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**INFORMATION FOR INITIAL MEETING
WITH DIVORCE ATTORNEY**

YOUR CURRENT PERSONAL INFORMATION:

Full Name _____

All previous names you have used _____

Present Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cellular Phone _____ Email: _____

Social Security Number _____ Age: _____ Date of Birth: _____

Have you been served with divorce papers from your spouse: _____

Are you aware of your spouse having an attorney? _____

If so, who is it? _____

YOUR EMPLOYMENT INFORMATION:

Employer _____

Address _____

Occupation _____

Length of Time with this Employer _____

Hours per week _____

How often are you paid: Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

Gross Earnings \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment): _____

What is your education level: _____

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 your Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

SPOUSE'S CURRENT PERSONAL INFORMATION:

Full Name _____

All previous names spouse has used _____

Present Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cellular Phone _____ Email: _____

Social Security Number _____ Age: _____ Date of Birth: _____

SPOUSE'S EMPLOYMENT INFORMATION:

Employer _____

Address _____

Occupation _____

Length of Time with this Employer _____

Hours per week _____

How often is your spouse paid: Weekly ___ Every two weeks ___ Twice per month ___ Monthly ___

Gross Earnings \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment): _____

What is spouse's education level: _____

Does your spouse 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 your Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with You? _____ Spouse _____ Both _____

3. Do you want custody of this child/these children? _____
4. Do you expect a contest over who should have custody of the children? _____

MARITAL INFORMATION:

1. Did you sign a pre-marital 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. Do you feel that there is a chance to save this marriage? _____
8. Is there a history of domestic abuse in your marriage relationship? _____
9. Have you or your spouse sought an order for protection? _____

INFORMATION ABOUT YOUR OTHER MARRIAGES:

1. Were you previously married? _____
2. When were you divorced? _____
3. City, county and state of divorce _____
4. Minor children from your **previous** marriages or relationships:
(Do **not** list children born or adopted into your current marriage):

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Who received custody? _____

6. Maintenance and child support payments **received by you:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

7. Maintenance and child support payments **paid by you:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

INFORMATION ABOUT YOUR SPOUSE'S OTHER MARRIAGES:

1. Was your spouse previously married? _____

2. When was your spouse divorced? _____

3. City, county and state of divorce _____

4. Minor children from your **spouse's previous** marriages or relationships:
(Do **not** list children born or adopted into your current marriage) :

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security Number</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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5. Who received custody? _____

6. Maintenance and child support payments **received by your spouse:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

7. Maintenance and child support payments **paid by your spouse:**

Maintenance \$ _____ per _____ from _____

Child Support \$ _____ per _____ from _____

YOUR HEALTH INSURANCE:

Coverage provided for:
[Check all that apply]

<u>Name of Carrier</u>	<u>You</u>	<u>Spouse</u>	<u>Dependents</u>
Medical _____	_____	_____	_____
Dental _____	_____	_____	_____
Optical _____	_____	_____	_____

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>
Medical _____	_____	_____	_____
Dental _____	_____	_____	_____
Optical _____	_____	_____	_____

ASSETS:

1. Homestead:

Address _____

City _____ County _____ State _____

Do you have a copy of a deed to this property? _____

Legal Description: _____

Is this property Abstract or Torrens? _____

When was this homestead purchased? _____ Cost _____

Amount of down payment _____

Source of down payment _____

In whose name(s) is the title? _____

What is the present fair market value? _____

Present mortgage or contract for deed balance _____

Monthly payment _____

To whom are the payments made? _____

Does the payment include taxes? _____ Insurance? _____

What are the yearly taxes? _____ Insurance? _____

Are the house payments delinquent? _____ How much? _____

2. Other Real Estate:

Address _____

City _____ County _____ State _____

Do you have a copy of a deed to this property? _____

Legal Description: _____

Is this property Abstract or Torrens? _____

When was this homestead purchased? _____ Cost _____

Amount of down payment _____

Source of down payment _____

In whose name(s) is the title? _____

What is the present fair market value? _____

Present mortgage or contract for deed balance _____

Monthly payment _____

To whom are the payments made? _____

Does the payment include taxes? _____ Insurance? _____

What are the yearly taxes? _____ Insurance? _____

Are the house payments delinquent? _____ How much? _____

3. Savings Accounts:

Depository _____ Balance _____
Name (s) on Account _____

Depository _____ Balance _____
Name (s) on Account _____

4. Certificates of Deposit:

Depository _____ Balance _____
Name (s) on Account _____

Depository _____ Balance _____
Name(s) on Account _____

5. Checking Accounts:

Depository _____ Balance _____
Name (s) on Account _____

Depository _____ Balance _____
Name(s) on Account _____

6. List all Investment Accounts, Pension/Retirement Plans [IRA, 401(k), Keogh, Profit Sharing, ESOP, SEP, PAYSOP, etc.]

Type	In Whose Name?	Value
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

7. Do you or your spouse own a business? _____

Describe _____

8. Does anyone owe you or your spouse money: _____

Who _____ How much \$ _____

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

Describe _____

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

Describe _____

11. Describe any inheritance **you** have received: _____

12. Describe any inheritance **your spouse** has received: _____

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

Describe: _____

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

Describe: _____

15. Life Insurance:

A. Company _____

B. Type of Policy _____

C. Name of Insured _____

D. Name of Beneficiary _____

E. Annual Premium _____ Face Value _____ Cash Value _____

A. Company _____

- B. Type of Policy _____
- C. Name of Insured _____
- D. Name of Beneficiary _____
- E. Annual Premium _____ Face Value _____ Cash Value _____

16. Motor vehicles driven by **YOU**:

Make _____ Year _____ Model _____

Condition: _____

Miles on Odometer: _____

In whose name? _____

Balance owed _____ Payments _____ Per _____

Payments made to whom? _____

17. Motor vehicles driven by **SPOUSE**:

Make _____ Year _____ Model _____

Condition: _____

Miles on Odometer: _____

In whose name? _____

Balance owed _____ Payments _____ Per _____

Payments made to whom? _____

18. Recreational Vehicles:

	<u>Make</u>	<u>Year</u>	<u>Model</u>	<u>Value</u>	<u>Payments</u>	<u>Balance Due</u>
Motorcycles	_____	_____	_____	_____	_____	_____
Snowmobiles	_____	_____	_____	_____	_____	_____
Boat & Trailer	_____	_____	_____	_____	_____	_____

Recreational _____
Vehicles _____

19. Do you or your spouse own any jewelry, furs, art or collections of substantial value? If so, describe: _____

20. Household Goods and Furnishings:

A. Estimated value _____

B. Balance owed _____ Payments _____ Per _____

C. Payments made to whom? _____

21. Describe any other assets that you know of _____

DEBTS:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>
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MONTHLY EXPENSES:

Rent	\$ _____
Mortgage Payment	\$ _____
Second Mortgage Payment	\$ _____
HELOC	\$ _____
Contract for Deed Payment	\$ _____
Homeowner's/Renter's Insurance	\$ _____
Real Estate Taxes	\$ _____
Utilities	\$ _____
Cell Phone	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and Drycleaning	\$ _____
Uninsured medical/dental	\$ _____
Debt Repayment	\$ _____
Car Payment	\$ _____
Gasoline	\$ _____
Vehicle Maintenance	\$ _____
Car Insurance	\$ _____
Recreation/entertainment	\$ _____
Subscriptions	\$ _____
Social and church obligations	\$ _____
Personal allowance/Incidentals	\$ _____
Babysitting	\$ _____
Child School/Activity Needs	\$ _____
Child's Clothing	\$ _____
Other:	\$ _____

MISCELLANEOUS:

Do you or your spouse have a will? _____

When were the wills executed or last revised? _____

Do you or your spouse desire to have a name change as a result of this proceeding? _____

If so, what name is desired? _____

Are you or your spouse named as a party in any pending lawsuit, including bankruptcy? _____

TO THE EXTENT POSSIBLE, PLEASE BRING THE FOLLOWING DOCUMENTS TO OUR FIRST MEETING:

- ___ **Court Orders** (such as all divorce papers from this case, divorce papers between the two of you from any prior divorce action, orders for protection, support orders, any orders about child support, custody, parenting time, bankruptcy papers)

- ___ **Real Estate papers** (deeds, contract for deeds, property tax statements, mortgages)

- ___ **Your pay stubs**

- ___ **Your spouse's pay stubs**

- ___ **Recent Tax Returns** (individual or joint)

- ___ **Automobile Titles**

- ___ **Any retirement account statements including statements for pensions, IRAs, stock, 401(k)**

- ___ **Any information about health insurance**

- ___ **Copies of bank account statements, credit card statements, and statements regarding any other existing debts**

- ___ **Letters or notices from your child care worker regarding daycare expenses**