

MARRIAGE

Date of Marriage: _____

Place of Marriage (city and state): _____

Are you and the other party living together? _____

If No, please give the date of separation: _____

Previous marriages (*if applicable*): _____

Do you receive or pay any alimony or support from other relationships? _____

If Yes, set forth amount and type: _____

Does your spouse receive or pay any alimony or support from other relationships? _____

If Yes, set forth amount and type: _____

When and where is a good time and place to have your spouse served with the dissolution papers by a process server? _____

CHILDREN

<u>Full Name</u>	<u>DOB</u>	<u>Age</u>	<u>SSN</u>	<u>Living with</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any special problems your child(ren) have (medical or physical): _____

Does either person have children not of this marriage? Please describe (name, age, whose child):

CUSTODY/VISITATION/CHILD SUPPORT

Who has custody of the child(ren) at this time?

Do you want joint legal or sole legal custody? _____
(Sole legal custody gives you the authority to make decisions regarding major events in the child's life such as education, medical and religion while joint legal custody allows you both to have input.)

Is there an Order for Protection in place? _____

How well do you communicate and make decisions together for your child with the other parent?

Do you want sole physical or joint physical custody? _____

Do you and your spouse dispute the custody? _____

If custody is an issue, specifically describe why:

If you have sole physical custody, would you want the standard visitation for the noncustodial parent (where he/she has physical custody every other weekend, one night every week and alternating holidays and uninterrupted time each summer?) _____

If you do not like this standard visitation schedule, please suggest another visitation schedule for the other parent: _____

What parenting access will your spouse want? _____

Are you agreeable to mediation regarding visitation disagreements as an alternative to going to court? _____

Your work hours and days: _____

Your Spouse's work hours and days: _____

Describe hours of each spouse's employment as it affects being physically present to care for the child(ren): _____

Are you agreeable to using the Minnesota Child Support Guidelines to calculate child support (25% of net income for the 1st child; 30% for the 2nd child, etc.)? _____.

(Unless otherwise indicated, child support usually stops when the child reaches 18 years of age or leaves high school.)

Do you want to require the non-custodial party to pay insurance in the event that s/he dies, in order to cover child support? _____

YOUR EMPLOYMENT

Are you employed? _____

Employer: _____

Your position: _____

Street Address: _____

City: _____ State: _____ Zip _____

Employer's Phone #: _____

Length of employment: _____

Regular hours per week: _____

Overtime or shift information (*typical hours per week, overtime, hourly wage for certain shifts*):

SPOUSE EMPLOYMENT & EDUCATION

Is your spouse employed? _____

Employer: _____

Position: _____

Employed since: _____

Salary: _____

H.S. Diploma? _____

College Degrees/Certificates: Degree _____ Year _____

Degree _____ Year _____

1. PRIOR MARRIAGES

List all prior marriages. (Include name of prior spouse, and when and where the marriage terminated.)

List names and ages of any children from prior marriages and state with whom such children live.

2. Do you have an interest in reconciliation? _____

3. Is there a dispute involving children? _____

4. Have you had marriage or family counseling? Yes ___ No ___

If yes, with whom? _____

5. Are you presently in therapy or counseling? Yes ___ No ___

If yes, with whom? _____

6. Attorneys Name: _____

Phone: _____

Address: _____

7. Are there joint bank accounts to which your spouse has access? Yes ____ No ____

If yes, specify: _____

8. Does your spouse have credit cards for which you are responsible? Yes ____ No ____

If yes, specify: _____

9. Who referred you to Gregory R. Solum for services? _____

Address: _____

10. Date you completed this form: _____

ASSETS AND LIABILITIES

Please list the value of each of the following items of property. If you are unable to obtain the exact present value, estimate what you think the value may be. If any item is located in a state other than that in which you live, indicate where such item is located, and if necessary, give details on a separate sheet. Please indicate items acquired by gift, inheritance, or prior to marriage.

Be sure to list the names and account numbers of all of the items, and the legal descriptions of real estate. This information is important in identifying the items, and is necessary for inclusion in your legal papers.

LIST APPROPRIATE INFORMATION AS COMPLETELY AS POSSIBLE.

ASSETS:

A. BANK ACCOUNTS:

Bank Name:	Account #:	Balance:	Owner(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. ACCOUNTS RECEIVABLE, NOTES LOANS MADE TO OTHERS, ETC.

