

**MARITAL QUESTIONNAIRE**

Who referred you to us? \_\_\_\_\_ Date of Interview: \_\_\_\_\_

**CLIENT INFORMATION**

YOUR NAME \_\_\_\_\_  
(first) (middle) (last)

Former Name(s): \_\_\_\_\_

Do you wish to have your former name restored to you? Yes / No

Present address: \_\_\_\_\_  
(street) (city/suburb) (county) (zip)

Future (new) address: \_\_\_\_\_  
(street) (city/suburb) (county) (zip)

Telephone: Home( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Business( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Length of time resident in Minnesota: \_\_\_\_\_

Closest relative: \_\_\_\_\_  
(name) (address) (relationship) (phone)

Your health: \_\_\_\_\_ Physician's name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

Were you previously married? Yes / No (If no, continue to Spouse information, page 2.)

If yes, when and where was your marriage dissolved? \_\_\_\_\_

Are you receiving or paying any money for the support of children of a former marriage? Yes / No

If yes, Receiving / Paying? Number of children? \_\_\_\_\_ Amount: \_\_\_\_\_  
(pick one)

Are any arrearages due for support? Yes / No Amount: \_\_\_\_\_

Are you receiving or paying maintenance to or from previous spouse? \_\_\_\_\_

If so, Receiving / Paying Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Arrears: \$ \_\_\_\_\_  
(pick one)

SPOUSE'S INFORMATION

|   |               |                |         |
|---|---------------|----------------|---------|
| SPOUSE'S NAME _____   |               |                |         |
| (first)   | (middle)      | (last)         |         |
| Former Name(s): _____   |               |                |         |
| Does spouse wish to have former name restored? Yes / No                       |               |                |         |
| Present address: _____  |               |                |         |
| (street)  | (city/suburb) | (county)       | (zip)   |
| Future (new) address: _____   |               |                |         |
| (street)  | (city/suburb) | (county)       | (zip)   |
| Telephone: Home(    ) _____ Cell(    ) _____ Business(    ) _____             |               |                |         |
| Social Security Number: _____ - _____ - _____ Age: _____ Date of birth: _____ |               |                |         |
| Birthplace: _____ Length of time resident in Minnesota: _____                 |               |                |         |
| Closest relative: _____   |               |                |         |
| (name)  | (address)     | (relationship) | (phone) |

Spouse's health: \_\_\_\_\_ Physician's name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

Was spouse previously married? Yes / No (If no, continue to Children's information, Page 3)

If yes, when and where was marriage dissolved? \_\_\_\_\_

Is spouse receiving or paying any money for the support of children of a former marriage? Yes / No

If yes, Receiving / Paying Number of children? \_\_\_\_\_ Amount: \_\_\_\_\_  
(pick one)

Are any arrearages due for support? \_\_\_\_\_ Amount: \_\_\_\_\_

Is spouse receiving or paying maintenance to or from previous spouse? Yes / No

If yes, Receiving / Paying Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Arrears: \$ \_\_\_\_\_  
(pick one)

CHILDREN'S INFORMATION - (If no children, continue to Page 4)

Children of **this** marriage:

| <u>Full Name</u> | <u>Social Security Number</u> | <u>Birth date</u> | <u>Age</u> |
|------------------|-------------------------------|-------------------|------------|
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |

Living with: \_\_\_\_\_ At: \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

Names and dates of birth of any children of **previous** marriages:

| <u>Full Name</u> | <u>Social Security Number</u> | <u>Birth date</u> | <u>Age</u> |
|------------------|-------------------------------|-------------------|------------|
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |
|                  |                               |                   |            |

With whom are they living? \_\_\_\_\_

MARRIAGE INFORMATION

Present Marriage: \_\_\_\_\_  
(date) (city) (county) (state)

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

Are the parties in the same home? \_\_\_\_\_

If not, date of separation: \_\_\_\_\_

Previous separations: from \_\_\_\_\_ to \_\_\_\_\_

Previous court action and date filed by attorney: \_\_\_\_\_

Do you consider your marital problems irreconcilable? Yes / No

Have you had marriage counseling? Yes / No If yes, when? \_\_\_\_\_

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a marriage dissolution, would be helpful? Yes / No

Do you have reason to believe there will be a dispute as to the custody of your minor children?

