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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: \_\_\_\_\_

**YOUR EMPLOYMENT INFORMATION:**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Length of Time with this Employer \_\_\_\_\_

How often are you regularly paid:

Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_

Gross Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

Net Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

Exemptions Claimed: Federal-\_\_\_\_\_ State-\_\_\_\_\_  
Deductions from your paycheck:

Federal \$\_\_\_\_\_ Per \_\_\_\_\_

State \$\_\_\_\_\_ Per \_\_\_\_\_

FICA \$\_\_\_\_\_ Per \_\_\_\_\_

Medical/Dental \$\_\_\_\_\_ Per \_\_\_\_\_

Other (specify) \$\_\_\_\_\_ Per \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What is your education level:\_\_\_\_\_

Detail your prior work experience (what, when and where):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

How often is spouse regularly paid:  
Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice per month \_\_\_\_\_ Monthly \_\_\_\_\_

Gross Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

Net Earnings \$ \_\_\_\_\_ Per \_\_\_\_\_

Exemptions Claimed: Federal- \_\_\_\_\_ State- \_\_\_\_\_

Deductions from spouse's paycheck:

Federal \$ \_\_\_\_\_ Per \_\_\_\_\_

State \$ \_\_\_\_\_ Per \_\_\_\_\_

FICA \$ \_\_\_\_\_ Per \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_ Per \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_ Per \_\_\_\_\_

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

\_\_\_\_\_

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What is spouse's education level: \_\_\_\_\_

Detail spouse's prior work experience (what, when and where): \_\_\_\_\_

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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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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? \_\_\_\_\_

Is this property Abstract or Torrens? \_\_\_\_\_

If Torrens, Certificate of Title No. \_\_\_\_\_

Where is the Certificate of Title \_\_\_\_\_

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? \_\_\_\_\_

Is this property Abstract or Torrens? \_\_\_\_\_

If Torrens, Certificate of Title No. \_\_\_\_\_

Where is the Certificate of Title \_\_\_\_\_

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**:

Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

In whose name? \_\_\_\_\_

Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_

Payments made to whom? \_\_\_\_\_

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

Kind \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

In whose name? \_\_\_\_\_

Balance owed \_\_\_\_\_ Payments \_\_\_\_\_ Per \_\_\_\_\_

Payments made to whom? \_\_\_\_\_

18. Recreational Vehicles:

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

19. Value of:

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

Precious Metals \$ \_\_\_\_\_ Collections (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>
-----------------	--------------------	------------------------	-----------------------------	------------------------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MONTHLY EXPENSES:**

Rent \$ \_\_\_\_\_  
Mortgage Payment \$ \_\_\_\_\_  
Second Mortgage Payment \$ \_\_\_\_\_

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)

\_\_\_ **Child Protection letters or reports**

- \_\_\_ **Juvenile Court letters or reports**
- \_\_\_ **Real Estate papers** (deeds, contract for deeds, property tax statements, mortgages)
- \_\_\_ **Official Forms** (such as recognitions of paternity if your children were born before your marriage)
- \_\_\_ **Insurance Information** (policy front page with policy number, etc., for life, car, etc.)
- \_\_\_ **Your pay stubs**
- \_\_\_ **Your spouse's pay stubs**
- \_\_\_ **Recent Tax Returns** (individual or joint)
- \_\_\_ **Automobile Titles**
- \_\_\_ **Any information about pensions, IRAs**
- \_\_\_ **Any information about health insurance**
- \_\_\_ **Employee Benefits Booklets**
- \_\_\_ **Information about bank accounts, stocks or bonds**
- \_\_\_ **Information about debts** (current bills/statements, bankruptcy papers)
- \_\_\_ **Letters or notices from your child care worker about day care**
- \_\_\_ **Letters or notices from your financial worker about your MFIP grant**