

SEYMOUR FAMILY LAW

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Client Information Questionnaire

Marriage Annulment/Dissolution

Date: _____

Referred by: _____

PERSONAL INFORMATION- CLIENT:

1. Full Name _____

2. All prior names used by you _____
(including, but not limited, to maiden name)

3. Street Address _____

City _____ County _____ Zip _____

4. Home Telephone _____ Business Telephone _____

Cell Phone _____ Pager _____

Email address _____

5. Mailing Address (if different from above) _____

6. Social Security Number _____

7. Date of Birth _____ Age _____ Birthplace(State or foreign country) _____

8. Length of Residence in Minnesota _____

9. Have you been previously married _____ If yes, specify (dissolution, annulment, death)

If dissolution: Date _____ City _____ County _____ State _____

Names and ages of minor children by previous relationships: _____

Who received custody_____

Assets Received from dissolution_____

10. Highest level of education completed_____Year Completed_____

11. Are you in the military service of the U.S._____

12. Present Health_____Physician or clinic_____

13. Name and telephone number of person (other than your spouse) who would be most likely to know where you can be reached_____Relationship to _____

PERSONAL INFORMATION – SPOUSE

1. Full Name_____

2. All prior names used by Spouse_____ (including, but not limited, to maiden name)

3. Street Address_____

City_____County_____Zip_____

4. Home Telephone_____Business Telephone_____

Cell Phone_____Pager_____

Email address_____

5. Mailing Address (if different from above)_____

6. Social Security Number_____

7. Date of Birth_____Age_____Birthplace(State or foreign country)_____

8. Length of Residence in Minnesota_____

9. Has your spouse been previously married____ If yes, specify (dissolution, annulment, death)

If dissolution: Date_____City_____County_____State_____

Names and ages of minor children by previous relationships:_____

- Who received custody _____
- Assets Received from dissolution _____
10. Highest level of education completed _____ Year Completed _____
11. Is your Spouse in the military service of the U.S. _____
12. Present Health _____ Physician or clinic _____

EMPLOYMENT INFORMATION – CLIENT

Please attach a copy of your most recent pay Stub

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of time with this employer _____
5. Gross Earnings _____ Per _____
6. Net Earnings _____ Per _____
7. How many exemptions do you claim _____
8. Itemize those items that are not deducted from your pay check:
- Federal _____
- State _____
- FICA _____
- Medical/Dental _____
- Pension/401 (k) _____
- Other (specify) _____
9. Any other income (overtime, business, commission, other employment) _____
- _____
10. Do you have a pension plan with this or any previous employer? _____

- 11. Do you have any profit sharing (401k)_____
- 12. Detail your prior work experience_____

EMPLOYMENT INFORMATION-SPOUSE

****Please attach a copy of your spouse's most recent pay stub**

- 1. Employer_____
- 2. Address_____
- 3. Occupation_____
- 4. Length of time with this employer_____
- 5. Gross Earnings_____ Per_____
- 6. Net Earnings_____ Per_____
- 7. How many exemptions you're your spouse claim_____
- 8. Itemize those items that are not deducted from your spouse's pay check:
 - Federal_____
 - State_____
 - FICA_____
 - Medical/Dental_____
 - Pension/401 (k)_____
 - Other (specify)_____
- 9. Any other income (overtime, business, commission, other employment)_____
- 10. Does your spouse have a pension plan with this or any previous employer?_____
- 11. Does your spouse have any profit sharing (401k)_____
- 12. Detail your spouse prior work experience_____

MARITAL INFORMATION:

1. Date of present marriage _____
2. City, County and State where you were married _____
3. Describe any action that has been taken by either you or your spouse to dissolve this marriage: _____
4. Do you feel there is any chance to save this marriage _____
5. Are you and your spouse living together _____ If not, date of separation _____
6. Are you or your spouse pregnant _____
7. Are you receiving or are you paying spousal maintenance from a previous marriage
How Much _____ Per _____
8. Are you receiving child support _____
9. Is your spouse receiving or paying spousal maintenance from a previous marriage _____
How much _____ Per _____
10. Is your spouse receiving or paying child support from a previous marriage _____
How much _____ Per _____

CHILDREN FROM THIS MARRIAGE OR ADOPTED INTO THIS MARRIAGE:

1. Children's names, ages, birthdates and social security numbers:

2. Which parent provides medical and dental insurance for the children? _____
3. Do they now live with Client _____ Spouse _____ Both _____
4. Do you want custody of these children _____

5. Do you expect a contest over who should have custody of the children _____
Why? _____

HEALTH COVERAGE AND INSURANCE:

1. Do you have private health or dental insurance through your job Yes _____ No _____
2. Does this insurance cover this child? Yes _____ No _____
What is the cost to you for your own coverage _____ For the child? _____
3. If you don't have private health insurance, do you receive Minnesota Care? _____
What is your premium you pay each month to receive Minnesota Care? _____
Does Minnesota Care cover this child? _____
4. Do you receive Medical Assistance? Yes _____ No _____
5. Does the child have Medical Assistance? Yes _____ No _____
6. Do you have health coverage through Medicare (because of your disability and receipt of Social Security benefits) Yes _____ No _____
7. Do your children have health coverage through Medicare (usually because of the child's disability and receipt of Social Security benefits) Yes _____ No _____
8. Does the other parent have health insurance through employment?
Yes _____ No _____ Don't know _____
Who is covered by this insurance? Just that parent _____ Your children _____

