



COLLABORATIVE  
PRACTICE  
Resolving Disputes Respectfully

**CLIENT QUESTIONNAIRE – DISSOLUTION**

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Today's Date: \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Other Professionals (Attorney, child specialist, financial, MHP)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please add additional information to page 11 if more detail is needed on questionnaire)*

**BACKGROUND INFORMATION**

**YOU**

Full Name: \_\_\_\_\_

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

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

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

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

As of (date): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Hours: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**YOUR SPOUSE/PARTNER**

Full Name: \_\_\_\_\_

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

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

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

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

As of (date): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Hours: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date of present marriage (If applicable): \_\_\_\_\_ Date of separation: \_\_\_\_\_

Place of marriage ((If Applicable) (City, county, state or country)): \_\_\_\_\_

Highest level of education: You: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Do you (or your spouse/partner) desire a name change at the time of the dissolution? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you been a resident of Minnesota for more than six months? \_\_\_\_\_

In which County do you live? \_\_\_\_\_ Your Spouse/Partner? \_\_\_\_\_

Have you (or spouse/partner) ever started a divorce or legal separation proceeding before? \_\_\_\_\_

When? Where? What was the outcome? \_\_\_\_\_

\_\_\_\_\_

Will you or your spouse/partner be moving out of state in the near future? \_\_\_\_\_

Are either you or your spouse/partner in the military service of the United States? \_\_\_\_\_

Explain: \_\_\_\_\_

**CHILDREN BORN OR ADOPTED DURING THE MARRIAGE/PARTNERSHIP**

Child's Name	Birthdate	Age	SSN	Living With	Special Needs

Are there children from a previous marriage/partnership or relationship whose interests may be affected by this dissolution? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Are you or your spouse/partner currently pregnant? \_\_\_\_\_ Biological father (if known): \_\_\_\_\_

### INCOME INFORMATION

\*Attach paycheck stubs if possible (last two pay periods).

#### YOU

Degrees Obtained: \_\_\_\_\_

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

Employed by: \_\_\_\_\_

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

For \_\_\_\_ years Hours per week: \_\_\_\_\_

Gross Salary: \_\_\_\_\_ per: \_\_\_\_\_

Bonus: \_\_\_\_\_

Net Salary: \_\_\_\_\_ per: \_\_\_\_\_

Other source of income or potential source of  
 income? \_\_\_\_\_  
 \_\_\_\_\_

#### YOUR SPOUSE/PARTNER

Degrees Obtained: \_\_\_\_\_

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

Employed by: \_\_\_\_\_

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

For \_\_\_\_ years Hours per week: \_\_\_\_\_

Gross Salary: \_\_\_\_\_ per: \_\_\_\_\_

Bonus: \_\_\_\_\_

Net Salary: \_\_\_\_\_ per: \_\_\_\_\_

Other source of income or potential source of  
 income? \_\_\_\_\_  
 \_\_\_\_\_

### SUPPORT OBLIGATIONS

List all current support paid or received by you or your spouse/partner. Include amounts paid since the date of separation from your spouse/partner.

	AMOUNT PAID		AMOUNT RECEIVED	
	Current Marriage	Former Relationship(s)	Current Marriage	Former Relationship(s)
<b>CHILD SUPPORT</b>				
You				
Your Spouse/Partner				

	AMOUNT PAID		AMOUNT RECEIVED	
	Current Marriage	Former Relationship(s)	Current Marriage	Former Relationship(s)
<b>SPOUSAL MAINTENANCE</b>				
You				
Your Spouse/Partner				

**COUNTY/STATE BENEFITS**

Welfare Benefits received by you or your spouse/partner: County: \_\_\_\_\_  
 (Check all that apply)

- \_\_\_\_\_ Cash grant (AFDC or MFIP) Amount: \_\_\_\_\_
- \_\_\_\_\_ Medical Assistance
- \_\_\_\_\_ Minnesota Care
- \_\_\_\_\_ Subsidized or Sliding fee child care
- \_\_\_\_\_ Veterans Administration
- \_\_\_\_\_ Social Security for \_\_\_\_\_
- \_\_\_\_\_ Unemployment Compensation
- \_\_\_\_\_ Workers' Compensation
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

**HEALTH INFORMATION**

<u>YOU</u>	<u>YOUR SPOUSE/PARTNER</u>	<u>YOUR FAMILY</u>
<p>COST</p> <p>_____ Medical</p> <p>_____ Hospitalization</p> <p>_____ Dental</p> <p>_____ Orthodontic</p> <p>_____ Visual</p> <p>_____ Nursing Home</p> <p>Through employment? _____</p> <p>Whose? _____</p> <p>Provider: _____</p>	<p>COST</p> <p>_____ Medical</p> <p>_____ Hospitalization</p> <p>_____ Dental</p> <p>_____ Orthodontic</p> <p>_____ Visual</p> <p>_____ Nursing Home</p> <p>Through employment? _____</p> <p>Whose? _____</p> <p>Provider: _____</p>	<p>COST</p> <p>_____ Medical</p> <p>_____ Hospitalization</p> <p>_____ Dental</p> <p>_____ Orthodontic</p> <p>_____ Visual</p> <p>_____ Nursing Home</p> <p>Through employment? _____</p> <p>Whose? _____</p> <p>Provider: _____</p>

