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DISSOLUTION - DIVORCE QUESTIONNAIRE

I. GENERAL

Your Name: _____
 First Middle Last Maiden

Your Phone numbers: Cell-Home _____ Work _____

Your E-mail address: _____

Your Address: _____

Your Date of Birth: _____ Age: _____

Your Social Security No.: _____

Name of Spouse: _____
 First Middle Last Maiden

Spouse's E-mail address: _____

Spouse's Residential Address: _____

Spouse's Phone number: _____

Spouse's birth date: _____ Age: _____

Spouse's Social Security No.: _____

Date of marriage to present spouse? _____

City, Co. & State of present marriage? _____

Date of separation (or expected date of separation)? _____

How long have you _____ and/or your spouse _____ resided in this state?

Are you ____ or your spouse ____ presently in the military service? Yes ____ No ____

Do you or spouse desire a name change as a part of this proceeding? Yes ____ No ____

If yes, what should name be changed to? _____

Name and phone number of two persons (other than the opposing party) who would be most likely to always know where you can be reached:

II. CHILDREN

Children born or legally adopted of this relationship/marriage:

Child's full name	Gender	D.O.B	Age	Soc. Sec. No.	Living with whom?

Is wife currently pregnant? Yes _____ No _____ If yes, due date: _____

Will custody be an issue? Yes _____ No _____

If yes, please complete Appendix A, Childcare Duties.

If you have a proposed parenting time schedule, please complete the schedule attached as Appendix B, Parenting Time.

Do you _____ or your spouse _____ have children from a prior marriage or relationship? Yes _____ No _____ If so, what are their names and dates of birth?

Parent education program. By statute, in any dissolution case in which custody is contested, the parties MUST attend a court-approved parenting education program. Furthermore, even if custody is not contested, many judges require attendance at a parenting education program. If you decide to enroll in such a program, you may wish to wait until you know the initial pleadings have been filed in the case, as some courts, such as Hennepin County, require the program to be completed within 60 days of service of the original complaint. Your certificate of attendance must be filed with the court before the dissolution will be granted.

III. CHILD SUPPORT AND SPOUSAL MAINTENANCE

A. Your Employment and Income.

Are you presently employed? Yes ____ No ____ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

How long have you been employed at this job? _____

Gross income \$ _____ per _____

Net take home pay (Gross) \$ _____ minus deductions \$ _____ = \$ _____

B. Other Party's Employment and Income.

Is your spouse presently employed? Yes ____ No ____ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

Gross income \$ _____ per _____

Net take home pay (Gross) \$ _____ minus deductions \$ _____ = \$ _____

C. Insurance.

Do you ____ or your spouse ____ provide insurance for the children? Yes ____ No ____

What is the cost _____ per _____

Who does the insurance cover? _____

E. Child Care Expenses.

Where do your children receive daycare/after school care? _____

What are your monthly child care expenses? \$ _____ per _____

Who pays those? You ____ Other parent ____

Are you ____ or your spouse ____ requesting spousal maintenance? If yes, please complete Appendix C, Necessary Monthly Expenses.

IV. RETIREMENT ACCOUNTS

A. Your retirement accounts.

Plan Name and Institution	Approximate value	Year started

B. Your spouse's retirement accounts.

Plan Name and Institution	Approximate value	Year started

V. BUSINESS INTERESTS

Do you _____ or your spouse _____ have any interest in any business? ?

Yes _____ No _____ If yes, please complete Appendix D, Business Interests.

VI. LIFE INSURANCE

Do you _____ or your spouse _____ own any life insurance?

Yes _____ No _____ If yes, please complete Appendix E, Life Insurance.

VII. NON-MARITAL ASSETS

Did you _____ or your spouse _____ enter into this marriage with separate money or property in excess of \$1,000.00? Yes _____ No _____ If yes, please detail:

Was there an ante-nuptial (pre-marriage) agreement between you and your spouse?

Yes _____ No _____

Did you _____ or your spouse _____ receive money or assets during the marriage from inheritance? Yes _____ No _____

Did you _____ or your spouse _____ receive a gift to one of you but not the other from a third party, such as your parents or in-laws? Yes _____ No _____

Did you _____ or your spouse _____ receive a personal injury or worker's compensation award during the marriage? Yes _____ No _____

Are you _____, your spouse _____, or both of you beneficiaries of any trust?

Yes _____ No _____

Details of the above: _____

VIII. REAL ESTATE

Do you and/or your spouse own real estate? Yes _____ No _____ If yes, please complete Appendix F, Real Estate.

IX. PERSONAL PROPERTY

Please give us your estimate of the fair market value of the following items, indicate who currently has possession of the items, and indicate to whom you believe the asset should belong.

Item	Husband	Wife	Joint	Possession	Proposed disposition
Household contents					
Stocks bonds					
Securities					
Checking Account #1					

Item	Husband	Wife	Joint	Possession	Proposed disposition
Checking Account #2					
Savings Account #1					
Savings Account #2					

Motor Vehicles/Motorcycles/Trailers/Boats, etc:

Wife's vehicle: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Husband's vehicle: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Other vehicle: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Other asset: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Other asset: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Other asset: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

Other asset: Year _____ Make/Model: _____ FMV: _____

How titled: _____ Name of lien holder _____

Remaining Loan amount: _____ Monthly payment _____

XV. DEBTS

	Creditor	Reason for Debt	Person Incurring	Balance	Monthly Payment
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

How do you believe the debts should be divided and why? _____

XVII. DOCUMENTS

Please provide the following documents to me:

1. Your latest three (3) pay stubs.
2. Your spouse's latest three (3) pay stubs, if you can get them.

3. Your most recent tax return.
4. A copy of the deed(s) for all real estate you and/or your spouse own (not tax statement but deed from closing), if in your possession.
5. A copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry or other valuable items of personal property owned by you and/or your spouse; and
6. A copy of your most recent statements for all 401(k), other retirement plans and investments owned by you and/or your spouse.