CHILD CARE COSTS:

1. Are your children enrolled in child care and/or pre-school? Yes _____ No _____
2. If yes, what is the cost for each child enrolled in child care (please specify whether the amount is per day, per week or monthly cost): _____

ASSETS

A. Homestead

1. Address _____
City _____ County _____ State _____
2. Legal Description of Property _____
(Ex. – Lot 1, Block 1, Thompson’s Edition)
3. Do you have a copy of the deed or certificate of title to the property, if so, please provide a copy of the deed or certificate of title _____
4. When was this homestead purchased _____
5. Amount of downpayment _____ Source _____
6. In whose name(s) is the title _____
7. What is the present value _____
8. Present mortgage or contract for deed balance _____
Monthly payment _____ To whom are payments made _____
9. Present balance of any 2nd mortgages or lines of credit _____
Monthly payment _____ To whom are payments made _____
10. Does the payment include taxes _____ Insurance _____
11. Are house payments delinquent _____ How much _____

B. Other Real Estate

1. Address _____
City _____ County _____ State _____
2. Legal Description of Property _____
(Ex. – Lot 1, Block 1, Thompson’s Edition)
3. Do you have a copy of the deed or certificate of title to the property, if so, please provide a copy of the deed or certificate of title _____
4. When was this homestead purchased _____
5. Amount of downpayment _____ Source _____
6. In whose name(s) is the title _____
7. What is the present value _____

8. Present mortgage or contract for deed balance _____
 Monthly payment _____ To whom are payments made _____
9. Present balance of any 2nd mortgages or lines of credit _____
 Monthly payment _____ To whom are payments made _____
10. Does the payment include taxes _____ Insurance _____
11. Are house payments delinquent _____ How much _____

C. Banking

1. Savings Account
 Bank _____ Balance _____
 Name(s) on account _____
2. Checking Account
 Bank _____ Balance _____
 Name(s) on account _____
3. Money Market Account(s)
 Bank _____ Balance _____
 Name(s) on account _____
4. Do you or your spouse have a safe deposit box _____ Name of bank _____
5. Do you have an investment banker or use a brokerage firm _____
 If so, name of entity _____

D. Stock

Company _____ No. of shares _____
 In whose name _____ Value _____

E. Bonds

Type _____ Total Face Value _____
 In whose name _____

F. Retirement Accounts

CLIENT:

401(k) or other profit sharing account (specify): _____

Company _____ Balance _____

Are there any loans _____ Balance of loans _____

IRA: Company _____ Balance _____

Roth IRA: Company _____ Balance _____

Pension: Company _____ Balance _____

Deferred Compensation: Company _____ Balance _____

Do you have any retirement accounts from any past employers _____

Name of Company _____ Balance _____

SPOUSE:

401(k) or other profit sharing account (specify): _____

Company _____ Balance _____

Are there any loans _____ Balance of loans _____

IRA: Company _____ Balance _____

Roth IRA: Company _____ Balance _____

Pension: Company _____ Balance _____

Deferred Compensation: Company _____ Balance _____

Does your spouse have any retirement accounts from any past employers _____

Name of Company _____ Balance _____

G. Receivables

Does anyone owe you or your spouse money? _____

Who _____ How much _____

Do you have a promissory note _____

H. Non-Marital Property

Did you or your spouse bring property or money in excess of \$1,000.00 into this marriage? _____

Details _____

Are any part of the assets of you or your spouse inherited? _____

What, when and by whom _____

Do you or your spouse have any personal injury claim pending, or have you or your spouse received any settlement or award before or during your marriage (what, when and by whom) _____

K. Furniture and Appliances

1. Estimated value _____

2. Balanced owed _____ Payments _____ Per _____

3. To whom are payments made _____

L. Motor Vehicles

Client Vehicle:

1. Make _____ Year _____ Model _____

2. In whose name _____

3. Payments _____ Per _____

4. Payments made to whom _____ Used by whom _____

Spousal Vehicle:

1. Make _____ Year _____ Model _____
2. In whose name _____
3. Payments _____ Per _____
4. Payments made to whom _____ Used by whom _____

Additional Vehicles (Cars or Trucks)

1. Make _____ Year _____ Model _____
2. In whose name _____
3. Payments _____ Per _____
4. Payments made to whom _____ Used by whom _____

M. **Recreational Vehicles/Assets:**

Do you own any of the following?

