

BOLT HOFFER BOYD

LAW FIRM

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Dissolution Client Questionnaire

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Client Information

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ OWN RENT
CITY STATE ZIP

Phone: _____
HOME CELL WORK

E-mail: _____

DOB: _____ SS#: _____

Prior or Maiden Names: _____

Employment Information

Employer: _____ City: _____ State: _____

Occupation/Title: _____ Length of Employment: _____

Hours/week: _____ Hourly Rate: _____ Gross Earnings: _____

Resident of Minnesota for at least the past 180 days? YES NO

Adverse Party Information

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ OWN RENT
CITY STATE ZIP

Phone: _____
HOME CELL WORK

E-mail: _____

DOB: _____ SS#: _____

Prior or Maiden Names: _____

Employment Information

Employer: _____ City: _____ State: _____

Occupation/Title: _____ Length of Employment: _____

Hours/week: _____ Hourly Rate: _____ Gross Earnings: _____

Resident of Minnesota for at least the past 180 days? YES NO

Attorney: YES NO UNKNOWN

Attorney Name: _____

Marriage / Separation

Date of Marriage: _____ City: _____

State: _____ County: _____

Antenuptial/Premarital agreement: YES NO

Date of Separation: _____ Who moved: _____

Any previous marriages for either party: YES NO

Date(s) of Marriage: _____

Name(s): _____

Date(s) of Dissolution: _____

Are you receiving or paying spousal maintenance for a previous marriage? YES NO

If yes, how much? \$ _____ /MONTH

Children

Full Legal Name	DOB	SSN	Lives With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What physical custody designation are you seeking? (where the children primarily live)

JOINT SOLE If sole, with whom: SELF SPOUSE

What legal custody designation are you seeking? (authority to make medical, religious, and education decisions)

JOINT SOLE If sole, with whom: SELF SPOUSE

Does your spouse have any issues which would cause a need for supervised parenting time with the child(ren)? YES NO

If yes, describe reason for supervised parenting time:

What arrangement for supervised parenting time do you want:

Do any of the joint child(ren) have chronic health issues? YES NO

If yes, describe:

Do you incur any work related childcare expenses? YES NO

If yes, indicate how much you pay: \$ _____ per WEEK MONTH

Non-joint Children

Full Legal Name	DOB	SSN	Lives With

Are you receiving or paying child support for any of the above named children? YES NO

If yes, how much? \$ /MONTH

Orders for Protection

Have any Orders for Protection or Harassment Restraining Orders been issued by either you or the Adverse Party? YES NO

If yes, describe:

Is physical, sexual, and/or emotional abuse an issue in this proceeding? YES NO

Vehicles & Recreational Equipment

Year/Make/Model	Market Value	Creditor/Lender	Balance on Loan	Used By

Real Property – Home and/or Land

Address	Amount Owed	Monthly Pmt.	Creditor/Lender

Bank Accounts

Account Owner	Name of Bank	Account Type	Account # (last 4 digits)	Balance
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				

Retirement / Investments

Account Owner	Name of Custodian	Account Type	Account # (last 4 digits)	Balance
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE				

Life Insurance

Account Owner	Name of Insurer	Account Type	Value
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		<input type="checkbox"/> TERM <input type="checkbox"/> WHOLE	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		<input type="checkbox"/> TERM <input type="checkbox"/> WHOLE	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		<input type="checkbox"/> TERM <input type="checkbox"/> WHOLE	
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		<input type="checkbox"/> TERM <input type="checkbox"/> WHOLE	
<input type="checkbox"/> CHILDREN		<input type="checkbox"/> TERM <input type="checkbox"/> WHOLE	

Health, Dental, and Vision Insurance

Do you/spouse have health insurance? YES NO Provider: _____

Do you/spouse have dental insurance? YES NO Provider: _____

Do you/spouse have vision insurance? YES NO Provider: _____

Who is covered under this insurance? _____

** Please provide documentation of premium breakdown.

Business Interest

Do you or your spouse have an interest in a business? YES NO

If yes, describe:

Debts

Account Owner	Creditor	Type of Debt	Account # (last 4 digits)	Balance
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				
<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT				

Non-Marital Interests

Did you own any significant assets owned prior to your marriage? YES NO

If yes, describe:

Did you receive any significant assets during the marriage as a gift or inheritance? YES NO

If yes, describe:

Public Assistance

Are you currently receiving any public assistance? YES NO

Is your spouse currently receiving any public assistance? YES NO

If yes, what assistance:

- | | |
|--|--|
| <input type="checkbox"/> CASH PUBLIC ASSISTANCE (MRIP) | <input type="checkbox"/> FOOD STAMPS |
| <input type="checkbox"/> MEDICAL ASSISTANCE | <input type="checkbox"/> GENERAL ASSISTANCE FROM STATE OF MN |
| <input type="checkbox"/> MINNESOTA CARE | <input type="checkbox"/> SOCIAL SECURITY BENEFITS |
| <input type="checkbox"/> CHILD CARE SUBSIDY | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> DIVERSIONARY WORK PROGRAM (DWP) | <input type="checkbox"/> OTHER _____ |

Estate Plan

Do you have a Will/Estate Plan? YES NO

Additional Documents Needed

- Your paycheck stubs from the past 3 months
- Your spouse's paycheck stub from the past 3 months
- Most recent tax return & W-2's
- Insurance premium breakdown (health, dental, vision)
- Deed(s) for Real Estate
- Appraisal for real estate, assets or business interests
- Current statements of the following:
 - Stock
 - Retirement/Investment
 - Life Insurance
 - Debts
- Titles or details (year, make, model) for any motor vehicles or recreational equipment
- Antenuptial agreement

Parenting

Your proposed weekly parenting time (what parenting schedule do you feel will work):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Week 1

Week 2

Week 3

Week 4

Monthly Budget

Expense	Cost	Comments/Notes
HOUSING		
RENT		
1 ST MORTGAGE		
2 ND MORTGAGE		
HOMEOWNERS INSURANCE <i>(if not included in mortgage)</i>		
REAL ESTATE TAXES <i>(if not included in mortgage)</i>		
ASSOCIATION DUES		
HOUSEHOLD REPAIRS/MAINTENANCE		
UTILITIES		
GAS		
ELECTRIC		
INTERNET		
TV		
PHONE		
WATER		
GARBAGE		
CELL PHONE		
AUTO		
CAR PAYMENT		
GAS/OIL		
INSURANCE		
REPAIRS/MAINTENANCE		
PARKING		
HEALTH		
HEALTH/DENTAL/VISION INSURANCE		
COPAYS & RX		

Expense	Cost	Comments/Notes
INVESTMENTS		
LIFE INSURANCE		
RETIREMENT		
STUDENT LOANS		
CHILDREN		
CHILDCARE/BABYSITTING		
CHILD SUPPORT		
TUITION		
ACTIVITIES/LESSONS		
MISCELLANEOUS		
GROCERIES		
DINING OUT		
CLOTHING		
LAUNDRY & DRY CLEANING		
RECREATION/ENTERTAINMENT/TRAVEL		
SOCIAL & CHURCH OBLIGATIONS		
CREDIT CARD 1		
CREDIT CARD 2		
CREDIT CARD 3		
SPOUSAL MAINTENANCE		
ADDITIONAL MONTHLY EXPENSES NOT LISTED ABOVE		