If any of the above policies are not obtained through employment or a union, from whom do you purchase the policies? \_\_\_\_\_

Do you have insurance available through your work? \_\_\_\_\_

Does your spouse/partner? \_\_\_\_\_

What is your general state of health? \_\_\_\_\_ Physician's Name: \_\_\_\_\_

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

Medications currently taking: \_\_\_\_\_

What is your spouse's/partner's general state of health? \_\_\_\_\_ Physician's Name: \_\_\_\_\_

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

Medications currently taking: \_\_\_\_\_

What is the general state of health for other family members (children)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **BUSINESS INTERESTS**

Name of Company: \_\_\_\_\_

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

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

Date Acquired: \_\_\_\_\_ Cost of Investment: \_\_\_\_\_ Source of Investment: \_\_\_\_\_

Position Held: \_\_\_\_\_ Other Partners: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

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

Additional Information: \_\_\_\_\_

\_\_\_\_\_

### **REAL ESTATE**

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

Title held by: You: \_\_\_\_\_ Partner: \_\_\_\_\_ Both: \_\_\_\_\_ Abstract or Torrens Property? \_\_\_\_\_

Legal Description: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Monthly P&I: \_\_\_\_\_ Insurance: \_\_\_\_\_ Property Taxes: \_\_\_\_\_

Down Payment (amount and source): \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Other Mortgages: \_\_\_\_\_

Market Value: \_\_\_\_\_ Tax assessed value: \_\_\_\_\_

Source of Market Value: \_\_\_\_\_ Approximate Equity: \_\_\_\_\_

Other real property: include legal description, purchase price, market value, amount owed and title information if known: \_\_\_\_\_

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

**AUTOMOBILES**

Year/Make/Model	Names on Title	In Possession of	Date & Source of Value	Loan Amount	Value

**OTHER MOTOR VEHICLES**

(i.e. Boats, snowmobiles, motorcycles)

Year/Make/Model	Names on Title	In Possession of	Date & Source of Value	Loan Amount	Value

**PERSONAL ACCOUNTS**

(i.e. Checking, savings, certificates, stocks & bonds, safety deposit boxes, persons that owe you money)

Type of Account	Name(s) on Account	Account Number	Location (bank or institution)	Approximate Value

**RETIREMENT ACCOUNTS OR PLANS**

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

Name(s) on Account	Account Type	Account Number	Company	Current Value

**PENSION PLANS**  
(Defined Benefit Plans)

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

**Other Employee Benefits**

Stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your spouse/partner has through employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PERSONAL PROPERTY**  
(I.e. Pets, antiques, artwork)

Description	Ownership	Value

**LIFE INSURANCE**

**YOU**

Policy Number	Company	Type	Group/ Individual	Face Value	Beneficiary	Cash Value	Annual Premium

**YOUR SPOUSE/PARTNER**

Policy Number	Company	Type	Group/ Individual	Face Value	Beneficiary	Cash Value	Annual Premium

**NON-MARITAL CLAIMS**

Please identify any potential non-marital claims that you or your spouse/partner may have (Inheritance, gifts from third parties, personal injury awards, property owned prior to marriage/partnership)

Asset	When Acquired	How Acquired	Whose NM Claim	Estimated Value



## REQUEST FOR DOCUMENTARY DATA

A complete picture of the assets and income for you and your spouse/partner is absolutely necessary, and by providing us with the information and items requested below you will **save time and money**, and assist us in preparing the necessary papers.

1. At least 2 consecutive paycheck stubs for both you and your spouse/partner.
2. Copies of your joint or individual income tax returns, both state and federal, for the most recent year.
3. Deeds, abstracts, and Torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse/partner, individually or jointly. Secure from your Mortgage Company or lending institution if you do not have one.
4. Mortgage or contract for deed balance on homestead and any other real estate. Bring the last monthly mortgage payment statement if you have one.
5. Statements of bank accounts and certificates of deposit of individual or joint accounts held by you and/or your spouse/partner.
6. Statements and/or certificates for any stocks, bonds or mutual fund holdings owned by you and your spouse/partner, individually or jointly.
7. Current life insurance policy statements including loans against them.
8. Statements for outstanding bills, loans, or credit cards for you and your spouse/partner.
9. A copy of your and/or your spouse's/partner's Employee Benefits Package, including health insurance policies/statement of benefits, whether private or through employment.
10. A copy of any pension or retirement programs, profit sharing or investment programs you or your spouse/partner are involved in through employment, and records of any savings accounts reflecting you and your spouse's/partner's Individual Retirement Account (IRA).
11. A copy of any financial statements or statements of net worth prepared by you, your spouse/partner, or your financial planner.
12. Any social security records or documents reflecting you or your spouse's/partner's earnings and qualifications for retirement benefits.
13. Any cash flow or monthly budgets you or your spouse/partner has prepared.
14. Any other information you feel may be helpful in understanding your financial picture.