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Dissolution (Divorce) Intake Form

Instructions. Your answers to these questions will form the basis for my initial advice regarding your dissolution (divorce) and the initial pleadings filed with the court. Please complete this form and return it to my office by mail, email, or by uploading it to your online portal through my website. You can print the form and handwrite your answers or you can type your answers directly into the form. Although you may not have all the information at this time, please answer the questions to the best of your ability. If the information is not accurate and complete, the recommendations I make may not be appropriate for your circumstances. Your information will be handled with sensitivity and kept in strict confidence. Don't hesitate to call or email me if you have questions along the way.

Your Personal Information

Full Legal Name: _____ Birth Date: _____

Previous Names: _____

Do you wish to change your name? _____

Address: _____

How long have you lived at this address? _____

How long have you been a resident of Minnesota? _____

U.S. Citizen? _____ Nationality if not a U.S. Citizen: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

The best way to communicate with me is by: _____

Social Security Number: _____

Are you presently a member of the U.S. Military? _____

Your Spouse's Personal Information

Full Legal Name: _____ Birth Date: _____

Previous Names: _____

Address: _____

Last Prior Address: _____

How long has your spouse lived at this address? _____

How long has your spouse been a resident of Minnesota? _____

U.S. Citizen? _____ Nationality if not a U.S. Citizen: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

Social Security Number: _____

Is your spouse presently a member of the U.S. Military? _____

Marital Information

Marriage Date: _____ Separation Date: _____

Ceremony (City/County/State): _____

Are you and your spouse currently living together? _____

Is there any chance at reconciliation? _____

Was abuse present in the marriage relationship? _____

Briefly Describe: _____

Have you or your present spouse ever started a separate divorce action in this marriage? _____

If yes, in which county? _____

Date action was started: _____

CHILDREN from Present Marriage (including legal adoption)

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Is there a current pregnancy involved in this case? _____

Is there a dispute involving the children? _____

Custody Dispute? _____

Other Dispute? _____

NOTE: By statute, in any dissolution case in which custody is contested, the parties often must attend a court-approved parenting education program. Courts often order this even if custody is not contested. Children are sometimes required to attend separate classes as well to help them deal with the divorce. If required, the parties must file certificates of course completion in order to finalize the divorce.

Are your children in Daycare? _____

Do you have childcare expenses? _____

Do you _____ or your spouse _____ have children from a prior marriage or relationship? Yes or No: _____ If so, what are their names and dates of birth? _____

Your Employment Information

Are you employed? _____ Full Time? _____ Part Time? _____

Reason not employed: _____

Employer: _____

Address: _____

Position: _____ Salary: _____

Length of Employment: _____

Gross Monthly Income: _____ Net Monthly Income: _____

Your Spouse's Employment Information

Spouse Employed? _____ Full Time? _____ Part Time? _____

Reason not employed: _____

Employer: _____

Address: _____

Position: _____ Salary: _____

Length of Employment: _____

Gross Monthly Income: _____ Net Monthly Income: _____

Your Education

Highest level of education you've completed: _____

List any certificates/degrees: _____

Your Spouse's Education

Highest level of education you've completed: _____

List any certificates/degrees: _____

Your Prior Marriage Information

Were you previously married? _____ If not, you can skip this section.

Number of previous marriages: _____

If divorced, when and where did divorce occur? _____

Are you obligated to pay spousal maintenance? _____

If so, in what amount? _____

Is any amount delinquent? _____

Are you obligated to pay child support? _____ Amount? _____

Number of children: _____ Ages: _____

Is any amount delinquent? _____

Are you entitled to receive spousal maintenance (alimony)? _____

If so, in what amount? _____

Is any amount delinquent? _____

Are you entitled to receive child support from previous relationship? _____

If so, in what amount? _____

Number of children: _____ Ages: _____

Is any amount delinquent? _____

Your Spouse's Prior Marriage Information

Was your spouse previously married? _____ If not, you can skip this section.

Number of previous marriages: _____

If divorced, when and where did divorce occur? _____

Is your spouse obligated to pay spousal maintenance? _____

If so, in what amount? _____

Is any amount delinquent? _____

Is spouse obligated to pay child support? _____ Amount? _____

Number of children: _____ Ages: _____

Is any amount delinquent? _____

Is spouse entitled to receive spousal maintenance (alimony)? _____

If so, in what amount? _____

Is any amount delinquent? _____

Is spouse entitled to receive child support from previous relationship? _____

If so, in what amount? _____

Number of children: _____ Ages: _____

Is any amount delinquent? _____

Medical Insurance

Do you have health insurance? _____

If so, who provides? _____

Does your spouse have health insurance? _____

If so, who provides? _____

Do your children have health insurance? _____

If so, who provides? _____

Do you have dental insurance? _____

Does your spouse have dental insurance? _____

Do your children have dental insurance? _____

Asset Information

Homestead Information

Legal Description: _____

Exact Name (s) on Title: _____

Address: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____ Date Purchased: _____

Fair Market Value: _____ Monthly Payment: _____

Additional Real Estate Information

Legal Description: _____

Exact Name (s) on Title: _____

Address: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____ Date Purchased: _____

Fair Market Value: _____ Monthly Payment: _____

Business and Farm Assets

Name of Business: _____

Address: _____

Type of Business: _____

Approximate Value of Business: _____

Name of Person Operating Business: _____

If farm property, please provide list of machinery, crops, leases, etc. and approximate value.

