



# TAYLOR KRIEG & REINKE

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## Client Intake Questionnaire: General Dissolution

Please fill out this form to the best of your ability and provide all requested information. Doing so will save us time in preparing your case allowing us to focus on the legal analysis.

**Not all information is required in every case.** If something does not apply to your situation, please cross out the section or simply move on to the next.

### I. YOUR INFORMATION

Your Name: \_\_\_\_\_  
First Middle Last

Do you have a maiden name?  Yes  No

If yes, what is your maiden name? \_\_\_\_\_

What is your current *physical* address?

\_\_\_\_\_  
Street Apt.?  
\_\_\_\_\_  
City State Zip County

How long have you lived at this address? \_\_\_\_\_

Is your physical address the same as your *mailing* address?  Yes  No

If no, what is your mailing address?

\_\_\_\_\_  
Street Apt.?  
\_\_\_\_\_  
City State Zip County

*Help at Life's Crossroads*

Tel: (651) 649 – 1465 | 961 Hague Ave., St. Paul, MN 55104 | [www.tklawmn.com](http://www.tklawmn.com)

Which telephone numbers can be used to reach you?

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

May a voicemail be left at this line?  Yes  No

What is your date of birth? \_\_\_\_\_

How old are you? \_\_\_\_\_

What is your social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you now or have you ever been a member of United States military service?

Yes

No

If yes, please describe your service: \_\_\_\_\_

Do you wish to have your name changed as a part of the divorce?  Yes  No

If yes, then please carefully print your desired legal name:

\_\_\_\_\_  
First Middle Last

**II. SPOUSE INFORMATION**

What is your spouse's name?

\_\_\_\_\_

First Middle Last

Do your spouse have a maiden name?  Yes  No

If yes, what is their maiden name? \_\_\_\_\_

What is their current *physical* address?

\_\_\_\_\_

Street Apt.?

\_\_\_\_\_

City State Zip County

How long has your spouse lived at this address? \_\_\_\_\_

Is their physical address the same as their *mailing* address?  Yes  No

If no, what is their mailing address?

\_\_\_\_\_

Street Apt.?

\_\_\_\_\_

City State Zip County

What is your spouse's date of birth? \_\_\_\_\_

How old is your spouse? \_\_\_\_\_

What is your spouse's social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you know if your spouse will be hiring an attorney? If so, do you know who the attorney will be?

\_\_\_\_\_

Is your spouse now or has your spouse ever been a member of United States military service?

Yes  No

If yes, please describe their service: \_\_\_\_\_

**III. MARRIAGE INFORMATION**

When did you get married to your spouse? \_\_\_\_\_

Where were you married? (City, County, and State)

\_\_\_\_\_

Are you currently separated?  Yes  No

If yes, when did you separate? \_\_\_\_\_

Have either you or your spouse previously filed for divorce?  Yes  No

If yes:

When was the action commenced? \_\_\_\_\_

Is that action still pending?  Yes  No

Where was that action commenced (County and State)? \_\_\_\_\_

**IV. CHILDREN**

Child's Legal Name	Gender	Date of Birth	Age	Social Security Number

Could you (or your spouse) be pregnant?       Yes                       No

Will custody be an issue?                       Yes                       No

If yes, please complete **Appendix A, Childcare Duties**.

**Please also complete the schedule attached as Appendix B, Parenting Time.**

Do either you or your spouse have children from a prior marriage or relationship?

Self                                       Spouse

If so, what are their names and dates of birth?


**V. CHILD SUPPORT AND SPOUSAL MAINTENANCE**

Child support is a requirement when minor children are involved in a divorce. Regarding child support, are there any unusual facts that you think we should know? (i.e., Your spouse contributes to certain costs each month, you already have an informal agreement in place, etc.)

