

# HALVORSON LEGAL

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important you attempt to answer the following questions fully and accurately. Please print your answers. If additional space is needed, please use the back of a page. If a question is not applicable, indicate that with either "N/A" or strike through the question.

The completed questionnaire will be kept confidential and will remain in our possession. Prior to commencement of your work on your dissolution, we will need a copy of the legal description to any real property, if applicable.

You will likely need to gather a significant amount of financial information including pay stubs (3 consecutive pay periods), account statements, tax returns and other financial records. Start gathering information now, making copies as you go. The more organized you are, the better.

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

## YOURSELF

Full name: \_\_\_\_\_

Current address: \_\_\_\_\_  
Street City State Zip

Future (new address): \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Length of residency in Minnesota: \_\_\_\_\_ Any former names: \_\_\_\_\_

Do you desire your former name restore: \_\_\_\_\_ If yes, former name: \_\_\_\_\_

Education: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Email address: Personal / Work (circle one) \_\_\_\_\_

Are you a U.S. citizen? Yes / No (circle one) Is your spouse a U.S. citizen? Yes / No (circle one)

If you answered no where do you or your spouse currently have citizenship? \_\_\_\_\_

Closest relative: \_\_\_\_\_  
Name Address

Phone Relationship

Your health: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Have you and/or your spouse dealt with infertility issues whereby you or your spouse have stored genetic/reproductive/biological samples? \_\_\_\_\_

Present Marriage - Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Were you previously married? Yes / No (circle one) If yes: when, and what state/county was your marriage dissolved? \_\_\_\_\_

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

If yes: Receiving / Paying (circle one) Number of children you are receiving or paying support for: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Are any arrearages due for support? Yes / No (circle one) Arrears: \$ \_\_\_\_\_

Are you receiving or paying spousal maintenance for the support of a previous spouse: Yes / No (circle one)

If yes: Receiving / Paying (circle one) Amount: \$ \_\_\_\_\_ Arrearages: \$ \_\_\_\_\_

Do you receive public assistance? Yes / No (circle one) If yes, what type? \_\_\_\_\_

### SPOUSE

Spouses full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Street City State Zip

Future (new address): \_\_\_\_\_

Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Length of residency in Minnesota: \_\_\_\_\_ Any former names: \_\_\_\_\_

Education: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Closest relative: \_\_\_\_\_

Name Address

Phone Relationship

Your health: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Have you and/or your spouse dealt with infertility issues whereby you or your spouse have stored genetic/reproductive/biological samples? \_\_\_\_\_

Present Marriage - Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Were you previously married? Yes / No (circle one)      If yes: when, and what state/county was your marriage dissolved? \_\_\_\_\_

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

If yes: Receiving / Paying (circle one)    Number of children you are receiving or paying support for: \_\_\_\_\_

Amount: \$\_\_\_\_\_    Are any arrearages due for support? Yes / No (circle one)    Arrears: \$\_\_\_\_\_

Are you receiving or paying spousal maintenance for the support of a previous spouse? Yes / No (circle one)

If yes: Receiving / Paying (circle one)    Amount: \$\_\_\_\_\_    Arrearages: \$\_\_\_\_\_

Do they receive public assistance? Yes / No (circle one)    If yes, what kind? \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE**

Full Name:	Birthdate:	Age:	Social Security Number:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

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

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

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

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

With whom are they living? \_\_\_\_\_      Who has legal custody? \_\_\_\_\_

Do any of these children have an income? \_\_\_\_\_

Are you (or your wife) pregnant or could you (or your wife be pregnant)? \_\_\_\_\_

**DETAILS OF SEPARATION**

Are the parties in the same home? Yes / No (circle one) If not, date of separation: \_\_\_\_\_

Previous separations? Yes / No (circle one) Dated: from \_\_\_\_\_ to \_\_\_\_\_

Previous court actions? Yes / No (circle one) Date filed by attorney: \_\_\_\_\_ Dismissed: \_\_\_\_\_

Do you consider your marital problems irreconcilable? \_\_\_\_\_

Do you believe there will be a dispute over the custody of your minor children? Yes / No (circle one)

If yes, why? \_\_\_\_\_

Who is or is likely to be your spouse's attorney? \_\_\_\_\_

**INCOME INFORMATION**

**Husband's Occupation:** 1. Employment; 2. Business (Fill out either or both as applicable.)

1. Employed by: \_\_\_\_\_ Length of time: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Gross salary per month: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_

