

DIVORCE QUESTIONNAIRE

Please fill out as completely as possible this questionnaire. 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.

Date: _____

Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

1. Full Name _____ Maiden Name _____
2. Street Address _____
City _____ County _____ State _____ Zip _____
3. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

4. Home Phone _____ Business Phone _____
E-mail _____ Cellular Phone _____
5. Social Security Number _____
6. Length of Residence in Minnesota/North Dakota _____
7. Birthplace _____ Birthdate _____ Age _____
8. Religion _____ Race _____
9. Present Health _____
10. Physician or Clinic _____
11. Are you presently in the Military Service? _____
12. Date of Marriage: _____ City/State/County of marriage: _____
13. Date of Separation: _____

YOUR EMPLOYMENT INFORMATION

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you regularly paid: Weekly ___ Every two weeks ___ Twice a month ___ Monthly ___
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal _____ State _____
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 and 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. Do you receive, or expect to receive, any of the following as income:

Public Assistance _____ Yes _____ No
Social Security Benefits for Yourself _____ Yes _____ No
Social Security Benefits for Child(ren) _____ Yes _____ No
Unemployment Compensation _____ Yes _____ No
Worker's Compensation _____ Yes _____ No
Rental Income _____ Yes _____ No
Other Income _____ Yes _____ No

If yes, What: _____

OPPOSING PARTY'S PERSONAL INFORMATION

14. Full Name _____ Maiden Name _____

15. Street Address _____

City _____ County _____ State _____ Zip _____

16. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

17. Home Phone _____ Business Phone _____

Pager _____ Cellular Phone _____

18. Social Security Number _____
19. Length of Residence in Minnesota/North Dakota _____
20. Birthplace _____ Birthdate _____ Age _____
21. Religion _____ Race _____
22. Present Health _____
23. Physician or Clinic _____
24. Are they presently in the Military Service? _____

OPPOSING PARTY'S EMPLOYMENT INFORMATION

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are they regularly paid: Weekly ___ Every two weeks ___ Twice a month ___ Monthly ___
6. Gross Earnings \$ _____ Per _____
7. Net Earnings \$ _____ Per _____
8. Exemptions Claimed: Federal _____ State _____
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 and other employment)
- _____
- _____
11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.)
- _____
- _____
12. Detail their prior work experience (what, when and where) _____
- _____
- _____
- _____

13. Do they receive, or expect to receive, any of the following as income:

Public Assistance	_____	Yes	_____	No
Social Security Benefits for Yourself	_____	Yes	_____	No
Social Security Benefits for Child(ren)	_____	Yes	_____	No
Unemployment Compensation	_____	Yes	_____	No
Worker's Compensation	_____	Yes	_____	No
Rental Income	_____	Yes	_____	No
Other Income	_____	Yes	_____	No

If yes, What: _____

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? _____ If not, date of separation _____
5. Are you or your spouse pregnant? _____
6. Describe any action that has been taken by either you or your spouse to dissolve this marriage

7. State the date, purpose and names of individuals involved in any counseling of you and/or your spouse

8. Do you feel there is any chance to save this marriage? _____
9. What are your primary complaints about your spouse? _____

10. What are your spouse's primary complaints about you? _____

11. Is there a history of domestic abuse in your marriage relationship? _____

Describe _____

12. Have you or your spouse ever sought an Order for Protection as a result of domestic abuse _____

INFORMATION ABOUT YOUR OTHER MARRIAGES OR RELATIONSHIPS

1. Where you previously married? _____

2. When were you divorced? _____

3. City, county and state of divorce _____

4. Minor children from your **PREVIOUS** marriages or relationships:

Full Name Age Birthdate Social Security #

5. Who received custody? _____

6. If custody was awarded pursuant to a paternity decree, state the date of the paternity decree and the city, county, and state in which it was issued _____

7. 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 _____

8. Assets awarded to your spouse _____

HEALTH INSURANCE PROVIDED THROUGH YOU

Check all that apply

Name of Carrier You Spouse Dependents

1. Medical _____

2. Dental _____

- 3. Optical _____
- 4. Other _____

ASSETS

A. Homestead:

- 1. Address _____
 City _____ County _____ State _____
- 2. Do you have a copy of a deed to this property? _____
- 3. Is this property Abstract or Torrens? _____
 If Torrens, Certificate of Title No. _____
 Where is the Certificate of Title _____
- 4. When was the homestead purchased? _____ Cost \$ _____
- 5. Amount of down payment? _____
- 6. Source of down payment _____
- 7. In whose name(s) is the title? _____
- 8. What is the present fair market 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 house payments delinquent? _____ How much? \$ _____
- 15. On the reverse side of this page, describe all improvements made to the property during this marriage.

