



## FOGEL FAMILY LAW, PA

Real People. Real Issues. Real Solutions.

### MARRIAGE DISSOLUTION QUESTIONNAIRE

#### Client Information

It is important that you attempt to answer the following questions fully and accurately, so that we will be able to answer your questions and handle your case in a prompt and efficient manner. 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 your answers.

Date: \_\_\_\_\_, \_\_\_\_\_

Referred by: \_\_\_\_\_

#### YOUR CURRENT PERSONAL INFORMATION:

1. Full Name \_\_\_\_\_
2. All previous names used \_\_\_\_\_
3. Address we may use for mailing \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Email \_\_\_\_\_
5. Social Security Number \_\_\_\_\_
6. Length of Residence in Minnesota \_\_\_\_\_
7. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_
8. Religion \_\_\_\_\_ Race \_\_\_\_\_
9. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
10. Present Health \_\_\_\_\_

11. Physician or Clinic\_\_\_\_\_
12. Are you presently in the military service?\_\_\_\_\_
13. Name of person (other than your spouse) who would be most likely to always know where you can be reached\_\_\_\_\_
- Telephone Number\_\_\_\_\_
- Relationship to you\_\_\_\_\_

**SPOUSE'S PERSONAL INFORMATION:**

1. Full Name\_\_\_\_\_
2. All Previous Names Used\_\_\_\_\_
3. Present Street Address\_\_\_\_\_
- City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_
4. Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_
5. Social Security Number\_\_\_\_\_
6. Length of Residence in Minnesota\_\_\_\_\_
7. Birthplace\_\_\_\_\_ Birthdate\_\_\_\_\_ Age\_\_\_\_\_
8. Religion\_\_\_\_\_ Race\_\_\_\_\_
9. Highest Level of Education\_\_\_\_\_ Year Completed\_\_\_\_\_
10. Present Health\_\_\_\_\_
11. Physician or Clinic\_\_\_\_\_
12. Is your spouse presently in the military service?\_\_\_\_\_
13. Address for mail if different than home address\_\_\_\_\_
- \_\_\_\_\_

**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 per month\_\_\_\_\_ Monthly\_\_\_\_\_
6. Gross Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_
7. Net Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_
8. Exemptions Claimed: Federal M-\_\_\_\_\_ State M-\_\_\_\_\_  
S-\_\_\_\_\_ S-\_\_\_\_\_
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, other employment)  
  
\_\_\_\_\_
11. Describe all other employment benefits (car, car allowance, meals, memberships, etc.) \_\_\_\_\_  
  
\_\_\_\_\_
12. Detail your prior work experience (what, when and where) \_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION:**

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

**CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:**

1. Children:

| <u>Full Name</u> | <u>Age</u> | <u>Birthdate</u> | <u>Social Security #</u> |
|------------------|------------|------------------|--------------------------|
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |

2. Do the children now live with Client? \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_

3. Do you want physical custody of these children? \_\_\_\_\_

4. Do you want legal custody of these children? \_\_\_\_\_

5. Do you expect a contest over who should have custody of the children? \_\_\_\_\_ Why? \_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_

5. If not, date of separation \_\_\_\_\_

6. Are you, or your spouse, pregnant? \_\_\_\_\_

7. Describe any action that has been taken by either you or your spouse to dissolve this marriage \_\_\_\_\_  
\_\_\_\_\_

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

9. Do you feel there is any chance to save this marriage? \_\_\_\_\_
10. What are your primary complaints about your spouse? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. What are your spouse's primary complaints about you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Is there a history of domestic abuse in your marriage relationship? \_\_\_\_\_ Describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Have you or your spouse ever sought an order for protection as a result of domestic abuse? \_\_\_\_\_  
 \_\_\_\_\_

**YOUR OTHER MARITAL INFORMATION:**

1. Were you previously married? \_\_\_\_\_
2. When were you divorced? \_\_\_\_\_
3. City, county and state of divorce \_\_\_\_\_
4. Minor children from previous marriage or relationship:  

| <u>Full Name</u> | <u>Age</u> | <u>Birthdate</u> | <u>Social Security #</u> |
|------------------|------------|------------------|--------------------------|
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |
| _____            | _____      | _____            | _____                    |
5. Who received custody? \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Assets awarded to you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE'S OTHER MARITAL INFORMATION:**

1. Was your spouse previously married? \_\_\_\_\_
2. When was your spouse divorced? \_\_\_\_\_
3. City, county and state of divorce \_\_\_\_\_
4. Minor children by spouse's previous marriage or relationship:

| <u>Full Name</u> | <u>Age</u> | <u>Birthdate</u> | <u>Social Security #</u> |
|------------------|------------|------------------|--------------------------|
|------------------|------------|------------------|--------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

5. Who received custody? \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Assets awarded to your spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR HEALTH INSURANCE:**