**List all deductions from gross income:**

Federal Tax	\$	State Tax	\$	FICA	\$
<b>Other:</b>					
\$ _____		Purpose		\$ _____	Purpose
Net monthly salary (Take Home): \$ _____			SSN: _____		

Number of exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_ Expense Account: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Stock Interest: \_\_\_\_\_

Savings Plan: \_\_\_\_\_ Pension Plan: \_\_\_\_\_

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

Does husband do any additional part-time work? Yes / No (circle one) Explain: \_\_\_\_\_

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

2. Business/Name of Company: \_\_\_\_\_

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

Service or Product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of Investment: \$ \_\_\_\_\_ Position Held: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Spouse's Interest: \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

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

**Wife's Occupation:** 1. Employment; 2. Business (Fill out either or both as applicable)

1. Employed by: \_\_\_\_\_ Length of time: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Gross salary per month: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_

**List all deductions from gross income:**

Federal Tax	\$	State Tax	\$	FICA	\$
<b>Other:</b>					

\$ \_\_\_\_\_ Purpose \_\_\_\_\_

Net monthly salary (Take Home): \$ \_\_\_\_\_ SSN: \_\_\_\_\_

Number of Exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_ Expense Account: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Stock Interest: \_\_\_\_\_

Savings Plan: \_\_\_\_\_ Pension Plan: \_\_\_\_\_

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

Does wife do any additional part-time work? Yes / No (circle one) Explain: \_\_\_\_\_

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

2. Business/Name of Company: \_\_\_\_\_

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

Service or Product: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost of Investment: \$ \_\_\_\_\_ Position Held: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Spouse's Interest: \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

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

### **ADDITIONAL INFORMATION**

Are childcare costs incurred while parents work? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Do you receive or does your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc.? Yes / No (circle one)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive or does your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Stocks:**

Company name: \_\_\_\_\_ No. of shares: \_\_\_\_\_

In name of: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Bonds:**

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

In name of: \_\_\_\_\_ Value: \$ \_\_\_\_\_

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

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

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

If so, please explain: \_\_\_\_\_

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)? \_\_\_\_\_  
\_\_\_\_\_

**Life Insurance (privately obtained):**

Policy No.: \_\_\_\_\_ with: \_\_\_\_\_

On life of: \_\_\_\_\_ for: \_\_\_\_\_

Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

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

**Life Insurance (through employer):**

Describe any life insurance you or your spouse have through an employer or labor union, in the same terms as above, if possible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Medical Insurance:**

Check any of the following that are applicable:

Medical: \_\_\_\_\_ Hospital: \_\_\_\_\_ Major Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Glasses: \_\_\_\_\_

Coverage through employer or labor union (check plan) - Individual Plan: \_\_\_\_\_ Family Plan: \_\_\_\_\_

Individual coverage/month: \$ \_\_\_\_\_ Family/spousal coverage/month: \$ \_\_\_\_\_

Coverage purchased privately (through): \_\_\_\_\_

By whom: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

If any of the above insurance does not cover the entire family, explain: \_\_\_\_\_

**Retirement Plans:**

For yourself - Name of employer providing plan: \_\_\_\_\_

Percentage vested: \_\_\_\_\_ Amount vested: \$ \_\_\_\_\_ Date of full vesting: \_\_\_\_\_

Employer contribution per pay period: \_\_\_\_\_

Employee contribution per pay period: \_\_\_\_\_

Estimated present cash value: \$ \_\_\_\_\_

For your spouse - Name of employer providing plan: \_\_\_\_\_

Percentage vested: \_\_\_\_\_ Amount vested: \$ \_\_\_\_\_ Date of full vesting: \_\_\_\_\_

Amount of employer contribution per pay period: \_\_\_\_\_

Amount of employee contribution per pay period: \_\_\_\_\_

Estimated present cash value: \$ \_\_\_\_\_

**Other Employee Benefits:**

Describe any other employee benefits, such as stock options, you or your spouse have through an employer:

\_\_\_\_\_

**Individual Retirement Trust Account:**

For yourself - Name of institution deposited with: \_\_\_\_\_

Amount currently on deposit: \$ \_\_\_\_\_

For your spouse - Name of institution deposited with: \_\_\_\_\_

Amount currently on deposit: \$ \_\_\_\_\_

**Automobiles or Other Motor Vehicles:**

Husband drives: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ In name of \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

Wife drives: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ In name of \_\_\_\_\_

Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles, campers, or other motor vehicles:

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

**Furniture:**

General description: \_\_\_\_\_ Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