Cash and Bank Accounts

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Name of Bank: _____

Type of Account: _____ Balance: _____

Name(s) on the Account: _____

Account Number: _____ P.O.D.? _____

Investments: Securities, Stocks, and Bonds

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Name of Company: _____

Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Life Insurance Information

Name of Company: _____

Address: _____

Policy Number: _____ Date Issued: _____

Policy Value: _____

Beneficiary Information: _____

Name of Company: _____

Address: _____

Policy Number: _____ Date Issued: _____

Policy Value: _____

Beneficiary Information: _____

Vehicles (cars, boats, atvs)

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Retirement Accounts (401(k), IRA), Pensions, Annuities

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Type: _____ Name: _____

Account Number: _____ Owner: _____

Value: _____ Beneficiary: _____

Other Assets

Est. Value of Furniture/Household Goods: _____

Est. Value of Clothes and Jewelry: _____

Other Personal Property: _____

Other Personal Property: _____

Other Personal Property: _____

Other Personal Property: _____

Debt Information

Mortgages

Lender: _____ Loan Number: _____

Loan Amount: _____ Amount Remaining: _____

Monthly Payment Amount and Due Date: _____

Lender: _____ Loan Number: _____

Loan Amount: _____ Amount Remaining: _____

Monthly Payment Amount and Due Date: _____

Other Debts

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Lender/Creditor: _____ Amount: _____

Account Number: _____ Phone Number: _____

Address: _____

Debt Description: _____

Non-Marital Property

Non-Marital Property is property that fits into several categories, such as: (1) things you owned before your marriage; (2) gifts, inheritance, bequests made by a third party to you and not your spouse; (3) things you got in exchange for your non-marital property; (4) appreciated value in your non-marital property; (5) things

designated as non-marital property in a valid pre-nuptial contract. *Note that property can be partially marital and partially non-marital.*

Did you or your spouse enter into this marriage with non-marital money or property in excess of \$1,000? _____

If yes, please list:

<u>Property</u>	<u>Value</u>	<u>Date Purchased</u>

Necessary Monthly Expenses

<u>EXPENSE</u>	<u>CURRENT</u>	<u>PROJECTED</u>	<u>WITH CHILDREN</u>
Mortgage Payment			
Rent			
House/Rental Insur.			
Real Estate Taxes			
Security System			
Electricity			
Heat			
Water			
Garbage			
Telephone (Landline)			
Cell Phone			
Internet			
Cable TV			
Food/Groceries			
Dining Out			
Assoc. Fee			
Home Repair			
Clothing			
Household Supplies			
Lawn Care/Snow Rem.			
Health Insurance			
Dental Insurance			
Prescriptions			

Eyeglasses & Contacts			
Auto Payments			
Auto Maintenance			
Gasoline			
Life/Disab. Insurance			
Auto Insurance			
Entertainment			
Hair Care			
Child Care			
Toiletries			
School Tuition			
School Activities			
Pet Expenses			
Miscellaneous			

Child Care Duties

Complete this section *only if there is a dispute over child custody.*

<u>Child-related duties</u>	<u>Your %</u>	<u>Other Parent %</u>
Bathing		
Preparing meals		
Putting children to bed		
Attending to them during the night		
Getting them up in the morning		

<u>Child-related duties</u>	<u>Your %</u>	<u>Other Parent %</u>
Getting them ready in the morning		
Feeding		
Dressing		
Laundry		
Making sure they are well-equipped for school		
Helping with homework		
Supervising brushing teeth		
Washing hair		
Nail clipping		
Getting them to and from school		
Getting them to and from school events		
Getting them to and from sporting/extracurricular events		
Parent Teacher meetings		
Discipline/manners		
Rewarding them for good grades/good conduct in school		
Making doctor and dentist appointments		
Grocery shopping		
Shopping for their clothes		
Taking them to and from doctor appointments		
Taking them to and from dentist appointments		

<u>Child-related duties</u>	<u>Your %</u>	<u>Other Parent %</u>
Taking them to and from daycare		
Other (please specify)		

Documents to Bring to the Attorney-Client Meeting

Please bring the following to your attorney-client meeting or as soon as possible thereafter to save time and expense:

- Your three (3) latest pay stubs.
- Your spouse's three (3) latest pay stubs if possible.
- Your most recent tax return.
- A copy of the deed for your real estate property, or other documents showing the legal description and recorded ownership
- Any appraisals of property
- Copies of your most recent statements for all 401(k) and other retirement or investment plans owned by you and your spouse.
- Copies of vehicle titles
- Copies of life insurance statements