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A. Your Employment and Income

Are you currently employed?  Yes  No

If so, where are you employed? \_\_\_\_\_

What do you do there? \_\_\_\_\_

What is your work address? \_\_\_\_\_

How long have you been employed at this job? \_\_\_\_\_

Are you paid hourly, salary, or otherwise? \_\_\_\_\_

If hourly, what is your hourly wage? \_\_\_\_\_

If hourly, how many hours per week do you work? \_\_\_\_\_

If salary, what is your monthly income? \_\_\_\_\_

B. Your Spouse's Employment and Income

Is your spouse currently employed?  Yes  No

If so, where are they employed? \_\_\_\_\_

What do they do there? \_\_\_\_\_

What is their work address? \_\_\_\_\_

How long have they been employed at this job? \_\_\_\_\_

Are they paid hourly, salary, or otherwise? \_\_\_\_\_

If hourly, what is their hourly wage? \_\_\_\_\_

If hourly, how many hours per week do they work? \_\_\_\_\_

If salary, what is their monthly income? \_\_\_\_\_

C. Insurance

Do you have health insurance?  Yes  No

If yes, how are you insured? (i.e., privately, employer sponsored, state sponsored, etc.)  
\_\_\_\_\_

How much do you pay for health insurance? \_\_\_\_\_

Are the children insured?  Yes  No

If yes, how are the children insured? (i.e., privately, employer sponsored, state sponsored, etc.)  
\_\_\_\_\_

What is the cost of health insurance for *only* the children? \_\_\_\_\_

Is your spouse insured?  Yes  No

If yes, how is your spouse insured? (i.e., privately, employer sponsored, state sponsored, etc.)  
\_\_\_\_\_

What is the cost of health insurance for *only* your spouse? \_\_\_\_\_

D. Child Care Expenses

Are one or more of the children in child care?  Yes  No

If yes, how many are in child care? \_\_\_\_\_

What is the cost of child care per week? \_\_\_\_\_

Who pays for child care? \_\_\_\_\_

E. Spousal Maintenance – **IF YOU ARE REQUESTING SPOUSAL MAINTENANCE, PLEASE COMPLETE APPENDIX C, NECESSARY MONTHLY EXPENSES.**





**VII. RETIREMENT ACCOUNTS**

Do you have any retirement accounts?       Yes                       No

If yes, please complete the chart below.

Account Name or Financial Institution	Type of Account	Approximate Value	Year Account Opened

Does your spouse have any retirement accounts?       Yes                       No

If yes, please complete the chart below to the best of your ability.

Account Name or Financial Institution	Type of Account	Approximate Value	Year Account Opened

**VIII. BUSINESS INTERESTS**

Do you or your spouse have any business interests?  Yes  No

If yes, please complete Appendix D, Business Interests.

**IX. LIFE INSURANCE**

Do you or your spouse have any life insurance policies?  Yes  No

If yes, please complete Appendix E, Life Insurance.

**X. NON-MARITAL ASSETS**

Did you enter into this marriage with separate money or property valued in excess of \$1,000.00?

Yes  No

If yes, please describe the property (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

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Did your spouse enter in the this marriage with separate money or property valued in excess of \$1,000.00?  Yes  No

If yes, please describe the property (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

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Prior to your marriage did you and your spouse enter into an antenuptial (a/k/a prenuptial) agreement prior to your marriage?  Yes  No

*If yes, please provide a copy of the agreement when you return this questionnaire.*

Did you or your spouse receive money or assets during your marriage from an inheritance?  Yes  
 No

If yes, please describe the inheritance (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

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Did you or your spouse receive a gift to one of you but not the other from a third party, such as your parents or in-laws?  Yes  No

If yes, please describe the gift (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

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Did you or your spouse receive a personal injury or worker's compensation award during the marriage?  
 Yes  No

Are you or your spouse beneficiaries of any trust?  Yes  No

If you answered yes to either of the above questions, please provide details of the award or trust benefits:

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**XI. REAL ESTATE**

Do you and/or your spouse own real estate?  Yes  No

If yes, please complete Appendix F, Real Estate.

**XII. PERSONAL PROPERTY**

Please detail your estimate of the fair market value of the following items, indicate who currently has possession of the items, and indicate to whom you believe the asset should be awarded.