B. Other Real Estate:

- 16. Address _____
 City _____ County _____ State _____
- 17. Do you have a copy of a deed to this property? _____
- 18. Is this property Abstract or Torrens? _____
 If Torrens, Certificate of Title No. _____
 Where is the Certificate of Title _____
- 19. When was the homestead purchased? _____ Cost \$ _____
- 20. Amount of down payment? _____
- 21. Source of down payment _____

22. In whose name(s) is the title? _____
23. What is the present fair market value? \$ _____
24. Present mortgage or contract for deed balance \$ _____
25. Monthly payment \$ _____
26. To whom are the payments made? _____
27. Does the payment include taxes? \$ _____ Insurance? \$ _____
28. What are the yearly taxes? _____ Insurance? \$ _____
29. Are house payments delinquent? _____ How much? \$ _____
30. On the reverse side of this page, describe all improvements made to the property during this marriage.

C. Other Real Estate:

31. Address _____
 City _____ County _____ State _____
32. Do you have a copy of a deed to this property? _____
33. Is this property Abstract or Torrens? _____
 If Torrens, Certificate of Title No. _____
 Where is the Certificate of Title _____
34. When was the homestead purchased? _____ Cost \$ _____
35. Amount of down payment? _____
36. Source of down payment _____
37. In whose name(s) is the title? _____
38. What is the present fair market value? \$ _____
39. Present mortgage or contract for deed balance \$ _____
40. Monthly payment \$ _____
41. To whom are the payments made? _____
42. Does the payment include taxes? \$ _____ Insurance? \$ _____
43. What are the yearly taxes? _____ Insurance? \$ _____
44. Are house payments delinquent? _____ How much? \$ _____
45. On the reverse side of this page, describe all improvements made to the property during this marriage.

WE WILL NEED A COPY OF A DEED OR MORTGAGE CONTAINING THE LEGAL DESCRIPTION FOR EACH PARCEL OF REAL ESTATE

D. Savings Accounts:

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

Name(s) on Account _____

3. Depository _____ Balance \$ _____

Name(s) on Account _____

4. Depository _____ Balance \$ _____

Name(s) on Account _____

E. Checking Accounts:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

3. Depository _____ Balance \$ _____

Name(s) on Account _____

4. Depository _____ Balance \$ _____

Name(s) on Account _____

F. Certificates of Deposit:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

G. Cash Management or Brokerage Accounts:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

H. Stocks:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

I. Bonds:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

J. Safe Deposit Box:

1. Depository _____ Balance \$ _____

Name(s) on Account _____

2. Depository _____ Balance \$ _____

Name(s) on Account _____

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

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

L. Does anyone owe you or your spouse money? _____

1. Who _____ How much \$ _____

2. Who _____ How much \$ _____

M. Did you bring property or money into this marriage? _____

Describe _____

N. Did your spouse bring property or money into this marriage? _____

Describe _____

O. Describe any inheritance you have received _____

P. Describe any inheritance your spouse has received _____

Q. Do you have any personal injury or worker's compensation claim pending or have you received any settlement or award? _____

R. Do your spouse have any personal injury or worker's compensation claim pending or has your spouse received any settlement or award? _____

S. 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 \$ _____

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 \$ _____

T. Motor Vehicles Driven by YOU:

1. Year _____ Make _____ Model _____
 Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

Motor Vehicles Driven by SPOUSE:

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

1. Year _____ Make _____ Model _____

Full VIN: _____

2. In whose name _____

3. Balance Owed\$ _____ Monthly Payment \$ _____

4. Creditor _____

U. Recreational Vehicles:

	<u>Make and Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	\$ _____	\$ _____	\$ _____
Snowmobiles	_____	\$ _____	\$ _____	\$ _____
Boat, Motor & Trailer	_____	\$ _____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____	\$ _____

V. Value of:

Jewelry \$ _____ Furs \$ _____ Art \$ _____

Precious Metals \$ _____ Collections (describe) \$ _____

W. Household Goods and Furnishings:

1. Estimated value of \$ _____

2. Balance owed \$ _____

3. Payments made to whom? _____

X. Describe any other assets that you know of _____

DEBTS:

Creditor	Balance Due	Monthly Payment	Reason for Debt	Person Incurring Debt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

NECESSARY MONTHLY EXPENSES

EXPENSE CATEGORY	PARENT	CHILDREN
Rent		
Mortgage Payment		
Second Mortgage Payment		
Contract for Deed Payment		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Fee		
Electricity		
Heat		
Water/Sewer		
Refuse/Disposal		
Telephone		
Internet		
Cellphone		
Cable		
Food and Household Items		
Clothing		
Laundry and Dry Cleaning		
Medical Insurance		
Medical Expenses Not Covered by Insurance		

Dental Insurance		
Dental Expenses not Covered by Insurance		
Orthodontia		
Gasoline		
Maintenance & Repairs		
Car Insurance		
Life Insurance		
Recreation and Entertainment		
Newspaper & Magazines		
Donations		
Personal Allowances		
Child Care		
Children's School Expenses		
Pet Expenses		
Gifts		
Misc. Cash		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		

Other (describe)		
Other (describe)		

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