed Value: _____ Approximate Equity: _____

What would you like to do with the property? _____



PRENUPTIAL AGREEMENT

Before you married your spouse, did the two of you sign a Prenuptial Agreement (aka, Antenuptial Agreement or “pre-nup”)? _____

If yes:

- a. Were you represented by an attorney, and, if so, who? _____
- b. Was your spouse represented by an attorney, and, if so, who? _____
- c. When did you sign the Prenuptial Agreement? _____
- d. When did your spouse sign it? _____
- e. Do you have an original of the agreement? _____
- f. If you don't have an original of the agreement, who does? _____
- g. Do you have a copy of the agreement? _____

POSTNUPTIAL AGREEMENT

After you married your spouse, did the two of you sign a Postnuptial Agreement? _____

If yes:

- a. Were you represented by an attorney, and, if so, who? _____
- b. Was your spouse represented by an attorney, and, if so, who? _____
- c. When did you sign the Postnuptial Agreement? _____
- d. When did your spouse sign it? _____
- e. Do you have an original of the agreement? _____
- f. If you don't have an original of the agreement, who does? _____
- g. Do you have a copy of the agreement? _____



STORED GENETIC MATERIAL

Have you or your partner, if any, ever been diagnosed as infertile, treated for infertility, or used or participated in assisted reproduction? _____

If so, explain: _____

Are you and/or your partner the owners of any stored genetic material (e.g., egg(s), sperm, or embryo(s))? _____

If yes:

a. Describe the stored material. _____

b. Provide full contact information for the storage provider(s). _____

c. Do you possess your contract with, and promotional or other written material provided by, the storage provider? _____

d. Did, or do, you and your partner, have any agreement(s) about such stored material and, if so, please describe such agreement(s)? _____

e. Is/are such agreement(s) in writing? _____

f. Is any of the stored genetic material the biological material of anyone other than you and/or your spouse? _____

If so, please explain: _____

g. What are your wishes with respect to such material? _____



AUTOMOBILES AND OTHER MOTOR VEHICLES

Year/ Make/ Model	Name(s) on Title	In Possession of	Fair Market Value (KBB Private Party Sale)	Loam Amount	VIN	To Whom

PERSONAL ACCOUNTS

(e.g. checking, savings, certificates, stocks & bonds, safety deposit boxes,
persons that owe you money, etc.)

Name(s) on Account	Account Type	Account Number	Bank or Institution	Approx. Value



RETIREMENT ACCOUNTS OR PLANS

(e.g. IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401k, 403b)

Name(s) on Account	Account Type	Account Number	Company	Current Value

PENSION PLANS

(Defined Benefit Plans)

Name(s) on Account	Company	Percent Vested	Date of Full Vesting	Projected Monthly Benefit	Estimated Present Value

Other Employee Benefits

Please list stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your spouse have through employment: _____



Creditor	Name(s) on Account	Incurred by Whom	Purpose	Balance	Monthly Payment	To Whom

MISCELLANEOUS

Are you or your spouse the beneficiary of a Will, Trust, or Life Estate? _____

Are you or your spouse beneficiaries under any estate now in probate? _____

Do you or your spouse have a safe deposit box? If so, describe contents. _____

Do you or your spouse have any income tax refunds or rebates due? If yes, in what amount? _____

Please use space below for any additional information necessary for the divorce: _____



MONTHLY BUDGET

Please provide your monthly expenses. Items can be averaged over a year's time.

a.	Residence	
	Rent or mortgage payment	
	Contract for deed payment	
	Real estate taxes	
	Insurance	
b.	Utilities	
	Heat (fuel)	
	Water, sewer, garbage	
	Electricity	
	Gas	
	Telephone (Cell)	
	Cable TV and internet	
c.	Laundry and dry cleaning	
d.	Home maintenance	
	Housecleaning	
	Household repairs	
	Yard and landscaping expense	
	Snow removal	
e.	Food and other grocery store household items	
f.	Automobile	
	Gas and oil	
	Repairs and maintenance	
	License	
	Insurance	
	Installment payments	
g.	Clothing	
h.	Grooming, cosmetics.	



i.	Medical	
	Insurance (not deducted from payroll)	
	Unreimbursed doctor and hospital expense	
	Unreimbursed drug and medical expense	
	Unreimbursed dental and orthodontic expense	
j.	Insurance	
	Life insurance	
	Personal property insurance	
k.	Hobbies, entertainment	
l.	Miscellaneous personal expenses	
	Cigarettes	
	Liquor	
	Newspapers, magazines, books	
	Charitable contributions	
	Club or association dues	
	Vacations	
	Gifts	
	Children's spending allowance	
	Other (describe specific items)	
m.	Educational expenses	
	Tuition, room and board	
	Transportation	
	Books and supplies	
	School lunches	
	School activities	
n.	Babysitting/Daycare	
o.	Debt payments	



p.	Other expense items (describe each item)	
	Total	

ADDITIONAL INFORMATION

Has an Order for Protection ever been issued by a Court against either party? Yes No

