

**RYAN & GRINDE, LTD.**  
ATTORNEYS AT LAW

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Protecting Your Rights – Achieving Your Goals

**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 Full 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:**

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Last Name	First Name	Middle Name	Previous Full 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

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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:**

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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:

	<b>Death of Spouse/Dissolution</b>	<b>Date and place of marriage</b>
<b>Self</b>		
<b>Spouse</b>		

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? \_\_\_\_\_

Do you currently have Health and Dental Insurance available for you and your spouse? (Circle one)

Yes No If yes, please indicate the following:

<b><u>Who Carries</u></b>	<b><u>Insurance Company</u></b>	<b><u>Policy #</u></b>	<b><u>Cost for Employee + Spouse</u></b>

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	Social Security #	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
<b>New Year's Day</b>		
<b>Easter</b>		
<b>Memorial Day Weekend: Friday-Monday</b>		
<b>Fourth of July</b>		
<b>Labor Day weekend: Friday-Monday</b>		
<b>Thanksgiving</b>		
<b>Christmas Eve</b>		
<b>Christmas Day</b>		
<b>Mother's Day</b>		
<b>Father's Day</b>		
<b>Other:</b>		

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.

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

<b>MISCELLANEOUS PROPERTY (patents, trademarks, copyrights, royalties)</b>		
<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 \_\_\_\_\_

<b>BANK ACCOUNTS</b>			
<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>

**PENSION, PROFIT SHARING, IRA RETIREMENT SAVINGS,  
PERSONAL INVESTMENTS**

<u>Plan Name</u>	<u>Account #</u>	<u>Value</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>YEAR / MAKE / MODEL</u>	<u>VIN</u>	<u>NADA OR KBB VALUE (private 3<sup>rd</sup> party sale)</u>	<u>Is this vehicle or RV encumbered?</u>	<u>Owner on Title</u>

**PERSONAL PROPERTY LIST**

(Include household goods and furnishings worth over \$500.00 and not previously listed above)

<u>Item</u>	<u>Value</u>	<u>Is there a debt against this item?</u>	<u>Owner</u>	<u>Is this Non-Marital?</u>

**NON-MARITAL PROPERTY**

Non-marital property is property owned prior to marriage or that was acquired from a premarital source; or property acquired by gift, devise, or inheritance.

Please list any non-marital property belonging to you or your spouse:

<u>Item</u>	<u>Value</u>	<u>Is there a debt against this item?</u>	<u>Owner</u>	<u>When and how did you acquire this property?</u>

Debts

**DEBT LIST**

(All current debts owed by you, your spouse, or jointly – including mortgages, credit cards, personal loans, etc. If you need more space, please use the back of this page)

<u>Name of Creditor</u>	<u>Account #</u>	<u>Current balance</u>	<u>Owner</u>

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.

<b><u>ITEM</u></b>	<b><u>SELF</u></b>	<b><u>CHILDREN</u></b>
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		

<b><u>ITEM</u></b>	<b><u>SELF</u></b>	<b><u>CHILDREN</u></b>
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		
<b>TOTALMONTHLY NEED</b>		
<b>SURPLUS / SHORTFALL</b>		

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature