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DISSOLUTION QUESTIONNAIRE

Instructions: Please provide all of the following information to the best of your ability.

Date: _____

Please tell us about you:

Last Name First Name Middle Name Previous Name(s)

Address City County State Zip

Social Sec. # Birthdate Phone Number-Home Phone Number- Cell

Your Employer's Name, Address and Phone Number

Your Position Title Hourly Rate or Annual Salary Employed Since

Highest Level of Education/Degree Attained Institution Year

Are you voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime do you work each week? _____

Please provide your e-mail address: _____

Please tell us about your spouse:

Last Name	First Name	Middle Name	Previous Name(s)
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Address	City	County	State	Zip
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Social Sec. #	Birthdate	Phone Number-Home	Phone Number- Cell
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Employer's Name, Address and Phone Number

Position Title	Hourly Rate or Annual Salary	Employed Since
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Highest Level of Education/Degree Attained	Institution	Year
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Is your spouse voluntarily able or required to work overtime (Circle one)? If yes, how many hours of overtime does your spouse work each week? _____

Please tell us about your marriage:

Marriage Date and Place

Are you and your spouse currently living together or separately? _____

If separately, when did the separation occur? _____

Have you sought Marriage or Family Counseling? (Circle one) Yes No

If yes, with whom? _____

Do you desire a name change? If so, please indicate change here: _____

Are you or your spouse a member of the U.S. Armed Forces? (Circle one) Yes No

If yes, please indicate who and which branch _____

Have you or your spouse been married previously? (Circle one) Yes No
If yes, please indicate the following:

	Death of Spouse/Dissolution	Date and place of marriage
Self		
Spouse		

Has your spouse hired an attorney? If so, please indicate the name of the attorney here _____
_____ of the _____ Law Firm

Has your spouse commenced a dissolution or child support action? (Circle one) Yes No
If yes, what documents have you received and when did you receive them?

How long have you been a resident of Minnesota? _____

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Signature

CHILD CUSTODY AND PARENTING TIME

Children – Please list all joint children born or legally adopted with your spouse.

Full Name	Birthdate	Age	Sex	SS #	Living With:

Do you wish to share legal custody of your child(ren) with your spouse? (Circle one) Yes No

Do you wish to share physical custody of your child(ren) with your spouse? (Circle one) Yes No

Describe your current parenting schedule below: (Write “D” for Dad, “M” for Mom or parent’s initials in each box.)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Describe your proposed parenting schedule below: (Write “D” for Dad, “M” for Mom or parent’s initials in each box.)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you wish to establish a Holiday Schedule? (Circle one) Yes No

Describe your proposed Holiday Schedule: (Write "D" for Dad, "M" for Mom or parent's initials in each box.)

	Odd Years	Even Years
New Year's Day		
Easter		
Memorial Day Weekend: Friday-Monday		
Fourth of July		
Labor Day weekend: Friday-Monday		
Thanksgiving		
Christmas Eve		
Christmas Day		
Mother's Day		
Father's Day		
Other:		

Are you or your spouse (circle one if yes) currently pregnant? _____

Do you currently have Health and Dental Insurance available for your child(ren)? (Circle one) Yes No
If yes, please indicate the following:

<u>Who Carries</u>	<u>Insurance Company</u>	<u>Policy #</u>	<u>Cost for Dependent(s)</u>

Do you currently have or will you be needing childcare? (Circle one) Yes No

If yes, please indicate the monthly cost and who pays this _____

Do you or your spouse have any non-joint children? (Circle one) Yes No

If yes, please indicate the following:

Full Name	Birthdate	Age	Sex	Non-Joint child's biological parent (you or your spouse)	Living With:

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Signature

ASSET/LIABILITY DISTRIBUTION

Instructions: Please list the value of each of the following items of property. If you are unable to obtain the exact present value, provide your best estimate.

Assets

BANK ACCOUNTS			
<u>Bank Name</u>	<u>Account #</u>	<u>Balance</u>	<u>Owner</u>

ACCOUNTS RECEIVABLE, NOTES, LOANS MADE TO OTHERS, ETC.		
<u>Due From</u>	<u>Balance Due</u>	<u>Owner</u>

STOCKS AND BONDS			
<u>Company Name</u>	<u>Number of Shares</u>	<u>Value/Share</u>	<u>Owner</u>

LIFE INSURANCE				
<u>Company</u>	<u>Account #</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Insured/Beneficiary</u>

AUTOMOBILES AND RECREATIONAL VEHICLES					
<u>MAKE/MODEL</u>	<u>LOAN AMOUNT</u>	<u>LOAN WITH</u>	<u>AMOUNT</u>	<u>NADA or KBB 3rd Party VALUE</u>	<u>OWNER</u>

PENSION, PROFIT SHARING, IRA RETIREMENT SAVINGS			
<u>Plan Name</u>	<u>Account #</u>	<u>Value</u>	<u>Owner</u>

PERSONAL PROPERTY, FURNISHINGS, etc (in excess of \$500.00)		
<u>Specific Items</u>	<u>Value</u>	<u>Description</u>

DEBTS, LOANS, MEDICAL etc			
<u>Creditor</u>	<u>Account #</u>	<u>Amount Due</u>	<u>Owner</u>

I hereby certify that the foregoing is true and correct to the best of my knowledge.

_____ Date

_____ Signature

REAL ESTATE / PROPERTY / BUSINESS INTERESTS

Homestead:

Address

Legal Description

_____ Date Purchased	_____ Purchase Price	_____ Name of Mortgage Company	_____ Amount Owed
_____ Appraised Value	_____ Date of Appraisal	_____ Appraised By	

Special Considerations: _____

This property is owned by (Circle One): Husband Wife Both

Other Real Estate:

Address

Legal Description

_____ Date Purchased	_____ Purchase Price	_____ Name of Mortgage Company	_____ Amount Owed
_____ Appraised Value	_____ Date of Appraisal	_____ By Whom	

Special Considerations: _____

This property is owned by (Circle One): Husband Wife Both

Other Real Estate:

Address

Legal Description

_____ Date Purchased	_____ Purchase Price	_____ Name of Mortgage Company	_____ Amount Owed
_____ Appraised Value	_____ Date of Appraisal	_____ By Whom	

Special Considerations: _____

This property is owned by (Circle One): Husband Wife Both

MISCELLANEOUS PROPERTY (patents, trademarks, copyrights, royalties)		
<u>Description</u>	<u>Value</u>	<u>Owner</u>

Business Interest

Please provide last balance sheet, P & L statement, tax return, buy-sell agreements, etc.

1. _____
 Name of Business _____ Location _____

Owned Since _____ % Ownership _____ Appraised Value _____ Appraised By _____

2. _____
 Name of Business _____ Location _____

Owned Since _____ % Ownership _____ Appraised Value _____ Appraised By _____

3. _____
 Name of Business _____ Location _____

Owned Since _____ % Ownership _____ Appraised Value _____ Appraised By _____

I hereby certify that the foregoing is true and correct to the best of my knowledge.

 Date

 Signature

MONTHLY EXPENSES

Please indicate your monthly net income, including overtime, if available: \$ _____

Please indicate your monthly expenses and specify if any are payroll deductions.

<u>ITEM</u>	<u>SELF</u>	<u>CHILDREN</u>
Rent		
Rental Insurance		
Mortgage Payment		
Principle _____		
Interest _____		
R.E. Taxes		
Homeowner's Insurance		
Second Mortgage / Home Equity Line of Credit		
Contract For Deed		
Association Fee		
Utilities:		
Electricity		
Gas		
Water		
Telephone / Cell Phone		
Internet		
Waste Disposal		
Cable TV		
Home Maintenance & Repair		
House Cleaning		
Lawn Care		
Snow Removal		
Other Property		
Contract for Deed		
Insurance & Taxes		
Maintenance		
Utilities		
Food/Groceries		
Lunches		
Eating Out		
Household Supplies		
Clothing		
Dry Cleaning		
Medical Expenses		
Uncovered Medical Expenses		
Prescriptions		
Dental Insurance		
Uncovered Dental costs		
Orthodontia		

<u>ITEM</u>	<u>SELF</u>	<u>CHILDREN</u>
Eye Care		
Automobile – Payment		
Gas / Oil		
Maintenance / Repairs		
Auto Insurance		
License		
Parking		
Life / Disability Insurance Premiums		
Recreation		
Vacations		
Newspapers / Magazines		
Membership Dues		
Personal Items / Incidentals		
Hair Care		
Child Care		
Babysitters		
Child Education		
Tuition		
Books / Supplies		
Activity Fees		
Allowances		
Non-School Classes		
Sports Fees		
Clubs		
Adult Education Expenses		
Tuition		
Books		
Fees		
Pet Expenses		
Veterinary		
Grooming		
Food / Treats / Toys		
Charitable Contributions		
Religious Contributions		
Gifts		
Other Miscellaneous		
Monthly Debt Reduction		
TOTALMONTHLY NEED		
SURPLUS / SHORTFALL		

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Date

Signature