5. Appendix A – CHILD CAREGIVING RESPONSIBILITIES

Child-related duties	Your %	Other Parent %
Bathing		
Preparing meals		
Putting children to bed		
Attending to them during the night		
Getting them up in the morning		
Getting them ready in the morning		
Feeding		
Dressing		
Laundry		
Making sure they are well-equipped for school		
Helping with homework		
Supervising brushing teeth		
Washing hair/Grooming		
Getting them to and from school		
Getting them to and from school events		
Getting them to and from sporting/extracurricular events		
Parent Teacher meetings		

Child-related duties	Your %	Other Parent %
Discipline/manners		
Rewarding them for good grades/good conduct in school		
Making doctor and dentist appointments		
Grocery shopping		
Shopping for their clothes		
Taking them to and from doctor appointments		
Taking them to and from dentist appointments		
Taking them to and from daycare		
Other (please specify)		

Legal custody identifies who will have a right to make major decisions regarding the education, religious, and medical upbringing of the child(ren). In Minnesota the Court presumes that "joint" legal custody is in the children's best interests. Are you asking the court to grant legal custody of the child(ren) to:

Yourself _____ Other parent _____ Both – Jointly _____

Are you and the other parent in agreement regarding legal custody?

Yes _____ No _____

Physical custody identifies with whom the child(ren) will live. Are you asking the court to grant physical custody of the child(ren) to:

Yourself _____ Other parent _____ Both – Jointly _____

Are you and the other parent in agreement regarding physical custody?

Yes _____ No _____

Are you asking that the other parent's parenting time be supervised?

Yes _____ No _____

If yes, state in detail the reasons why? _____

Appendix B - PARENTING TIME SCHEDULE

a) Weekends: _____

b) Week nights or after school: _____

c) Holidays: _____

d) School release days: _____

e) Birthdays: _____

f) Summers: _____

g) Telephone Contact: _____

h) Other: _____

Are you and the other parent in agreement regarding this schedule? Yes _____ No _____

Appendix C – **YOUR ESTIMATED MONTHLY EXPENSES**

Expense	Current	Projected
Mortgage/Rent		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Dues		
Electricity		
Natural Heat – Propane – Heating Oil		
Home Maintenance		
Sewer & Water		
Trash Removal		
Cable/Satellite TV		
Internet Access		
Cell phone service		
Telephone Landline		
Food – groceries		
Food – dining out		
Clothing		
Laundry		
Uninsured medical expenses		
Vehicle payment		
Automobile insurance		
Automobile maintenance		
Fuel expense		
Healthcare insurance		
Life insurance		
Travel – Entertainment		
Charitable contributions		
Childcare Expenses		
Child/Children school lunches		
Child/Children other expenses		
School expenses for self		
Credit card payments		
Student loans		
Other loans (explain)		
TOTALS:		

Appendix D - **BUSINESS INTERESTS**

Name of business: _____

Is this business a corporation _____ partnership _____, or other _____?

(specify: _____)

Percentage interest owned by you _____% or your spouse _____%

Service or product: _____

Date interest was acquired, and extent of interest: _____

Initial investment: _____

Names and addresses of other shareholders, partners, or participants: _____

If a corporation, what is your or your spouse's stock interest? _____

Names and addresses of directors/officers and their respective titles: _____

Does your spouse provide any services to this business? Yes _____ No _____

If yes, give detail: _____

Is your spouse compensated for the services rendered? Yes _____ No _____

If yes, give detail: _____

Have you and your spouse reached an agreement regarding the disposition of this business?

Yes _____ No _____ If yes, give detail: _____

Appendix E – LIFE INSURANCE

Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____



Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____



Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____



Appendix F – REAL ESTATE

Address of Property: _____

Legal description: _____

Date purchased: _____ Purchase price:\$ _____

Down payment: \$ _____ Source of down payment: \$ _____

In whose name is the property held? _____

Mortgage type (1 st , 2 nd , Home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance owed

What do you believe the property is worth?: \$ _____

Monthly payment: \$ _____

Are the real estate taxes _____ and/or insurance _____ included in the mortgage or contract for deed payment? Yes _____ No _____

What is the cost of your homeowner's insurance per year? _____

How much are the real estate taxes on the property per year? _____

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has these records? _____

Have you and your spouse agreed on a way of distributing this property? Yes ___ No ____

Please list details of agreement: _____

Appendix G – **OTHER REAL ESTATE**

Address of Property: _____

Legal description: _____

Date purchased: _____ Purchase price:\$_____

Down payment: \$_____ Source of down payment: \$_____

In whose name is the property held? _____

Mortgage type (1 st , 2 nd , Home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance owed

What do you believe the property is worth?: \$_____

Monthly payment: \$_____

Are the real estate taxes _____ and/or insurance _____ included in the mortgage or contract for deed payment? Yes _____ No _____

What is the cost of your homeowner's insurance per year? _____

How much are the real estate taxes on the property per year? _____

What major improvements have been made to the realty since its purchase, what was the cost of the improvements, and who has the records regarding the improvements?

Do you and your spouse agreed on how to distribute this property? Yes _____ No _____

Please list details of agreement: _____
