

ESTEBO, SCHNOBRICH, FRANK & GILK, LTD.

Client Information Questionnaire

Marriage Dissolution

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. 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. Please print your answers.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

YOUR CURRENT PERSONAL INFORMATION

1. Full Name \_\_\_\_\_
2. All previous names used \_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_
8. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
9. Present Health \_\_\_\_\_
10. Are you presently in the military service? \_\_\_\_\_
11. Name of person (other than your spouse) who would be most likely to always know where you can be reached \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to you \_\_\_\_\_
12. Address for mail if different than home address \_\_\_\_\_  
\_\_\_\_\_

YOUR EMPLOYMENT INFORMATION:

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_  
Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. How often are you regularly paid:  
Weekly \_\_\_ Every two weeks \_\_\_ Twice per month \_\_\_ Monthly  
\_\_\_\_\_
6. Gross Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_
7. Net Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_
8. Exemptions Claimed: Federal M- \_\_\_\_\_ State M- \_\_\_\_\_  
S- \_\_\_\_\_ S- \_\_\_\_\_
9. Deductions from your paycheck:  
Federal \$ \_\_\_\_\_ Per \_\_\_\_\_  
State \$ \_\_\_\_\_ Per \_\_\_\_\_  
FICA \$ \_\_\_\_\_ Per \_\_\_\_\_  
Medical/Dental \$ \_\_\_\_\_ Per \_\_\_\_\_  
Other (Specify) \$ \_\_\_\_\_ Per \_\_\_\_\_
10. Describe the type and amount of other income (overtime, bonuses, commissions, other employment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.) \_\_\_\_\_  
\_\_\_\_\_
12. Detail your prior work experience (what, when and where) \_\_\_\_\_  
\_\_\_\_\_
13. Are you receiving any welfare benefits? \_\_\_\_\_

In which county? \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

SPOUSE'S PERSONAL INFORMATION:

1. Full Name \_\_\_\_\_
2. All Previous Names Used \_\_\_\_\_
3. Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_
8. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
9. Present Health \_\_\_\_\_
10. Is your spouse presently in the military service? \_\_\_\_\_
11. Address for mail if different than home address \_\_\_\_\_  
\_\_\_\_\_

SPOUSE'S EMPLOYMENT INFORMATION:

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_  
Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. How often is spouse regularly paid:  
Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_
6. Gross Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

7. Net Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

8. Exemptions Claimed: Federal M- \_\_\_\_\_ State M- \_\_\_\_\_  
 S- \_\_\_\_\_ S- \_\_\_\_\_

9. Deductions from your spouse's paycheck:

Federal \$ \_\_\_\_\_ Per \_\_\_\_\_

State \$ \_\_\_\_\_ Per \_\_\_\_\_

FICA \$ \_\_\_\_\_ Per \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_ Per \_\_\_\_\_

Other (Specify) \$ \_\_\_\_\_ Per \_\_\_\_\_

10. Describe the type and amount of other income (overtime, bonuses, commissions, other employment) \_\_\_\_\_  
 \_\_\_\_\_

11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.) \_\_\_\_\_  
 \_\_\_\_\_

12. Detail your spouse's prior work experience (what, when and where) \_\_\_\_\_  
 \_\_\_\_\_

13. Is your spouse receiving any welfare benefits? \_\_\_\_\_  
 In which county? \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

1. Children:

<u>Soc. Sec. No.</u>	<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____

- 
- 
2. Do the children now live with Client? \_\_\_ Spouse \_\_\_ Both \_\_\_
  3. Do you want physical custody of these children? \_\_\_\_\_
  4. Do you expect a contest over who should have custody of the children? \_\_\_\_\_ Why? \_\_\_\_\_

MARITAL INFORMATION:

1. Did you sign a pre-marital (antenuptial) agreement? \_\_\_\_\_
2. Date of present marriage \_\_\_\_\_
3. City, county, and state where you were married \_\_\_\_\_
4. Are you and your spouse living together? \_\_\_\_\_
5. If not, date of separation \_\_\_\_\_
6. Are you, or your spouse, pregnant? \_\_\_\_\_
7. Describe any action that has been taken by either you or your spouse to dissolve this marriage \_\_\_\_\_
8. State the date, purpose and names of individuals involved in any counseling of you and/or our spouse \_\_\_\_\_
9. Is there a history of domestic abuse in your marriage relationship? \_\_\_\_\_ Describe \_\_\_\_\_
10. Have you or your spouse ever sought an order for protection as a result of domestic abuse? \_\_\_\_\_

YOUR OTHER MARITAL INFORMATION:

1. Were you previously married? \_\_\_\_\_
2. How did that marriage end? death \_\_\_ divorce \_\_\_ annulment \_\_\_

3. City, county and state of divorce \_\_\_\_\_

4. Minor children from previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? \_\_\_\_\_

6. Maintenance and child support payments received by you:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Maintenance and child support payments paid by you:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

7. Assets awarded to you \_\_\_\_\_

SPOUSE'S OTHER MARITAL INFORMATION:

1. Was your spouse previously married? \_\_\_\_\_

2. How did that marriage end? death \_\_\_ divorce \_\_\_ annulment \_\_\_

3. City, county and state of divorce \_\_\_\_\_

4. Minor children by spouse's previous marriage or relationship:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Who received custody? \_\_\_\_\_

6. Maintenance and child support payments received by spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Maintenance and child support payments paid by spouse:

Maintenance \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

Child Support \$ \_\_\_\_\_ per \_\_\_\_\_ from \_\_\_\_\_

7. Assets awarded to your spouse \_\_\_\_\_

YOUR HEALTH INSURANCE:

Coverage provided for:  
(Check all that apply)

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1. Medical	_____	_____	_____	_____
2. Dental	_____	_____	_____	_____
3. Optical	_____	_____	_____	_____
4. Other	_____	_____	_____	_____

SPOUSE'S HEALTH INSURANCE:

Coverage provided for:  
(Check all that apply)

	<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
1. Medical	_____	_____	_____	_____
2. Dental	_____	_____	_____	_____
3. Optical	_____	_____	_____	_____
4. Other	_____	_____	_____	_____

ASSETS

A. Homestead:

1. Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Purchased by Deed or Contract for Deed? \_\_\_\_\_  
(Please furnish copy)
3. When was this homestead purchased? \_\_\_\_\_ Cost \_\_\_\_\_
4. Amount of down payment \_\_\_\_\_
5. Source of down payment \_\_\_\_\_  
\_\_\_\_\_
6. In whose name(s) is the title? \_\_\_\_\_
7. What is the present value? \_\_\_\_\_
8. Present mortgage or Contract for Deed balance \_\_\_\_\_
9. Monthly payment \_\_\_\_\_
10. To whom are the payments made? \_\_\_\_\_
11. Does the payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
12. What are the yearly taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
13. Are house payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
14. Describe all improvements made to the property during  
the marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Other Real Estate:

1. Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Type \_\_\_\_\_
3. Purchased by Deed or Contract for Deed? \_\_\_\_\_  
(Please furnish copy)
4. When was it purchased? \_\_\_\_\_ Cost \_\_\_\_\_
5. Amount of down payment \_\_\_\_\_

6. Source of down payment \_\_\_\_\_
  7. In whose name(s) is the title? \_\_\_\_\_
  8. Present value \_\_\_\_\_
  9. Present mortgage or contract for Deed balance \_\_\_\_\_
  10. Monthly payment \_\_\_\_\_
  11. To whom are the payments made? \_\_\_\_\_
  12. Does the payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
  13. What are the yearly taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
  14. Are payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
- . . .
15. Describe all improvements made to the property during the marriage \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Other Real Estate:

1. Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Type \_\_\_\_\_
3. Purchased by Deed or Contract for Deed? \_\_\_\_\_  
 (Please furnish copy)
4. When was it purchased? \_\_\_\_\_ Cost \_\_\_\_\_
5. Amount of down payment \_\_\_\_\_
6. Source of down payment \_\_\_\_\_
7. In whose name(s) is the title? \_\_\_\_\_
8. Present value \_\_\_\_\_
9. Present mortgage or contract for Deed balance \_\_\_\_\_

10. Monthly payment \_\_\_\_\_
11. To whom are the payments made? \_\_\_\_\_
12. Does the payment include taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
13. What are the yearly taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
14. Are payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
15. Describe all improvements made to the property during the marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Do you own an interest in and operate a business? \_\_\_\_\_

If yes, name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

E. Motor Vehicles:

Driven by you:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_

Driven by spouse:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_

F. Recreational Vehicles:

	<u>Make &amp; Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat, Motor & Trailer	_____	\$ _____	\$ _____	\$ _____
Recreational Vehicles	_____	\$ _____	\$ _____	\$ _____

G. Savings Accounts:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

H. Certificates of Deposit:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

I. Checking Accounts:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

J. Cash Management or Brokerage Accounts:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

K. Stock:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

L. Bonds:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_
2. Depository \_\_\_\_\_ Balance \_\_\_\_\_  
Name(s) on Account \_\_\_\_\_

M. Safe Deposit Box:

Depository \_\_\_\_\_ Who has access? \_\_\_\_\_  
Describe contents \_\_\_\_\_

N. List all Pension/Retirement Plans (IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.)

Type	In Whose Name?	Value
1. _____	_____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