Yes / No If yes, why? \_\_\_\_\_

\_\_\_\_\_

Who is, or is likely to be, your spouse's attorney? \_\_\_\_\_  
(name)

\_\_\_\_\_ (business address) (phone)

EMPLOYMENT INFORMATION

Your Occupation:(1) Employment and(2) Self-employment (fill out either or both, as applicable)

(1) Employed by: \_\_\_\_\_ for \_\_\_\_\_ years

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary / Hourly \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(pick one) (week/month/year)

What other benefits are provided by the employer? \_\_\_\_\_

Do you do any additional part-time work? Yes / No

If yes, explain: \_\_\_\_\_

(2) Your Self-Employment: \_\_\_\_\_  
(company name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Service or product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of investment: \_\_\_\_\_

Position held: \_\_\_\_\_ Other partners: \_\_\_\_\_

Stock interest: \_\_\_\_\_ Number of shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

\_\_\_\_\_

Spouse's interest: \_\_\_\_\_

Spouse's Occupation:(1) Employment and (2) Self-employment (fill out either or both, as applicable)

(1) Employed by: \_\_\_\_\_ for \_\_\_\_\_ years

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary / Hourly \$ \_\_\_\_\_ per \_\_\_\_\_ Hours per week \_\_\_\_\_  
(pick one) (week/month/year)

What other benefits are provided by the employer? \_\_\_\_\_

Does spouse do any additional part-time work? Yes / No

If yes, explain: \_\_\_\_\_

(2) Spouse's Self-Employment: \_\_\_\_\_  
(name of company)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Service or product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of investment: \_\_\_\_\_

Position held: \_\_\_\_\_ Other partners: \_\_\_\_\_

Stock interest: \_\_\_\_\_ Number of shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

Your interest: \_\_\_\_\_

Spouse's previous work history and skills, including approximate dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no answer to previous questions, what has spouse done or what is spouse capable of doing to help support himself/herself? \_\_\_\_\_

\_\_\_\_\_

#### BENEFITS INFORMATION

Do you or your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc? Yes / No

If yes, from whom, for whom and amount: \_\_\_\_\_

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Do you or your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source? Yes / No

If yes, please explain: \_\_\_\_\_

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Medical Insurance: \_\_\_\_\_  
(name of company)

Provided by employer/labor union? \_\_\_\_\_ Privately purchased? \_\_\_\_\_

By whom? \_\_\_\_\_ Cost to you? \_\_\_\_\_ Cost to spouse? \_\_\_\_\_

Who is covered by this policy? \_\_\_\_\_

Spouse's Medical (if separate from your coverage) \_\_\_\_\_  
(name of company)

Provided by employer/labor union? \_\_\_\_\_ Privately purchased? \_\_\_\_\_

By whom? \_\_\_\_\_ Cost to spouse? \_\_\_\_\_

Who is covered by this policy? \_\_\_\_\_

Dental Insurance: \_\_\_\_\_  
(name of company)

Provided by employer/labor union? \_\_\_\_\_ Privately purchased? \_\_\_\_\_

By whom? \_\_\_\_\_ Cost to you? \_\_\_\_\_ Cost to spouse? \_\_\_\_\_

Who is covered by this policy? \_\_\_\_\_

Spouse's Dental (if separate from your coverage) \_\_\_\_\_  
(name of company)

Provided by employer/labor union? \_\_\_\_\_ Privately purchased? \_\_\_\_\_

By whom? \_\_\_\_\_ Cost to spouse? \_\_\_\_\_

Who is covered by this policy? \_\_\_\_\_

Eye Care Coverage: \_\_\_\_\_  
(name of company)

Provided by employer/labor union? \_\_\_\_\_ Privately purchased? \_\_\_\_\_

By whom? \_\_\_\_\_ Cost to you? \_\_\_\_\_ Cost to spouse? \_\_\_\_\_

Who is covered by this policy? \_\_\_\_\_

Life Insurance (privately obtained) –Documents needed: Attach list, if necessary

1. Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

On life of: \_\_\_\_\_ Amount of coverage \$ \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

\_\_\_\_\_ Type: \_\_\_\_\_

Cash surrender or loan value: \$ \_\_\_\_\_

2. Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

On life of: \_\_\_\_\_ Amount of coverage \$ \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

\_\_\_\_\_ Type: \_\_\_\_\_

Cash surrender or loan value: \$ \_\_\_\_\_

ASSETS

Homestead:

Address: \_\_\_\_\_  
(street) (city) (county) (state)

Is this homestead abstract property or Torrens property? \_\_\_\_\_

Legal description (Provide a deed): \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_

In name(s) of: \_\_\_\_\_

Present mortgage balance: \$ \_\_\_\_\_

Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Name and address of contract for deed holder: \_\_\_\_\_

\_\_\_\_\_

Your market value of property: \$ \_\_\_\_\_ Approximate equity: \$ \_\_\_\_\_

Real estate taxes: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_

Are real estate taxes and insurance included in the house payment? Yes / No

Date, type, and cost of any major improvements since purchase: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Real Estate: (attach additional sheets, if necessary)

Location: \_\_\_\_\_

(street)

(city)

(county)

(state)

Type of property: \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Date purchased: \_\_\_\_\_ Price:\$ \_\_\_\_\_ Payable \$ \_\_\_\_\_ per Month

In name(s) of: \_\_\_\_\_

Present mortgage balance:\$ \_\_\_\_\_

Name and address of contract for deed holder: \_\_\_\_\_

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Your market value of property:\$ \_\_\_\_\_ Approximate equity:\$ \_\_\_\_\_

Real estate taxes:\$ \_\_\_\_\_ Insurance:\$ \_\_\_\_\_

Are real estate taxes and insurance included in the house payment? Yes / No

Any rental income from property? Yes / No If yes, state amount:\$ \_\_\_\_\_

Payments are in arrears by: \$ \_\_\_\_\_ Taxes are in arrears by: \$ \_\_\_\_\_

Date, type, and cost of any major improvements since purchase: \_\_\_\_\_

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Do you or your spouse have any money or property held by others? Yes / No

If yes, give details: \_\_\_\_\_

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At the time of marriage, did you or your spouse have money or property in excess of \$1,000.00?