Item	Who owns the property?	Who possesses the property?	Who should be awarded the property?
Household Contents			
Stocks and Bonds			
Securities			

Motor Vehicles

Year, Make, and Model	How is the vehicle titled?	Current Value	Lien amount, if any	Lien Holder	Monthly Payment	Who should keep?



**XIII. DEBTS**

Secured Debts: (including, but not limited to car loans and real estate mortgages)

Creditor	Amount Owed	Monthly Payment	When Debt was Incurred	Debt in whose name?	Reason for debt	Collateral given	Who should pay?

Unsecured Debts: (credit cards, etc.)

Creditor	Amount Owing	Monthly Payment	When incurred	Debt in whose name?	Reason for debt	Who should pay?

Why do you believe the debts should be divided as you stated above? \_\_\_\_\_

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#### XIV. DOCUMENTS NEEDED

Please provide me with the following documents as soon as possible:

1. Your three (3) most recent pay stubs.
2. Your spouse's three (3) most recent pay stubs – *if you can get them.*
3. Your most recent tax return.
4. A copy of the deed(s) for all real estate you and/or your spouse own, if in your possession.
5. A copy of any lease agreement(s) for your current home if leased.
6. A copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry, or other valuable items of personal property owned by you and/or your spouse; and
7. A copy of your most recent statements for **ALL** 401(k); retirement plans; investment accounts; and bank accounts owned or possessed by you and/or your spouse.





**Legal Custody** identifies who will have the right to make decisions regarding the education, religious, and medical upbringing of the children. Are you asking the court to grant **legal** custody of the children to:

- You                       Your spouse                       Both

Are you and the other parent in agreement regarding legal custody?

- Yes                       No

**Physical custody** identifies the parent with whom the children live and who provides for the children's day-to-day care. Are you asking the court to grant **physical** custody to:

- You                       Your spouse                       Both

Are you and your spouse in agreement regarding physical custody?

- Yes                       No

Are you asking that parenting time be supervised?

- Yes                       No

## Appendix B Parenting Time Schedule

In your own words, what is the parenting time schedule you and the other parent have been following since your separation:

- a) Weekends: \_\_\_\_\_  
\_\_\_\_\_
- b) Week nights or after school: \_\_\_\_\_  
\_\_\_\_\_
- c) Holidays: (please specify which holidays) \_\_\_\_\_  
\_\_\_\_\_
- d) School release days: \_\_\_\_\_  
\_\_\_\_\_
- e) Birthdays: \_\_\_\_\_  
\_\_\_\_\_
- f) Summers: \_\_\_\_\_  
\_\_\_\_\_
- g) Telephone Contact: \_\_\_\_\_  
\_\_\_\_\_
- h) Other: \_\_\_\_\_  
\_\_\_\_\_

Do you wish to continue this parenting time schedule permanently?

- Yes       No

If no, please describe your preferred parenting time schedule on the next page.

What is your ideal parenting time schedule, if it is different from what you are doing now?

- a) Weekends: \_\_\_\_\_  
\_\_\_\_\_
- b) Week nights or after school: \_\_\_\_\_  
\_\_\_\_\_
- c) Holidays: (please specify which holidays) \_\_\_\_\_  
\_\_\_\_\_
- d) School release days: \_\_\_\_\_  
\_\_\_\_\_
- e) Birthdays: \_\_\_\_\_  
\_\_\_\_\_
- f) Summers: \_\_\_\_\_  
\_\_\_\_\_
- g) Telephone Contact: \_\_\_\_\_  
\_\_\_\_\_
- h) Other: \_\_\_\_\_  
\_\_\_\_\_

Are you and the other parent in agreement with this schedule?

Yes

No

### Appendix C Necessary Monthly Expenses

Expense	Your Current	Your Projected (post-divorce)	Children
Mortgage/Rent			
Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			
Car Payment			
Gasoline			
Car Insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Giving			
Child care			
Home Maintenance			
School			



### Appendix D Business Interests

Name of Business: \_\_\_\_\_

Is this business a:

Corporation       Partnership       Other: \_\_\_\_\_

Percentage owned by you \_\_\_\_\_%. Percent owned by your spouse \_\_\_\_\_%.