If so, please provide us with the details of the Order and the facts on which it was based, providing the dates of the incidents and any Court Orders. _____

If you and your spouse are living in two separate places, briefly describe your current parenting schedule (if any.) _____

How did you and the other parent come up with your current parenting schedule? _____

What is working well regarding your current parenting agreement? _____

How are the children exchanged between you and the other parent? Who transports the children?



What are your main concerns regarding your current co-parenting agreement? _____

Briefly outline a co-parenting schedule you believe would work well for the children? _____

Do you come from a faith tradition? Explain: _____

How would you like to see issues of faith being honored in the parenting plan? _____

If you, or any member of your family, has pursued counseling, describe the nature of that counseling (whether marital, individual, or family), when the counseling was completed, and the mental health professionals who were consulted. _____

Do you believe all reasonable steps have been taken to save your relationship? If not, explain briefly what additional steps you believe would be helpful. _____

How would you describe the reasons for your relationship difficulties? _____



DOMESTIC VIOLENCE INVENTORY

Name of identified perpetrator: _____

Victim(s): _____

Behavior	Last Week	Last Month	Past three (3) months	Within one (1) year	Within five (5) years
Degrading criticism					
Teasing, taunting					
Yelling, shouting					
Swearing, name calling					
Publicly humiliating					
Threatening harm					
Intense jealousy					
Isolating, prevent from job					
Accusing of having affairs					
Having affairs with others					
Stalking					
Threatening to take child					
Withholding finances					
Financially depriving child					
Causing financial drain					
Destroying property					
Pinching					
Slapping					
Pulling hair					
Grabbing					
Pushing					
Shoving					
Kicking					
Biting					
Punching					
Bruising					
Throwing things					
Throwing person					
Hitting with object					
Choking					
Breaking bones					
Cutting					
Burning					
Mutilation					
Stabbing					
Locking up					
Watching pornography					



Behavior	Last Week	Last Month	Past three (3) months	Within one (1) year	Within five (5) years
Watching child pornography					
Forcing pornography					
Forcing sex/rape					
Forcing prostitution					
Abhorrent or violent sex					
Threatening with weapon					
Wounding with weapon					
Harming animals					
Drinking alcohol					
Abusing medication					
Using illegal drugs					
Receiving DUI					
Threatening suicide					
Attempting suicide					
Batterers treatment					
Being arrested					
Being convicted					
Restraining Order(s)					
Violating restraining orders					
Violating probation					
Other					
Other					



REQUEST FOR DOCUMENTARY DATA

A complete picture of the assets and income for you and your spouse is absolutely necessary. By providing us with the information and items requested below, you will **save time and money**, and assist us in preparing the necessary paperwork.

1. At least 5 consecutive paycheck stubs for both you and your spouse.
2. Copies of your joint or individual income tax returns, both state and federal, for the last 5 years.
3. Deeds, abstracts, or other documents showing the legal description of your homestead and any other real estate owned by you or your spouse, individually or jointly.
4. Mortgage or contract for deed balance on homestead and any other real estate, along with the last monthly mortgage payment statement, if you have one.
5. Statements from bank accounts and certificates of deposit owned by you and your spouse, individually or jointly, for the last 12 months.
6. Statements and/or certificates from any stocks, bonds, or mutual fund holdings owned by you and your spouse, individually or jointly, for the last 12 months.
7. Current copies of life insurance policy statements, including loans against them.
8. Current copies of statements from outstanding bills, loans, or credit cards for you and your spouse.
9. A copy of your and/or your spouse's Employee Benefits Package, including health insurance policies and a statement of benefits, whether private or through employment.
10. Current statements from any pension, retirement program, profit sharing, or investment program you or your spouse is involved in through employment. Current statements from you and your spouse's Individual Retirement Account(s) (IRA).
11. A copy of any financial statements or statements of net worth prepared by you, your spouse, or your financial planner.
12. A copy of you and your spouse's most recent Social Security statement reflecting earnings and qualifications for retirement benefits.
13. A copy of cash flow or monthly budgets you or your spouse has prepared.
14. Any other information you feel may be helpful in understanding your financial picture (i.e. a credit report.)

