



NORTH DAKOTA 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, and 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 North Dakota for more than 6 months? \_\_\_\_\_

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 paystubs (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		
Subsidized or sliding fee child care		
Veterans Administration		
Social Security		
Unemployment Compensation		
Workers' Compensation		
Other, explain: (i.e. food stamps, daycare assistance)		



## 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? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_



## 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, safe deposit boxes,  
persons that owe you money, etc.)

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



**RETIREMENT ACCOUNTS OR PLANS**

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

<b>Name(s) on Account</b>	<b>Account Type</b>	<b>Account Number</b>	<b>Company</b>	<b>Current Value</b>

**PENSION PLANS**

(Defined Benefit Plans)

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

**Other Employee Benefits**

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

\_\_\_\_\_

\_\_\_\_\_



## LIFE INSURANCE

Policy Holder	Policy Number	Company	Type	Face Value	Beneficiary	Cash Value

## OTHER PERSONAL PROPERTY

(e.g. pets, antiques, artwork)

Description	Ownership	Fair Market Value	To Whom



Description	Ownership	Fair Market Value	To Whom

**DEBTS: (INSTALLMENT/ROTATING)**

Please provide the following information regarding any debts owed by yourself, your spouse, or jointly (**attach a credit report if possible.**)

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? \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse received property as a gift or inheritance from a 3<sup>rd</sup> party? Explain and provide documentation. \_\_\_\_\_

\_\_\_\_\_

Did you or your spouse own any property separately, prior to the marriage? Explain and provide documentation. \_\_\_\_\_

\_\_\_\_\_

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.

<b>a.</b>	<b>Residence</b>	
	Rent or mortgage payment	
	Contract for deed payment	
	Real estate taxes	



	Insurance	
<b>b.</b>	<b>Utilities</b>	
	Heat (fuel)	
	Water, sewer, garbage	
	Electricity	
	Gas	
	Telephone (Cell)	
	Cable TV and internet	
<b>c.</b>	<b>Laundry and dry cleaning</b>	
<b>d.</b>	<b>Home maintenance</b>	
	Housecleaning	
	Household repairs	
	Yard and landscaping expense	
	Snow removal	
<b>e.</b>	<b>Food and other grocery store household items</b>	
<b>f.</b>	<b>Automobile</b>	
	Gas and oil	
	Repairs and maintenance	
	License	
	Insurance	
	Installment payments	
<b>g.</b>	<b>Clothing</b>	
<b>h.</b>	<b>Grooming, cosmetics</b>	
<b>i.</b>	<b>Medical</b>	
	Insurance (not deducted from payroll)	
	Unreimbursed doctor and hospital expense	
	Unreimbursed drug and medical expense	
	Unreimbursed dental and orthodontic expense	



<b>j.</b>	<b>Insurance</b>	
	Life insurance	
	Personal property insurance	
<b>k.</b>	<b>Hobbies, entertainment</b>	
<b>l.</b>	<b>Miscellaneous personal expenses</b>	
	Cigarettes	
	Liquor	
	Newspapers, magazines, books	
	Charitable contributions	
	Club or association dues	
	Vacations	
	Gifts	
	Children's spending allowance	
	Other (describe specific items)	
<b>m.</b>	<b>Educational expenses</b>	
	Tuition, room and board	
	Transportation	
	Books and supplies	
	School lunches	
	School activities	
<b>n.</b>	<b>Babysitting/Daycare.</b>	
<b>o.</b>	<b>Debt payments:</b>	
<b>p.</b>	<b>Other expense items (describe each item).</b>	
	<b>Total</b>	





**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. \_\_\_\_\_

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

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

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What is working well regarding your current parenting agreement? \_\_\_\_\_

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

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

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

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Do you come from a faith tradition? Explain: \_\_\_\_\_

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

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If you, or any member of your family, have/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. \_\_\_\_\_

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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. \_\_\_\_\_

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How would you describe the reasons for your relationship difficulties? \_\_\_\_\_

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## DOMESTIC VIOLENCE INVENTORY

Name of identified perpetrator: \_\_\_\_\_

Victim(s): \_\_\_\_\_

<b>Behavior</b>	<b>Last Week</b>	<b>Last Month</b>	<b>Past three (3) months</b>	<b>Within one (1) year</b>	<b>Within five (5) years</b>
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					



<b>Behavior</b>	<b>Last Week</b>	<b>Last Month</b>	<b>Past three (3) months</b>	<b>Within one (1) year</b>	<b>Within five (5) years</b>
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.)