Service or product provided: \_\_\_\_\_

Date business interest was acquired and extent of interest: \_\_\_\_\_

Initial investment: \_\_\_\_\_

Position held: \_\_\_\_\_

Names and address of all other shareholders, partners, or participants: \_\_\_\_\_

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

If a corporation, what is you and/or your spouse's interest? \_\_\_\_\_

Names and addresses of directors/officers and their respective titles: \_\_\_\_\_

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

Does your spouse provide any services to this business?     Yes       No

If yes, give detail: \_\_\_\_\_

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

Is your spouse compensated for the services rendered?     Yes       No

If yes, give detail: \_\_\_\_\_

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Have you and your spouse reached an agreement regarding the disposition of this business?

Yes

No

Please describe your agreement or your proposal regarding the disposition of this business?

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### Appendix E Life Insurance

Policy No. 1

Carrier: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Policy No.: \_\_\_\_\_

On the life of: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Are there loans against the account?  Yes  No

If so, what is the amount of the loan(s)? \$ \_\_\_\_\_

Who are the beneficiaries of the account? \_\_\_\_\_

\_\_\_\_\_

Policy No. 2

Carrier: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Policy No.: \_\_\_\_\_

On the life of: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Are there loans against the account?  Yes  No

If so, what is the amount of the loan(s)? \$ \_\_\_\_\_

Who are the beneficiaries of the account? \_\_\_\_\_

\_\_\_\_\_

Policy No. 3

Carrier: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Policy No.: \_\_\_\_\_

On the life of: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Are there loans against the account?  Yes  No

If so, what is the amount of the loan(s)? \$ \_\_\_\_\_

Who are the beneficiaries of the account? \_\_\_\_\_

\_\_\_\_\_

Policy No. 4

Carrier: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Policy No.: \_\_\_\_\_

On the life of: \_\_\_\_\_

Face amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Are there loans against the account?  Yes  No

If so, what is the amount of the loan(s)? \$ \_\_\_\_\_

Who are the beneficiaries of the account? \_\_\_\_\_

\_\_\_\_\_

## Appendix F Real Estate

Homestead (primary residence) address: \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

Is the property  abstract or  Torrens?

If Torrens, state Certificate of Title No. \_\_\_\_\_, and where the certificate is located:

\_\_\_\_\_

Date purchased: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Down payment: \_\_\_\_\_

Source of down payment: \_\_\_\_\_

In whose name is the property held? \_\_\_\_\_

Mortgage type (1 <sup>st</sup> , 2 <sup>nd</sup> , Home Equity Line of Credit, Etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance

Contract for deed balance: \$ \_\_\_\_\_

Owners of contract for deed: \_\_\_\_\_

Address: \_\_\_\_\_

What do you believe the home is worth? \$ \_\_\_\_\_

What was the most recent tax assessed value? \$ \_\_\_\_\_ What year? \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

Are the real estate taxes and/or insurance included in the mortgage or contract for deed payment?

Taxes                       Insurance                       Neither

If no, are the real estate taxes and/ or insurance payments escrowed?

Taxes                       Insurance                       Neither

If yes, where? \_\_\_\_\_

When is your homeowner's insurance due and payable? \_\_\_\_\_

What is the cost of your homeowner's insurance per year? \_\_\_\_\_

How much are the real estate taxes on the property per year? \_\_\_\_\_

When is your mortgage or contract for deed payment due? \_\_\_\_\_

What major improvements have been made to the property since you purchased it? What was the cost of the improvements? Where did the funding for the improvements come from? Who has records of these improvements, if any records are available?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you and your spouse agreed on a way of distributing this property?

Yes                       No

Please describe your agreement or your proposal to distribute the property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please make copies of this addendum and complete for any additional properties owned.***