

**Client Questionnaire**  
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Your full legal name: \_\_\_\_\_

Opposing Party's name: \_\_\_\_\_

Have you been given any papers regarding this matter? \_\_\_\_\_. If so, on what date? \_\_\_\_\_

Please list any other names you (or the opposing party) have been known by. \_\_\_\_\_

Will either part want a name change? \_\_\_\_\_. If so, who will want the change and what should their name be after the divorce? \_\_\_\_\_

**CLIENT INFORMATION**

Your Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Other) \_\_\_\_\_

Your D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Are you and your spouse currently sharing the same residence? \_\_\_\_\_

How long have you been a resident of Minnesota? \_\_\_\_\_ years \_\_\_\_\_ months

Your Social Security Number: \_\_\_\_\_

When were you married? \_\_\_\_\_ (month/date/year)

Where were you married? \_\_\_\_\_ (city/county/state)

Date on which you and your spouse separated? \_\_\_\_\_ (month/date/year)

Are you pregnant? \_\_\_\_\_ Is your spouse pregnant? \_\_\_\_\_

Your employment title: \_\_\_\_\_

Your employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's telephone number \_\_\_\_\_

Length of employment \_\_\_\_\_ years \_\_\_\_\_ months

Number of Years out of workforce? \_\_\_\_\_ years \_\_\_\_\_ months

Your gross income: Per Month \_\_\_\_\_ Annual \_\_\_\_\_

Your net income: Per Month \_\_\_\_\_ Annual \_\_\_\_\_

Are you in the Military Service of the United States? \_\_\_\_\_

Do you or your child(ren) in your care receive any of these forms of assistance:

- MFIP             Medical Assistance  
 Minnesotacare     Child Support Subsidy

**SPOUSE'S INFORMATION**

Spouse's full legal name: \_\_\_\_\_

All former names: \_\_\_\_\_

Their D.O.B.: \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_

Their Social Security Number: \_\_\_\_\_

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

How long has your spouse lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Last prior address \_\_\_\_\_

Telephone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Other) \_\_\_\_\_

How long has your spouse been a resident of Minnesota? \_\_\_\_\_ years \_\_\_\_\_ months

Their employment title: \_\_\_\_\_

Their employer: \_\_\_\_\_

Their employer's address: \_\_\_\_\_

Number of Years at this job? \_\_\_\_\_ years \_\_\_\_\_ months

Number of Years out of workforce? \_\_\_\_\_ years \_\_\_\_\_ months

Their gross income: Per Month \_\_\_\_\_ Annual \_\_\_\_\_

Their net income: Per Month \_\_\_\_\_ Annual \_\_\_\_\_

Their Attorneys name and address: \_\_\_\_\_

Is the opposing party in the Military Service of the United States? \_\_\_\_\_

Do you or your spouse need spousal maintenance from the other? \_\_\_\_\_

If yes, who needs it? \_\_\_\_\_

Why? \_\_\_\_\_

**CLIENT'S CHILDREN FROM PRESENT MARRIAGE**

Child's Full Legal Name: \_\_\_\_\_ SSN \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Currently residing \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ SSN \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Currently residing \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ SSN \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Currently residing \_\_\_\_\_

**CHILDREN FROM OTHER RELATIONSHIP**

Any children from *previous* marriage or relationship? \_\_\_\_\_

Any children from relationship after the relationship in issue here? \_\_\_\_\_

If yes, whose? \_\_\_\_\_ How many? \_\_\_\_\_

Names & Addresses:

<i>You Parent</i>	<i>Child's Name</i>	<i>D.O.B.</i>	<i>Address</i>

Details and/or comments: \_\_\_\_\_

Is there a Court Order for support? \_\_\_\_\_

If yes, what Court? \_\_\_\_\_

Are you obligated to pay child support for children of a previous marriage or relationship? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

Are you entitled to receive support for children of previous marriage or relationship? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

**PREFERRED CUSTODY PLAN**

What is your preferred custody plan: Legal custody \_\_\_\_\_

Physical custody \_\_\_\_\_

Is there some factor that should compel the issue such as frequent travel or child abuse? \_\_\_\_\_