**Antiques:**

General description: \_\_\_\_\_ Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

**Tools and yard equipment:**

General description: \_\_\_\_\_ Security interest: \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ per \_\_\_\_\_

**DEBTS:**

	<u>Name of Creditor</u>	<u>Purpose, or for whom</u>	<u>Present Balance</u>	<u>Monthly Payment</u>	<u>Whose obligation (wife, husband, joint)</u>
1.	_____	_____	\$ _____	\$ _____	_____
2.		_____	\$ _____	\$ _____	
3.			\$ _____	\$ _____	
4.			\$ _____	\$ _____	
5.			\$ _____	\$ _____	
6.			\$ _____	\$ _____	

State what credit cards you have, in whose name, and how many cards:

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**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.

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

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

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Would your spouse be willing to come to our office to be served the dissolution papers? \_\_\_\_\_

**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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**FUTURE ESTIMATED MONTHLY LIVING EXPENSES**

	Husband	Wife	Children
Rent, mortgage, or contract for deed payment	\$	\$	
Taxes	\$		\$
Insurance	\$		\$
Utilities:			
Heat/fuel	\$		\$
Water	\$		\$
Electricity	\$		\$
Gas (if separate from heat)	\$		\$
Child support or spousal maintenance obligation from former marriage	\$		\$
Home maintenance: yard, repair and decorating	\$	\$	
Food and household items (meals eaten out)	\$	\$	
Payment of present indebtedness	\$	\$	
Automobile:			
Gas and oil	\$		\$
Repairs	\$		\$
License and insurance (monthly)	\$		\$
Installment payments	\$		\$
Personal:			
Grooming			
Clothing/ Laundry and dry cleaning	\$		\$
Medical:	\$		\$
Doctor	\$		\$
Dental	\$		\$
Medications	\$		\$
Insurance:			
Life	\$		\$
Medical	\$		\$
Dental	\$		\$
Dues: union or professional	\$		\$
Social obligations	\$		\$
Church or other donations	\$		\$
Newspapers and magazines	\$		\$
Entertainment and recreation	\$		\$
Other:	\$		\$
Clothing	\$		\$
Grooming	\$		\$
Education/Books tuition:	\$		\$
School Activities	\$		\$
Transportation	\$		\$
Lunches	\$		\$
Personal allowance	\$		\$
Babysitting	\$		\$
Visitation Expenses/Entertainment, food, transportation	\$		\$
<b>TOTAL ESTIMATED MONTHLY LIVING EXPENSES:</b>	<b>\$</b>	<b>\$</b>	

## **DOCUMENTS AND DATA NECESSARY FOR DISSOLUTION PROCEEDINGS**

You should bring the following items with you at the time of your first interview:

1. Your paycheck stubs: from January 1 of the current year if possible; paycheck stubs for the last three months are required.
2. If you can get them, your spouse's paycheck stubs: from January 1 of the current year if possible, and at least for the last three months.
3. Copies of your joint/ individual income tax returns, both state and federal, for the past 3 years.
4. Deeds, abstracts, and Torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse individually or jointly. Secure these from your mortgage company or lending institution if you do not have them.
5. Mortgage or contract for deed balance on homestead and any other real estate. Bring the last monthly mortgage payment statement if you have one.
6. All papers and documents covering the initial purchase of your homestead, including purchase agreement.
7. Tax assessor's statements on homestead and other real properties.
8. Savings passbooks and savings certificates of individual or joint accounts held by you or your spouse individually or jointly.
9. If possible, list of corporate stocks or stock certificates owned by you or your spouse individually or jointly. Also give name of broker or brokers.
10. Current life insurance policies, with statements of loans against them.
11. A list of the outstanding bills of you and your spouse, including for whom and when incurred, amount still owed, name of creditor, and original amount.
12. A copy of any pension, retirement, profit sharing, or investment program you or your spouse is involved in through employment; records of any savings account reflecting your or your spouse's Individual Retirement Account (IRA).
13. Title or registration cards to all automobiles or other motor vehicles owned by you and your spouse individually or jointly.
14. A copy of any financial statements or statements of net worth prepared by you or your spouse for the purpose of securing bank loans or for any other purpose.
15. Any other information that will help establish your net worth, your spouse's net worth, your joint net worth, your income, and your spouse's income.
16. Any pleadings and legal papers in your possession relating to this action or any dissolution (divorce) proceeding for you or your spouse.
17. Any U.S. social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.

# HALVORSON LEGAL

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