O. Does anyone owe you or your spouse money? \_\_\_\_\_

1. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

2. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

P. Did you bring property or money into this marriage? \_\_\_\_\_  
Describe \_\_\_\_\_

Q. Did your spouse bring property or money into this marriage?  
\_\_\_\_\_ Describe \_\_\_\_\_

R. Describe any inheritance or substantial gifts you have  
received \_\_\_\_\_

S. Describe any inheritance or substantial gifts your spouse  
has received \_\_\_\_\_

T. Do you have any personal injury or worker's compensation  
claim pending or have you received any settlement or award?  
\_\_\_\_\_  
\_\_\_\_\_

U. Does your spouse have any personal injury or worker's  
compensation claim pending or has your spouse received any  
settlement or award? \_\_\_\_\_  
\_\_\_\_\_

V. Life Insurance

1. Company \_\_\_\_\_

2. Type of Policy \_\_\_\_\_

3. Name of Insured \_\_\_\_\_

4. Name of Beneficiary \_\_\_\_\_

5. Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_

1. Company \_\_\_\_\_

2. Type of Policy \_\_\_\_\_

- 3. Name of Insured \_\_\_\_\_
- 4. Name of Beneficiary \_\_\_\_\_
- 5. Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_
- 1. Company \_\_\_\_\_
- 2. Type of Policy \_\_\_\_\_
- 3. Name of Insured \_\_\_\_\_
- 4. Name of Beneficiary \_\_\_\_\_
- 5. Annual Premium \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_

W. Value of:

Jewelry \$ \_\_\_\_\_ Furs \$ \_\_\_\_\_ Art \$ \_\_\_\_\_  
 Precious Metals \$ \_\_\_\_\_ Collections (describe) \$ \_\_\_\_\_

X. Household Goods and Furnishings:

- 1. Estimated value \_\_\_\_\_
- 2. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
- 3. Payments made to whom? \_\_\_\_\_

Y. Describe any other assets that you know of \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEBTS:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**MISCELLANEOUS:**

1. Do you or your spouse have a will? \_\_\_\_\_
  2. When were the wills executed or last revised? \_\_\_\_\_
  3. Do you or your spouse desire to have a name change as a result of this proceeding? \_\_\_\_\_ If so, what name is desired? \_\_\_\_\_
  4. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy? \_\_\_\_\_
- 

PLEASE BRING COPIES OF:

- \*All Deeds/Contracts for Deed for Real Estate
- \*Personal and Business tax returns for the last 3 years
- \*Pay stubs for current year.
- \*Financial Statements
- \*Any other relevant financial documents

BUDGET WORKSHEET

	<u>Self</u>	<u>Minor Child</u>
<b>Residence</b>		
Rent or mortgage payment or	\$ _____	_____
Contract for deed payment	_____	_____
Real estate taxes	_____	_____
Homeowner's or Renter's Insurance	_____	_____
Homeowner's Assoc. Dues	_____	_____
<b>Utilities</b>		
Heat and fuel	_____	_____
Water and sewer	_____	_____
Electricity	_____	_____
Gas (if separate from heat)	_____	_____
Telephone	_____	_____
Cell Phone	_____	_____
Trash disposal	_____	_____
Cable TV or satellite	_____	_____
Internet	_____	_____
Other _____	_____	_____
<b>Laundry and Dry cleaning</b>	_____	_____
<b>Home Maintenance</b>		
Housecleaning	_____	_____
Repairs and maintenance	_____	_____
Yard and landscaping expense	_____	_____
Snow removal	_____	_____
<b>Food, Groceries &amp; Grocery Store Items</b>	_____	_____
Dining out	_____	_____
<b>Automobile</b>		
Gas and oil	_____	_____
Repairs and maintenance	_____	_____
License	_____	_____
Insurance	_____	_____
Car or lease payments	_____	_____
<b>Clothing</b>	_____	_____
<b>Grooming, cosmetics, and personal hygiene</b>	_____	_____
<b>Medical</b>		
Insurance	_____	_____
Medical expense not paid by insurance	_____	_____
Dental expense not paid by insurance	_____	_____
Counseling/therapy not paid by insurance	_____	_____

Insurance

Life insurance

Disability insurance

Miscellaneous Personal expenses

Cigarettes

Newspapers, magazines, books

Charitable contributions

Club or association dues

Recreation, entertainment

Vacations and Travel

Gifts and special occasion expenses

Spending money

Other

Educational Expenses

Tuition

Transportation

Books and Supplies

School lunches

School activities

Children's allowances, lessons, camps and activities

Babysitting and Daycare

Debt Payments

Other Expense items

Total:

\$