Coverage provided for:  
(Check all that apply)

|    | <u>Name of Carrier</u> | <u>You</u> | <u>Spouse</u> | <u>Dependents</u> |
|----|------------------------|------------|---------------|-------------------|
| 1. | Medical _____          | _____      | _____         | _____             |
| 2. | Dental _____           | _____      | _____         | _____             |
| 3. | Optical _____          | _____      | _____         | _____             |
| 4. | Other _____            | _____      | _____         | _____             |

**SPOUSE'S HEALTH INSURANCE:**

Coverage provided for:  
(Check all that apply)

|    | <u>Name of Carrier</u> | <u>You</u> | <u>Spouse</u> | <u>Dependents</u> |
|----|------------------------|------------|---------------|-------------------|
| 1. | Medical _____          | _____      | _____         | _____             |
| 2. | Dental _____           | _____      | _____         | _____             |
| 3. | Optical _____          | _____      | _____         | _____             |
| 4. | Other _____            | _____      | _____         | _____             |



**ASSETS:**

A. Homestead:

1. Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
3. Do you have a copy of a deed to this property? \_\_\_\_\_
4. When was this 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 value? \_\_\_\_\_
9. Present mortgage or Contract for Deed balance \_\_\_\_\_
10. Monthly payment \_\_\_\_\_
11. To whom are the payments made? \_\_\_\_\_
12. Does the payment includes taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
13. What are the yearly taxes? \_\_\_\_\_ Insurance? \_\_\_\_\_
14. Are house payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
15. Describe all improvements made to the property during the marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Other Real Estate:

1. Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Type \_\_\_\_\_

3. Do you have a copy of a deed to this property? \_\_\_\_\_
4. When was it purchased? \_\_\_\_\_ Cost \_\_\_\_\_
5. Amount of down payment \_\_\_\_\_
6. Source of down payment \_\_\_\_\_
7. In whose name(s) is the title? \_\_\_\_\_
8. Present 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 payments delinquent? \_\_\_\_\_ How much? \_\_\_\_\_
15. Describe all improvements made to the property during the marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Other Real Estate:

1. Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
2. Type \_\_\_\_\_
3. Do you have a copy of a deed to this property? \_\_\_\_\_
4. When was it purchased? \_\_\_\_\_ Cost \_\_\_\_\_
5. Amount of down payment \_\_\_\_\_
6. Source of down payment \_\_\_\_\_
7. In whose name(s) is the title? \_\_\_\_\_

8. Present 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 payments delinquent?\_\_\_\_\_ How much?\_\_\_\_\_
15. Describe all improvements made to the property during the marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Savings Accounts:

1. Depository\_\_\_\_\_ Balance\_\_\_\_\_
- Name(s) on Account\_\_\_\_\_
2. 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. Checking Accounts:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

2. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

H. Cash Management or Brokerage Accounts:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

2. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

I. Stock:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

2. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

J. Bonds:

1. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

2. Depository \_\_\_\_\_ Balance \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

K. Safe Deposit Box:

Depository \_\_\_\_\_

Describe contents \_\_\_\_\_

Who has access? \_\_\_\_\_

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

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

- M. Does anyone owe you or your spouse money? \_\_\_\_\_

1. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

2. Who \_\_\_\_\_ How much \$ \_\_\_\_\_

- N. Did **you** bring property or money into this marriage? \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_

- O. Did **your spouse** bring property or money into this marriage? \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_

- P. Describe any inheritance **you** have received \_\_\_\_\_

\_\_\_\_\_

- Q. Describe any inheritance **your spouse** has received \_\_\_\_\_

\_\_\_\_\_

- R. Do **you** have any personal injury or worker's compensation claim pending or have **you** received any settlement or award? \_\_\_\_\_

\_\_\_\_\_

- S. Does **your spouse** have any personal injury or worker's compensation claim pending or has **your spouse** received any settlement or award? \_\_\_\_\_

\_\_\_\_\_

T. 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\_\_\_\_\_

U. Motor Vehicles:

Driven by **you**:

1. Kind\_\_\_\_\_ Year\_\_\_\_\_ Model\_\_\_\_\_

2. In whose name?\_\_\_\_\_

3. Balance owed\_\_\_\_\_ Payments\_\_\_\_\_ Per\_\_\_\_\_

4. Payments made to whom?\_\_\_\_\_

Driven by **spouse**:

1. Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_
2. In whose name? \_\_\_\_\_
3. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
4. Payments made to whom? \_\_\_\_\_