Yes / No If yes, please explain: \_\_\_\_\_

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What part, if any, of your marriage estate was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims (state by whom received, from whom,

nature, and date received)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furniture: (attach list, if necessary)

General description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate value:\$ \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Antiques: (attach list, if necessary)

General description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate value:\$ \_\_\_\_\_ Purchase price:\$ \_\_\_\_\_

Tools and yard equipment: (attach list, if necessary)

General description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate value:\$ \_\_\_\_\_

List other assets with pertinent information: Attach list, if necessary



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Bank Accounts:**

1. \_\_\_\_\_  
 (name of bank) (approximate balance)  
 \_\_\_\_\_  
 (type of account) (in name of)
2. \_\_\_\_\_  
 (name of bank) (approximate balance)  
 \_\_\_\_\_  
 (type of account) (in name of)
3. \_\_\_\_\_  
 (name of bank) (approximate balance)  
 \_\_\_\_\_  
 (type of account) (in name of)

**Stocks: (Attach list, if necessary)**

| <u>Company Name</u> | <u>No. of Shares</u> | <u>In Name of</u> | <u>Value</u> |
|---------------------|----------------------|-------------------|--------------|
| 1. _____            |                      |                   |              |
| 2. _____            |                      |                   |              |
| 3. _____            |                      |                   |              |

**Bonds: (Attach list, if necessary)**

| <u>Type</u> | <u>In Name of</u> | <u>Value</u> |
|-------------|-------------------|--------------|
| 1. _____    |                   |              |
| 2. _____    |                   |              |
| 3. _____    |                   |              |

**Retirement Accounts (Provide account statements):**

1. \_\_\_\_\_  
 (name of bank) (approximate balance)

\_\_\_\_\_  
(type of account)

\_\_\_\_\_  
(in name of)

2.

\_\_\_\_\_  
(name of bank)

\_\_\_\_\_  
(approximate balance)

\_\_\_\_\_  
(type of account)

\_\_\_\_\_  
(in name of)

3.

\_\_\_\_\_  
(name of bank)

\_\_\_\_\_  
(approximate balance)

\_\_\_\_\_  
(type of account)

\_\_\_\_\_  
(in name of)

4.

\_\_\_\_\_  
(name of bank)

\_\_\_\_\_  
(approximate balance)

\_\_\_\_\_  
(type of account)

\_\_\_\_\_  
(in name of)

**OTHER DEBTS : Attach list, if necessary**

| Name of Creditor | Purpose, or for whom | Present Balance | Monthly Payment | Whose obligation (wife, husband, joint) |
|------------------|----------------------|-----------------|-----------------|---|
|                  |                      |                 |                 |   |
|                  |                      |                 |                 |   |
|                  |                      |                 |                 |   |
|                  |                      |                 |                 |   |
|                  |                      |                 |                 |   |

**Credit Cards (Provide account statements): Attach list if necessary**

1.

\_\_\_\_\_  
(type of card)

\_\_\_\_\_  
(issuing bank)

\_\_\_\_\_  
(cardholder)

\_\_\_\_\_  
(number of cards)

\_\_\_\_\_  
(approximate balance)

2. \_\_\_\_\_  
(type of card) (issuing bank)

\_\_\_\_\_  
(cardholder) (number of cards) (approximate balance)

3. \_\_\_\_\_  
(type of card) (issuing bank)

\_\_\_\_\_  
(cardholder) (number of cards) (approximate balance)

4. \_\_\_\_\_  
(type of card) (issuing bank)

\_\_\_\_\_  
(cardholder) (number of cards) (approximate balance)

5. \_\_\_\_\_  
(type of card) (issuing bank)

\_\_\_\_\_  
(cardholder) (number of cards) (approximate balance)

SERVICE

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc.). This information is necessary in order to ensure prompt service of papers on your spouse. Also attach a recent photograph of your spouse if you have one. \_\_\_\_\_  
\_\_\_\_\_

Give make, model, year, color, and license number of the car your spouse is driving: \_\_\_\_\_  
\_\_\_\_\_

When and where should dissolution papers be served on your spouse? \_\_\_\_\_  
\_\_\_\_\_

Would your spouse be willing to come to our office to be served the dissolution papers? Yes / No

NOTE

In case our office must reach you on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached:

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(Name) (Address) (Phone Number) (Relationship)

AWARD

What do you consider as a fair (not what you want) award of property and support money from the assets and earnings of the parties? Describe by items:

Property: \_\_\_\_\_  
\_\_\_\_\_