**REAL ESTATE**

Property 1

Address: \_\_\_\_\_  
City State Zip County

Legal description: \_\_\_\_\_  
\_\_\_\_\_

*[Before writing papers we want to make a copy of the deed or mortgage to check the legal description.]*

Torrens abstract? Torrens Certificate Number \_\_\_\_\_

*Non-marital* property claims?(Assets, including money paid to purchase real estate, owned before the marriage by one party which were not commingled with assets of the marriage.) Yes No

Mortgage Co. \_\_\_\_\_ Balance remaining \_\_\_\_\_

Property 2

Address: \_\_\_\_\_  
City State Zip County

Legal description: \_\_\_\_\_  
\_\_\_\_\_

*[Before writing papers we want to make a copy of the deed or mortgage to check the legal description.]*

Torrens abstract? Torrens Certificate Number \_\_\_\_\_

*Non-marital* property claims?(Assets, including money paid to purchase real estate, owned before the marriage by one party which were not commingled with assets of the marriage.) Yes No

Mortgage Co. \_\_\_\_\_ Balance remaining \_\_\_\_\_

Time Share Properties:

Name \_\_\_\_\_

Location: \_\_\_\_\_  
City State Zip County

Value \$ \_\_\_\_\_ Loan/lien \$ \_\_\_\_\_

**NON-MARITAL PROPERTY CLAIMS**

Is there anything you owned before the marriage, inherited directly, received as a personal injury recovery? (You may not have to split these with a spouse.)  Yes  No

If yes, please describe: \_\_\_\_\_

Why do you think it is a non-marital asset? \_\_\_\_\_

How can we trace it from when it was obtained to the present? \_\_\_\_\_

**TAXES**

Is there a tax refund still expected from last year?  Yes  No If yes how much? \_\_\_\_\_

Where will it go? \_\_\_\_\_

How have you been filing your taxes?  Individually  jointly?

Do you have a copy of the last years' state and Federal taxes?  Yes  No

Have you missed filing taxes any years?  Yes  No

If so, what forms and what years? \_\_\_\_\_

**RETIREMENT ACCOUNTS**

Party who owns Retirement Account	Type of retirement (401K or IRA)	Value at Marriage	Loans Against Retirement	Current Value

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**INSURANCE**

	You	Spouse	Children
Medical	Who pays for it?	Who pays for it?	Who pays for it?
	Company Name?	Company Name?	Company Name?
Dental	Who pays for it?	Who pays for it?	Who pays for it?
	Company Name?	Company Name?	Company Name?
Other	Who pays for it?	Who pays for it?	Who pays for it?
	Company Name?	Company Name?	Company Name?
Life	Face Amount	Face Amount	Face Amount
	Cash Value	Cash Value	Cash Value
	Company Name	Company Name	Company Name

**ASSETS AND INVESTMENTS**

This includes cash in the bank or other financial institution, stocks, bonds, mutual funds and other securities (not retirement) and any other investments.

Description of Asset: (Cash value insurance, time share, investments.)	Monthly Pmt. amt.?	Security to a lender? (Y/N)	Estimated value If sold:	Is it marital Property? (Y/N or Maybe)	Title in whose name? (H or W)	Who should have it after divorce? (H or W)


**AUTOS, TRUCKS, MOTORCYCLES, BOATS, TRACTORS, TRAILERS, AIRCRAFT,  
SNOWMOBILES & RV.S**

Year	Make (FORD)	Model or description (Tarus)	Options Design, or Hp. (SE)	# of Doors (2 or 4) or riders	Condition (good, fair, poor)	Odometer (miles) or engine hours	Market Value	Loan amount outstanding	Desire d by (H or W)
Car 1									Your Primar y Car
Car 2									Other Party's Primar y Car

**UNSECURED AND SECURED DEBTS**

Unsecured Debts (Debts which do not have collateral pledged to secure the payment.) This includes credit card debt.

Creditor Name	Creditor Address	Amount Owed	Monthly payment	H or W Pay?	

Secured Debts (debts which do have collateral pledged), not listed above (excluding homestead or vehicles):

Creditor name	Creditor Address	Amount owed	Monthly payment	Who has the collateral	Who is on the account	What is the item securing the loan?