Due from:	Balance Due:	Owner(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. STOCKS AND BONDS:

List company, # shares, price per share today and total value of stock in owner=s column:

Company Name:	Number Shares:	Value/Share	Owner(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. REAL ESTATE:

Homestead

Address: _____

Legal Description: _____

Date of Purchase: _____ Purchase Price: _____

Mortgage: _____ Account #: _____

Appraised Value: _____ Appraised by: _____

Special Information: _____

Other Real Estate:

Address: _____

Legal Description: _____

Date of Purchase: _____ Purchase Price: _____

Mortgage: _____ Account #: _____

Appraised Value: _____ Appraised by: _____

Special Information: _____

E. LIFE INSURANCE:

Company: Account #: Face Value: Cash Value: Insured/Beneficiary

Where are the policies located? _____

F. BUSINESS INTERESTS:

Please furnish last balance sheet, P&L Statement, tax return, buy-sell agreements

Name of Business: _____

Location: _____

Owned Since: _____ Ownership %: _____

Appraised by: _____ Appraised Value: _____

Special Information: _____

G. MISCELLANEOUS PROPERTY:

Patents, trademarks, copyrights, royalties. Furnish last statement & descriptive booklet:

Description:	Value:	Owner:

H. AUTOMOBILES AND OTHER VEHICLES:

Vehicle Make and Year: _____ NADA Value: _____
 Loan with _____

Vehicle Make and Year: _____ NADA Value: _____
 Loan with _____

Vehicle Make and Year: _____ NADA Value: _____
 Loan with _____

I. PENSION, PROFIT SHARING, IRA AND OTHER RETIREMENT PLANS

Plan Name:	Acct #	Value	Owner

J. PERSONAL PROPERTY, FURNISHINGS, ETC.

Specific Items:	Values	Disposition

K. INCOME TAX REFUNDS/AMOUNTS DUE

Year	Refund Due:	Amount Owed:

Special Information: _____

L. **LIABILITIES:**

Loans Owed to:	Acct #	Amount Due	Whose
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Other Debts (Medical, Dental, Charge Accounts, Etc.): _____

MONTHLY BUDGETS

A. INCOME:

How often do you receive paychecks? _____

Number of exemptions claimed? _____

Earned Income:

Gross Salary per paycheck: \$ _____

Federal Tax Deduction: \$ _____

State Tax Deduction: \$ _____

FICA Deduction: \$ _____

Mandatory Pension Deduction: \$ _____

Medical Insurance Deduction: \$ _____

Life Insurance Deduction: \$ _____

Other Deductions: Dental \$ _____

\$ _____

\$ _____

Net Income per paycheck: \$ _____

Net Income figured on a monthly basis \$ _____

Other income amortized by month:

Dividend Income \$ _____

Interest Income \$ _____

Rental Income \$ _____

Pension \$ _____

Social Security \$ _____

Other Income: \$ _____

Specify: _____

Total Monthly Income (Net Pay plus Other Income) \$ _____

B. MONTHLY EXPENSES

ITEM	SELF	CHILDREN
Rent		
Rental Insurance		
Mortgage Payment Principle _____ (if known) Interest _____ (if known)		
Real Estate Taxes		
Homeowners Insurance		
Second Mortgage/Home Equity Line		
Contract for Deed		
Association Fee		
Utilities:		
Electricity		
Heat		
Water		
Refuse Disposal		
Telephone		
Home Maintenance and Repair:		
House Cleaning		
Lawn Care		
Snow Removal		
Other Property		
Contract for Deed		
Insurance and Taxes		
Maintenance		
Utilities		

Food and Groceries		
Lunches		
Eating Out		
Other household supplies		
Clothing		
Dry Cleaning/ Laundry		
Medical Insurance		
Uncovered medical expenses		
Prescriptions		
Dental Insurance		
Uncovered dental costs		
Orthodontia		
Eye Care		
Automobile - Payment		
Gas/oil		
Maintenance/Repairs		
Auto Insurance		
License		
Parking		
Life/Disability Insurance Premiums		
Recreation		
Vacations		
Newspaper/ Magazine		
Dues		
Personal Items/ Incidentals		
Hair Care		

Child Care/ Day Care		
Babysitting		
Children=s School Expenses		
School tuition		
Books/Supplies		
Activity Fees		
Allowances		
Non School Classes		
Sports Fees		
Clubs		
Adult Education Expenses		
Tuition		
Books		
Fees		
Pet Expenses		
Contributions/ Religious-charity		
Gifts		
Other Miscellaneous		
Monthly Debt Reduction		
<i>TOTAL MONTHLY NEED</i>		
<i>TOTAL MONTHLY NET INCOME</i>		
<i>SURPLUS/SHORTFALL</i>		