
Client Information Questionnaire

~ Marriage Dissolution ~

CONFIDENTIAL INFORMATION

For

Dated: _____

This document is provided to help you prepare for our upcoming meeting. So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. The completed questionnaire will be kept confidential and will remain in our possession. Please print clearly.

This information booklet has been prepared for general use. Please disregard any questions which do not apply to your situation. If space is inadequate, add sheets or use the back of the preceding page. Add any details you think are pertinent. If you need any help or have any questions, please do not hesitate to call.

Thank you.

EASTLUND, SOLSTAD, CADE & HUTCHINSON
4200 West County Road 42
Savage, Minnesota 55378
(952) 894-6400

Client Information Questionnaire

A. Your Information

Your Full Name		Soc Sec #	
List all previous names you have ever used		Race	
		Religion	
Present Address		County of Residence	
Address for Mail <i>(if different than home address)</i>		How long have you lived in Minnesota?	
Home Phone	()	Cell Phone	()
Work Phone	()	Pager	()
Email Address			
Date of Birth		Current Age	Highest Level of Education Completed: <input type="checkbox"/> High School <input type="checkbox"/> College (2 yr) <input type="checkbox"/> College (4 yr) <input type="checkbox"/> Other _____ Year Education Completed: _____
Place of Birth (city, state)			
Describe Present Health		Are you presently in the military service? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		List the name of a person who would be most likely to always know where you can be reached (other than your spouse): _____	
Physician/Clinic		Their Telephone Number: _____ Their Relationship to You: _____	

Your Employment Information

Employer		Your Occupation	
Employer Address		How long have you worked for this employer?	
How often are you regularly paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		Gross Earnings	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
		Net Earnings	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Exemptions Claimed	Federal State	Deductions from your Paycheck	
	M: _____ M: _____	Federal: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year	State: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year
OTHER INCOME: Describe the type and amount of other income (over time, bonuses, commissions, other employment)	S: _____ S: _____	FICA: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year	Medical/Dental: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year
		Other: \$ _____ for _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year <i>specify</i>	
		Other: \$ _____ for _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year <i>specify</i>	

EMPLOYMENT BENEFITS: Describe all other employment benefits (car, car allowance, meals, memberships, etc.)	PRIOR WORK EXPERIENCE		
	Occupation	Employer	Dates of Employment

SUPPLEMENTAL INCOME: Do you receive, or expect to receive, any of the following as income?		
Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefits (for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefits (for children)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Income: Describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. Spouse's Information

Spouse's Full Name		Soc Sec #	
List all previous names your spouse has ever used		Race	
		Religion	
Present Address		County of Residence	
Address for Mail <i>(if different than home address)</i>		How long has he/she lived in Minnesota?	
Home Phone ()		Work Phone ()	
Date of Birth		Current Age	Highest Level of Education Completed: <input type="checkbox"/> High School <input type="checkbox"/> College (2 yr) <input type="checkbox"/> College (4 yr) <input type="checkbox"/> Other _____ Year Education Completed: _____
Place of Birth (city, state)			
Describe Present Health		Is your Spouse presently in the military service? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Physician/Clinic			

Spouse's Employment Information

Employer		His/Her Occupation	
Employer Address		How long has he/she worked for this employer?	
How often is your Spouse regularly paid?	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> twice per month <input type="checkbox"/> Monthly	Gross Earnings	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
		Net Earnings	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Exemptions Claimed	Federal M: _____	Deductions from Spouse's Paycheck	
	State M: _____ S: _____ S: _____	Federal: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year	State: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year
OTHER INCOME: Describe the type and amount of other income (over time, bonuses, commissions, other employment)		FICA: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year	Medical/Dental: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year
		Other: \$ _____ for _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year <i>specify</i>	Other: \$ _____ for _____ per <input type="checkbox"/> week <input type="checkbox"/> mo <input type="checkbox"/> year <i>specify</i>

EMPLOYMENT BENEFITS: Describe all other employment benefits (car, car allowance, meals, memberships, etc.)	PRIOR WORK EXPERIENCE		
	Occupation	Employer	Dates of Employment
SUPPLEMENTAL INCOME: Does your Spouse receive, or expect to receive, any of the following as income? Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Benefits (for yourself) <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Benefits (for children) <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No Worker's Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No Other Income: Describe: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			

C. Children

List children born or adopted into this marriage. Do NOT list children from previous marriages or other relationships.

