

PAUL E. OVERSON, ESQ.
STEVEN M. COODIN, ESQ.



8681 EAGLE POINT BLVD.
LAKE ELMO, MN 55042
TELEPHONE: 651.209.1155
Fax: 651.731.8004

**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): _____

What is spouse's education level: _____

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

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**