- | | <u>Year/Make/Model</u> | <u>Fair Market Value</u> | <u>Monthly payment</u> | <u>balance owed</u> |
|-------------------------|------------------------|--------------------------|------------------------|---------------------|
| Snowmobile(s) | _____ | _____ | _____ | _____ |
| Boat(s)/ boat motors(s) | _____ | _____ | _____ | _____ |
| Motorcycle(s) | _____ | _____ | _____ | _____ |
| Camper/Motor Home | _____ | _____ | _____ | _____ |
| Airplane | _____ | _____ | _____ | _____ |
| ATV | _____ | _____ | _____ | _____ |
| Trailer(s) | _____ | _____ | _____ | _____ |
| Horse(s) | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

N. **Other Assets**

Are there any other assets that you know of _____

O. **Life Insurance**

- 1. Company_____
- 2. Type of Policy_____
- 3. Name of Insured_____
- 4. Name of Beneficiary_____
- 5. Annual Premium_____Face Value_____Cash Value_____

P. **Debts**

	<u>Creditor</u>	<u>Balance due</u>	<u>Monthly Pymt</u>	<u>Reason for Debt</u>	<u>Person incurring Debt</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	Have you or your spouse ever filed bankruptcy_____				
	If so, when_____Chapter 7 or Chapter 13_____				

ESTATE:

- 1. Do you have a will_____If so, describe and bequest for your spouse or for your children: _____
- 2. When was you Will executed or last revised_____

MISCELLANEOUS:

1. Do you or your spouse desire to have a name change as a result of this proceeding_____

If so, what name is desired_____

2. Are you or your spouse named as a party in any pending lawsuit, including civil actions, criminal proceedings and/or bankruptcy_____

Explain:_____

DOCUMENTS TO PROVIDE:

1. A legible copy of your three most recent pay stubs or other documents reflecting income from all employers or through self-employment.
2. Documentation of other income/compensation received from any and all sources, including your employment for the past two years.
3. Previous three years of personal and business (if any) State and Federal tax returns.
4. Current mortgage statement.
5. Any information about health insurance- specifically the cost breakdown (single coverage, single coverage +1 and single coverage + family).
6. Information about your child care costs- the provider's price list, proof that the provider is paid, letters from your County child care worker
7. Your monthly expenses. Please use the spreadsheet provided below.

Monthly Expenses

	Total	Total Kids	Total + Kids
Housing			
Mortgage (PITI)			
Property Tax			
Homeowners Ins			
Second Mortgage			
Housing Total			

Home Maintenance & Repairs			
House Cleaning			
Lawn Care/Snow Removal			
Snow Removal			
Tree Trimming			
Furniture Cleaning			
Home Repairs and Appliances			
Household Supplies			
Home Maintenance & Repairs Total			

Utilities			
Heat			
Electricity			
Telephone			
Cellular Phone			
Internet			
Water/Sewage			
Cable TV			
Garbage			
Home Security			
Utilities Total			

Food			
Groceries			
Food Total			

Medical/Dental Therapy			
Medical/Hospitalization Insurance (only if paid out of pocket and not deducted from pay checks)			
Uninsured Medical Expense			
Uninsured Medical Expense Kids			
Dental Insurance (only if paid out of pocket and not deducted from pay checks)			

Uninsured Dental Expense			
Uninsured Dental Expense Kids			
Orthodontia			
Prescriptions			
Contacts/Eyeglasses			
Counseling/Therapy			
Medical/Dental Therapy Total			

Transportation

Car Payment/Lease			
Gasoline and Oil			
Maintenance Repairs			
License			
Insurance			
Transportation Total			

Children's Expenses

Child Care/Daycare			
Babysitting			
Children's School Tuition			
Books			
Pictures			
Field Trips			
School Activities/Parties			
School Supplies			
Sports Equipment			
Special Interests			
Summer Camp			
Miscellaneous			
Children's Expense Total			

Personal Allowances

Hair Care			
Cosmetics/Toiletries			
Manicure/Pedicure			
Clothing and Shoes			
Dry Cleaning and Laundry			
Personal Allowances Total			

Recreation, Travel & Entertainment

Movies, Plays, Sporting Events			
Parties/Home Entertainment			
Dining Out			
Vacations			

Other/Toys			
Recreation, Travel & Entertainment Total			

Debt Repayment

Debt/Loans/Credit Cards			
Attorney Fees			
Debt Repayment Total			

Miscellaneous

Life Insurance Term and Variable Whole Life			
Gifts			
Health Club Dues			
Newspaper and Magazines			
Donations			
Retirement Savings (only if paid out of pocket and not deducted from pay checks)			
Education Savings			
General Savings			
Miscellaneous Total			

Monthly Total			
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IT IS IMPORTANT THAT YOU ATTEMPT TO ANSWER THESE QUESTIONS FULLY AND ACCURATELY. IF YOU NEED ADDITIONAL SPACE FOR AN ANSWER, YOU MAY USE THE BACK OF A PAGE. THE COMPLETED QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL AND WILL REMAIN IN OUR POSSESSION.

I hereby verify that this Questionnaire contains accurate, complete and current disclosure of all income, assets, debts and liabilities owned in full or in part by either party, separately or by the parties jointly. I understand that failure to provide a complete disclosure may have a negative impact on the outcome of my case.

Date: _____ Signed: _____