V. Recreational Vehicles:

| <u>Balance Due</u>       | <u>Make and Model</u> | <u>Value</u> | <u>Payments</u> |
|--------------------------|-----------------------|--------------|-----------------|
| Motorcycles              | _____                 | \$ _____     | \$ _____        |
| Snowmobiles              | _____                 | \$ _____     | \$ _____        |
| Boat, Motor &<br>Trailer | _____                 | \$ _____     | \$ _____        |
| Recreational<br>Vehicles | _____                 | \$ _____     | \$ _____        |

W. Value of:

Jewelry \$ \_\_\_\_\_ Furs \$ \_\_\_\_\_ Art \$ \_\_\_\_\_

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

\_\_\_\_\_

X. Household Goods and Furnishings:

1. Estimated value \_\_\_\_\_
2. Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_
3. Payments made to whom? \_\_\_\_\_

Y. Describe any other assets that you know of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEBTS:**

|     | <u>Balance<br/>Due</u> | <u>Monthly<br/>Payment</u> | <u>Reason Debt<br/>Incurred</u> | <u>Person Incurring<br/>Debt</u> | <u>Creditor</u> |
|-----|------------------------|----------------------------|---------------------------------|----------------------------------|-----------------|
| 1.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 2.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 3.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 4.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 5.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 6.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 7.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 8.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 9.  | \$_____                | \$_____                    | _____                           | _____                            | _____           |
| 10. | \$_____                | \$_____                    | _____                           | _____                            | _____           |

**MISCELLANEOUS:**

1. Do you or your spouse have a will? \_\_\_\_\_
2. When were the wills executed or last revised? \_\_\_\_\_
3. Do you or your spouse desire to have a name change as a result of this proceeding? \_\_\_\_\_  
If so, what is the name desired? \_\_\_\_\_
4. Are you or your spouse named as a party in any pending lawsuit, including bankruptcy? \_\_\_\_\_  
\_\_\_\_\_



5. Monthly Living Expenses:

| EXPENSE CATEGORY                          | WIFE/HUSBAND | CHILD(REN) |
|---|--------------|------------|
| Rent/Mortgage Payment                     |              |            |
| Second Mortgage Payment                   |              |            |
| Contract For Deed Payment                 |              |            |
| Homeowner's/Renter's Insurance            |              |            |
| Real Estate Taxes                         |              |            |
| Associate Fees                            |              |            |
| Utilities                                 |              |            |
| Electricity                               |              |            |
| Telephone Base Rate                       |              |            |
| Telephone Long Distance                   |              |            |
| Water/Sewer                               |              |            |
| Refuse/Disposal                           |              |            |
| Heat                                      |              |            |
| Food                                      |              |            |
| Groceries                                 |              |            |
| Eating Out                                |              |            |
| Supplies                                  |              |            |
| Clothing                                  |              |            |
| Laundry, Dry Cleaning & Tailor            |              |            |
| Medical Expenses not covered by Insurance |              |            |
| Doctor Visits                             |              |            |
| Prescriptions                             |              |            |
| Contacts, Glasses                         |              |            |
| Counseling                                |              |            |
| Other                                     |              |            |
| Dental Expenses not covered by Insurance  |              |            |
| Orthodontia                               |              |            |
| Transportation                            |              |            |
| Loan/Lease                                |              |            |
| Gasoline                                  |              |            |
| Maintenance & Repairs                     |              |            |
| License                                   |              |            |
| Parking                                   |              |            |
| Car Replacement Savings                   |              |            |
| Other                                     |              |            |
| Car Insurance                             |              |            |
| Life Insurance                            |              |            |
| Policy No.                                |              |            |
| Policy No.                                |              |            |
| Recreation and Entertainment              |              |            |
| Cable Television                          |              |            |
| Club Dues                                 |              |            |
| Movies/Theatre                            |              |            |
| Video Rental                              |              |            |

|   |                     |                   |
|---|---------------------|-------------------|
| Internet Provider                           |                     |                   |
| <b>EXPENSE CATEGORY</b>                     | <b>WIFE/HUSBAND</b> | <b>CHILD(REN)</b> |
|   |                     |                   |
| Vacations                                   |                     |                   |
| Newspapers, Magazines & Books               |                     |                   |
| Religious Obligations                       |                     |                   |
| Personal Allowances                         |                     |                   |
| Hair Care                                   |                     |                   |
| Grooming                                    |                     |                   |
| Other                                       |                     |                   |
| Child Care                                  |                     |                   |
| Day Care (work/school related)              |                     |                   |
| Babysitting                                 |                     |                   |
| Home Maintenance & Repairs                  |                     |                   |
| Cleaning                                    |                     |                   |
| Lawn Care                                   |                     |                   |
| Snow Removal                                |                     |                   |
| Average Monthly Repair to Home & Appliances |                     |                   |
| Furniture Replacement                       |                     |                   |
| Other -- Maintenance                        |                     |                   |
| Other                                       |                     |                   |
| Children's Needs and Allowances             |                     |                   |
| Tuition                                     |                     |                   |
| School Donation                             |                     |                   |
| School Books                                |                     |                   |
| School Lunches                              |                     |                   |
| Pictures/Yearbooks/Media                    |                     |                   |
| Field Trips                                 |                     |                   |
| Tutoring --                                 |                     |                   |
| Non-School Classes                          |                     |                   |
| Music Lessons                               |                     |                   |
| Sports                                      |                     |                   |
| Memberships                                 |                     |                   |
| Allowances                                  |                     |                   |
| Other                                       |                     |                   |
| Pet Expenses                                |                     |                   |
| Food  |                     |                   |
| Veterinary                                  |                     |                   |
| Grooming                                    |                     |                   |
| Maintenance                                 |                     |                   |
| Other                                       |                     |                   |
| Gifts                                       |                     |                   |
| Household Supplies                          |                     |                   |
| Charitable Contributions                    |                     |                   |
| Disability Insurance                        |                     |                   |
| Misc. Ins.                                  |                     |                   |
| Cell Phone/Pager                            |                     |                   |
| Postage                                     |                     |                   |