Full Name	Age	Date of Birth	Social Security #	Child Lives With (<i>check one</i>)		
				You	Spouse	Both

Do you want custody of the child(ren)? <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you expect a contest over who should have custody of the child(ren)? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Why?
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D. Marital Information

Date of Present Marriage	Did you sign a pre-marital (antenuptial) agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes
Where were you married? City: _____ County: _____ State: _____	Are you and your spouse living together? <input type="checkbox"/> No <input type="checkbox"/> Yes If NO, list date of separation: _____
Are you, or your spouse, pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe any action that has been taken by either you or your spouse to dissolve this marriage:

COUNSELING INFORMATION	Date	Purpose	Individuals Involved
State the date, purpose, and names of individuals involved in any counseling of you and/or your spouse			

Do you feel there is any chance to save this marriage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a history of domestic abuse in your marriage relationship? If YES, Describe:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or your spouse ever sought an Order for Protection as a result of domestic abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

What are your primary complaints about your spouse?

What are your spouse's primary complaints about you?

Other Marital/Relationship Information

Were you previously married? No Yes
If YES, when were you divorced? _____
Where were you divorced? City: _____
County _____ State _____

List below any minor children from your previous marriages or relationships (Do not list children born or adopted into your current marriage).

Full Name	Age	Date of Birth	Social Security #	Child Now Lives With (<i>check one</i>)		
				Your Spouse	His/Her Spouse	Other (describe)

Who received custody?

If custody was awarded pursuant to a paternity decree, state the date of the paternity decree, and the city, county, and state in which it was issued.
[Complete this section if a Paternity Decree Exists]
• Date Paternity Decree Filed _____
• City Paternity Decree Issued: _____
• County Decree Filed: _____ State: _____

Maintenance and Child Support Payments
RECEIVED by You:

Maintenance: \$ _____ from _____
 Per Week Per Month Other: _____
Child Support: \$ _____ from _____
 Per Week Per Month Other: _____

Maintenance and Child Support Payments
MADE by You:

Maintenance: \$ _____ to _____
 Per Week Per Month Other: _____
Child Support: \$ _____ to _____
 Per Week Per Month Other: _____

List any assets awarded to you:

Information about your Spouse's Other Marriages or Relationships

Was your Spouse previously married? No Yes
If YES, when was your spouse divorced? _____
Where was your spouse divorced? City: _____
County _____ State _____

List below any minor children from your **SPOUSE's previous** marriages or relationships (Do not list children born or adopted into your current marriage).

Child's Full Name	Age	Date of Birth	Social Security #	Child Lives With (check one)		
				Your Spouse	His/Her Spouse	Other

Who received custody?

If custody was awarded pursuant to a paternity decree, state the date of the paternity decree, and the city, county, and state in which it was issued.

[Complete this section if a Paternity Decree Exists]

- Date Paternity Decree Filed: _____
- City Paternity Decree Issued: _____
- County Decree Filed: _____ State: _____

Maintenance and Child Support Payments
RECEIVED by your Spouse:

Maintenance: \$ _____ from _____
 Per Week Per Month Other: _____

Child Support: \$ _____ from _____
 Per Week Per Month Other: _____

Maintenance and Child Support Payments
MADE by your Spouse:

Maintenance: \$ _____ to _____
 Per Week Per Month Other: _____

Child Support: \$ _____ to _____
 Per Week Per Month Other: _____

List any assets awarded to your Spouse:

E. INSURANCE INFORMATION

Insurance Type	Your Health Insurance				Spouse's Health Insurance			
	Name of Carrier	Coverage Provided for (check all that apply)			Name of Carrier	Coverage Provided for (check all that apply)		
		You	Spouse	Dependents		You	Spouse	Dependents
Medical								
Dental								
Optical								
Other: _____								

F. ASSETS

REAL ESTATE

[You will need a copy of a deed or mortgage containing the legal description for each parcel of real estate.]