Have you or other party filed bankruptcy in the last 7 years?     Yes    No

**BUSINESS INTERESTS**

Do either you or your spouse have a business interest? \_\_\_\_\_

What type of business? \_\_\_\_\_ (sole proprietorship, corporation, subchapter S corporation)

Business location \_\_\_\_\_

% of ownership? You \_\_\_\_\_ Your spouse \_\_\_\_\_

Years Established? \_\_\_\_\_

Last year corporate tax return filed \_\_\_\_\_

## BUDGET

### Necessary Monthly Expenses

	You	Child(ren) (if separate)	Other Party
(a) Rent	_____	\$ _____	\$ _____
(b) Mortgage Payment	_____	\$ _____	\$ _____
(c) Contract for Deed Payment	_____	\$ _____	\$ _____
(d) Homeowner's/renter's Insurance	_____	\$ _____	\$ _____
(e) Real Estate Taxes	_____	\$ _____	\$ _____
(f) Utilities (gas, electric, phone, water)	_____	\$ _____	\$ _____
(g) Heat	_____	\$ _____	\$ _____
(h) Food	_____	\$ _____	\$ _____
(i) Clothing	_____	\$ _____	\$ _____
(j) Laundry and Dry cleaning	_____	\$ _____	\$ _____
(k) Medical and Dental	_____	\$ _____	\$ _____
l) Transportation (car payment, gas, oil, repairs and maintenance, parking for work)	_____	\$ _____	\$ _____
(m) Car Insurance	_____	\$ _____	\$ _____
(n) Life Insurance	_____	\$ _____	\$ _____
(o) Recreation, Entertainment, Travel	_____	\$ _____	\$ _____
(p) Newspapers and Magazines	_____	\$ _____	\$ _____
(q) Social and Church Obligations	_____	\$ _____	\$ _____
(r) Personal Allowances and Incidentals (haircuts, beauty aids)	_____	\$ _____	\$ _____
(s) Babysitting and Child Care	_____	\$ _____	\$ _____
(t) Home Maintenance	_____	\$ _____	\$ _____
(u) Children School Needs and allowances	_____	\$ _____	\$ _____
(v) Debt service	_____	\$ _____	\$ _____
(w) Other	_____	\$ _____	\$ _____
<b>TOTAL:</b>	_____	\$ _____	\$ _____

**INCOME FROM EMPLOYMENT**

Income/Child Support Worksheet:	YOU	OTHER PARTY
(a) Name of Employer	_____	_____
Type of Employment	_____	_____
(b) Income:		
(1) Gross monthly income	_____	_____
(2) Statutory Deductions:		
Federal Income Tax	_____	_____
State Withholding	_____	_____
Social Security (FICA)	_____	_____
Pension Deduction	_____	_____
Union Dues	_____	_____
Dependent Health/ Hospitalization Coverage	_____	_____
Dental Coverage	_____	_____
(3) Subtotal of Statutory Deductions	_____	_____
(4) Net Income (lines 1 – 3)	_____	_____
(5) Other Paycheck Deductions: Specify _____	_____	_____
(6) Subtotal:(Other Deductions)	_____	_____
(7) NET TAKE HOME PAY (line 4 - line 6)	_____	_____
(c) Tax withholding figures above are based on Married or Single taxpayer with # of deductions (Example: M-4 or S-2):	_____	_____
(d) Employer reimbursed expenses Specify _____	_____	_____
(e) Other Income:		
(1) Public Assistance (AFDC/GA)	_____	_____
(2) Social Security benefits for party or child(ren)	_____	_____
(3) Unemployment/Workers' Comp.	_____	_____
(4) Interest income per _____	_____	_____
(5) Dividend income per _____	_____	_____

(6) Gross Rental income \_\_\_\_\_

(7) Other income \_\_\_\_\_

We will need one complete month of pay stubs for you as soon as possible.

Please list any employment benefits, such as a company car, travel and transportation allowances, expense accounts, bonuses and describe each benefit, giving a value is possible.

\_\_\_\_\_

**CHILD SUPPORT & MAINTENANCE**

(a) \$ \_\_\_\_\_ is a reasonable amount for temporary support for \_\_\_\_\_ children per month.

(b) \$ \_\_\_\_\_ is a reasonable amount for temporary maintenance per month.

Describe any agreements you have already reached with the other party.

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

Dated \_\_\_\_\_

\_\_\_\_\_