|                                    |                     |                   |
|------------------------------------|---------------------|-------------------|
| Non-Reimbursed Business Expenses   |                     |                   |
| Tax Preparation                    |                     |                   |
| <b>EXPENSE CATEGORY</b>            | <b>WIFE/HUSBAND</b> | <b>CHILD(REN)</b> |
|                                    |                     |                   |
| Child Support/Maintenance Payments |                     |                   |
| Real Estate other than Home        |                     |                   |
| Rent/Mortgage/Contract             |                     |                   |
| Owner's/Renter's Insurance         |                     |                   |
| Taxes                              |                     |                   |
| Utilities                          |                     |                   |
| Wife/Husband's School Expenses     |                     |                   |
| Tuition                            |                     |                   |
| Books                              |                     |                   |
| Other                              |                     |                   |
| Children in College Expenses       |                     |                   |
| Tuition                            |                     |                   |
| Books                              |                     |                   |
| Room and Board                     |                     |                   |
| Transportation                     |                     |                   |
| Spending Money                     |                     |                   |
| Other                              |                     |                   |
|                                    |                     |                   |
| <b>TOTALS FOR EACH COLUMN</b>      |                     |                   |
|                                    |                     |                   |
| <b>COMBINED TOTAL</b>              |                     |                   |

**PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS AS SOON AS POSSIBLE**

1. Complete copies of all personal federal and state income tax returns, including all schedules and forms attached thereto, for all tax years during which you were married.
2. All documents which reflect any income received by you for the past three (3) years, including, but not limited to:
  - a. IRS forms W-2, 1099, and K-1;
  - b. Paycheck stubs
  - c. Bonus check stubs
  - d. Income receipts and vouchers
  - e. Expense reimbursement records
  - f. Dividend or interest statements
  - g. Rental income records
  - h. Copies of checks or check stubs; and
  - i. Deposit records
3. All financial statements prepared during your marriage by you, or on your behalf.
4. All personal checking account records, for any joint or separate account used by you, or in which you have had any interest, during the course of your marriage, specifically including:
  - a. Account statements;
  - b. Cancelled checks;
  - c. Check registers; and
  - d. Deposit tickets
5. All documents relating to any interest you have in any stocks, bonds, etc.
6. All documents relating to any real property in which you have, or had, an interest in during the course of your marriage, specifically including:
  - a. Purchase agreements;
  - b. Closing documents;
  - c. Warranty deeds;
  - d. Mortgage applications;
  - e. Mortgage statements;
  - f. Appraisals; and
  - g. Market Analyses
7. All documents relating to any insurance assets in which you have an interest, specifically including:
  - a. Copies of each policy;
  - b. Loan statement;
  - c. Premium statement; and
  - d. Statements of actual or projected cash value
8. All documents pertaining to motor vehicles, boats, or other recreational vehicles.
9. All documents relating to any contingent assets or expectancies, such as annuities, trusts, wills, probate and estate records and evidence of distributions.
10. All documents evidencing any debts that you have incurred, jointly or individually, during the course of your marriage, specifically including:

- a. Promissory notes;
  - b. Invoices;
  - c. Bills;
  - d. Credit card statements; and
  - e. Other account statements
- 11. All documents, records, notes and files that establish, support, trace and/or prove your non-marital claims.
  - 12. All pleadings relating to any litigation or Court proceedings in which you are involved, other than this proceeding.
  - 13. Complete copies of all federal and state income tax returns, including all schedules and forms attached thereto, filed during the course of your marriage, for each and every business or enterprise in which you have an ownership interest.
  - 14. All documents which provide evidence of your monthly living expenses, including, but not limited to utilities, car payment, entertainment, daycare, groceries, dining-out, etc.

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**Thanks**