◆ Homestead

Address:		City	County:	State:
Do you have a copy of the deed to this property? <input type="checkbox"/> No <input type="checkbox"/> YES		Is this property <input type="checkbox"/> Abstract or <input type="checkbox"/> Torrens		
When was this homestead purchased? _____ Cost: \$ _____		If Torrens, Certificate of Title #: _____		
What was the amount of your down payment? \$ _____		Where is the Certificate of Title: _____		
What was your source for down payment?		In Whose Name(s) is the title?		
What is the present fair market value? \$ _____		Does the payment include: <input type="checkbox"/> Taxes \$ _____ <input type="checkbox"/> Insurance: \$ _____		
What is your monthly payment? \$ _____		What are the yearly taxes? \$ _____		
To Whom are the mortgage payments made? _____ _____		What is the yearly insurance premium? \$ _____		
Are your house payments delinquent? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how much? _____		On the Reverse Side of this page, describe all improvements made to the property during your marriage.		

◆ Other Real Estate

Address:		City	County:	State:
Do you have a copy of the deed to this property? <input type="checkbox"/> No <input type="checkbox"/> YES		Is this property <input type="checkbox"/> Abstract or <input type="checkbox"/> Torrens		
When was this property purchased? _____ Cost: \$ _____		If Torrens, Certificate of Title #: _____		
What was the amount of your down payment? \$ _____		Where is the Certificate of Title: _____		
What was your source for down payment?		In Whose Name(s) is the title?		
What is the present fair market value? \$ _____		Does the payment include: <input type="checkbox"/> Taxes \$ _____ <input type="checkbox"/> Insurance: \$ _____		
What is your monthly payment? \$ _____		What are the yearly taxes? \$ _____		
To Whom are the mortgage payments made? _____ _____		What is the yearly insurance premium? \$ _____		
Are your payments delinquent? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how much? _____		On the Reverse Side of this page, describe all improvements made to the property during your marriage.		

BANK AND INVESTMENT ACCOUNTS

Account Type	Depository	Balance	Name(s) on Account
Savings Accounts		\$	
		\$	
Certificates of Deposit		\$	
		\$	
Checking Accounts		\$	
		\$	
Cash Management or Brokerage Accounts		\$	
		\$	
Stock		\$	
		\$	
Bonds		\$	
		\$	

Safe Deposit Box:

Where is it located? _____
 Who has access? _____

Describe the contents of the safe deposit box:

PENSION/RETIREMENT PLANS
 [List all Pension/Retirement Plans including IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.]

Account Type	In Whose Name is Account Held?	Value
		\$
		\$
		\$
		\$

MISCELLANEOUS ASSETS

Does anyone owe you or your spouse money? NO YES If YES, who owes you? _____ How Much? \$ _____
 who owes you? _____ How Much? \$ _____

If YES, please describe:
 Did you bring property or money into this marriage? NO YES

If YES, please describe:
 Did your spouse bring property or money into this marriage?
 NO YES

In the boxes to the right, describe any inheritance you or your spouse has received	Your Inheritance	Your Spouse's Inheritance

Do you or your spouse have any personal injury or worker's compensation claims pending or have either of you received any settlement award? <input type="checkbox"/> NO <input type="checkbox"/> YES	Describe your pending claims or settlement awards	Describe your spouse's pending claims or settlement awards

◆ Life Insurance

Type of Policy	Company	Name of Insured	Name of Beneficiary	Annual Premium	Face Value	Cash Value
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

◆ Vehicles Driven by YOU

Kind	Year	Model	In Whose Name is the Vehicle Held?	To Whom Payments are Made?	Balance Owed	Payment	How Often Pymts Made (wkly, monthly)

◆ Vehicles Driven by SPOUSE

Kind	Year	Model	In Whose Name is the Vehicle Held?	To Whom Payments are Made?	Balance Owed	Payment	How Often Pymts Made (wkly, monthly)

◆ Recreational Vehicles

Kind	Make and Model	Value	Payments	How Often Pymts Made	Balance Owed
Motorcycles					
Snowmobiles					
Boats, Motor, Trailer					
Recreational Vehicles					
Other: _____					

◆ Other Assets

List the value in each of the categories.

Jewelry	Furs	Art	Precious Metals	Collections	
				Describe	Value
\$	\$	\$	\$		\$
					\$
					\$

A copy of the Summons and Petition and any other Court documents concerning your case, if any, as well as legal descriptions, tax returns, financial statements, and other financial records should be provided as soon as possible.

I understand that Sharon Herland Ysebaert charges \$275.00 per hour for consultations, telephone conferences, and other time spent on my behalf. I agree to pay for these services.

Dated: _____

Signature