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Licensed in North Dakota and Minnesota

## CLIENT INFORMATION SHEET

Client Referred by \_\_\_\_\_

### PERSONAL INFORMATION

HUSBAND

WIFE

Full Name \_\_\_\_\_  
S.S.N. \_\_\_\_\_

Maiden name \_\_\_\_\_  
Resume use of maiden name? \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Client's e-mail address \_\_\_\_\_

Marriage Date \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Separation Date (Different Residences) \_\_\_\_\_

Children born to this marriage:

FULL NAME                  BIRTHDATE                  SOCIAL SECURITY NO.    LIVING WITH

1.

2.

3.

4.

Is the wife now pregnant? \_\_\_ No \_\_\_ Yes Due Date of \_\_\_\_\_

Will the issue of custody be contested? \_\_\_ No \_\_\_ Yes

Date of Temporary Order(s), if any \_\_\_\_\_

Are you now or have you ever been on any form of public assistance, including but not limited to AFDC, Food Stamps or Medical Assistance?

\_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, describe what type of benefits and dates received:

\_\_\_\_\_ Current Monthly Child Support or Spousal Maintenance Order established by temporary Order for other party and minor children in this proceeding:

Child support: \$ \_\_\_\_\_ Spousal Maintenance (Alimony): \$ \_\_\_\_\_

Any claimed arrearages under existing Court Order(s): No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, specify the amount(s) claimed: Child Support: \$ \_\_\_\_\_

Spousal Maintenance (Alimony): \$ \_\_\_\_\_

**EMPLOYMENT**

**HUSBAND**

**WIFE**

Employer	_____	_____
Address	_____	_____
Length of Employment	_____	_____
Position	_____	_____

A. Gross income \$ \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Statutory Deductions:**

Federal Income Tax	_____	_____
State Withholding	_____	_____
Social Security	_____	_____
Pension Deduction	_____	_____
Union Dues	_____	_____
Insurance(s) (please specify)	_____	_____
Total Deductions	_____	_____
Net Income	_____	_____
Other deductions (please specify)	_____	_____
Net Take-home	_____	_____

Tax withholding figures above are based upon:

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Number of Exemptions \_\_\_\_\_

B. Employment benefits: Identify all benefits in addition to wages including bonuses paid or due, commission, automobiles or travel expenses reimbursement, other per diem compensation, membership paid by the employer, and insurance paid by employer.

HUSBAND Explanation	Amount	WIFE Explanation	Amount

C. PENSION PLAN AND/OR PROFIT SHARING PLAN:

	HUSBAND	WIFE
1. Through employment:		
Present Cash value	_____	_____
Vested or nonvested	_____	_____
2. Private plans:		
(IRA, Keogh, SEP)		
Present cash value	_____	_____
3. Deferred Compensation	_____	_____
4. Military Pension or Disability	_____	_____

D. INSURANCE

1. Health/Hospitalization Insurance:

Company \_\_\_\_\_

Persons Covered \_\_\_\_\_

Coverage through employer    yes \_\_\_\_\_ no \_\_\_\_\_                      yes \_\_\_\_\_ no \_\_\_\_\_

Amount of premium \_\_\_\_\_

Premium paid by employer    yes \_\_\_\_\_ no \_\_\_\_\_                      yes \_\_\_\_\_ no \_\_\_\_\_



**PERSONAL PROPERTY**

A. Stocks, Bonds, etc. Please list separately.

Identify if Stock or bond	Name of Company	Amount
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B. Checking Accounts. Please indicate if separate or joint account.

Name of Bank	Account Number	Balance	Separate or Joint
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C. Savings Accounts. Please list separately.

Name of Bank	Account Number	Balance	Separate or Joint
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D. Notes Receivable (Contract for Deeds) and Claims

From Whom:	Amount:	When payment expected:
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E. Motor Vehicles:

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Market value \_\_\_\_\_ Amount owed \_\_\_\_\_

Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Market value \_\_\_\_\_ Amount owed \_\_\_\_\_

Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

F. Boats, Motors, Campers, Snowmobiles, Trailers, RVs, etc.

1. Description \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Market Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

2. Description \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Market Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

3. Description \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Market Value \_\_\_\_\_ Amount Owed \_\_\_\_\_

Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

G. Other items of personal property: (Such as power equipment, tools, guns, valuable animals, jewelry, collections, etc.)

1. Description \_\_\_\_\_  
Market value \_\_\_\_\_ Amount owed and to whom \_\_\_\_\_  
Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_
2. Description \_\_\_\_\_  
Market value \_\_\_\_\_ Amount owed and to whom \_\_\_\_\_  
Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_
3. Description \_\_\_\_\_  
Market value \_\_\_\_\_ Amount owed and to whom \_\_\_\_\_  
Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

(CONTINUE ON BACK IF NECESSARY)

NON-MARITAL CLAIMS

A. Personal/real property acquired before marriage:

1. Description \_\_\_\_\_  
Market value \_\_\_\_\_ Amount owed and to whom \_\_\_\_\_  
Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

B. Personal/real property acquired before marriage:

1. Description \_\_\_\_\_  
Market value \_\_\_\_\_ Amount owed and to whom \_\_\_\_\_  
Monthly payment \_\_\_\_\_ In possession of \_\_\_\_\_

(If additional space is needed, please attach a separate sheet.)

**DEBTS**

**A. Secured Debts (list for each) ATTACH ADDITIONAL SHEETS IF NECESSARY**

Creditor \_\_\_\_\_

Security \_\_\_\_\_

Total Owing \_\_\_\_\_

Monthly payment \_\_\_\_\_

When incurred \_\_\_\_\_

Party Obligated \_\_\_\_\_

**B. Unsecured Debts (Please attach a separate list of credit cards and charge accounts. Also include any medical debts owed.)**

Creditor \_\_\_\_\_

Total Owing \_\_\_\_\_

Monthly payment \_\_\_\_\_

When incurred \_\_\_\_\_

Party Obligated \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**CHILD SUPPORT/SPOUSAL MAINTENANCE**

Does either party receive or pay child support or spousal maintenance from a separate proceeding? \_\_\_\_ No \_\_\_\_ Yes (Please circle receive or pay in sentence.)

If yes, \$ \_\_\_\_\_ is received or paid (circle one) each month for child support or alimony (circle one).

To whom is this obligation owed? \_\_\_\_\_

State, County and Date of such Order: \_\_\_\_\_

**MONTHLY EXPENSES**

**A. Housing.**

Mortgage \_\_\_\_\_  
2<sup>nd</sup> mortgage \_\_\_\_\_  
Rent \_\_\_\_\_  
Contract for Deed \_\_\_\_\_  
Property taxes \_\_\_\_\_  
Insurance - homeowners or rental \_\_\_\_\_  
Other - please specify \_\_\_\_\_  
\_\_\_\_\_

**B. Home Maintenance and repair**

House Cleaning \_\_\_\_\_  
Lawn Care \_\_\_\_\_  
Snow Removal \_\_\_\_\_  
Decorating \_\_\_\_\_  
Carpet Cleaning \_\_\_\_\_  
Furniture Cleaning \_\_\_\_\_  
Home Repairs and Appliances \_\_\_\_\_  
Household Supplies \_\_\_\_\_

**C. Food.**

Groceries \_\_\_\_\_  
Lunches at work \_\_\_\_\_  
School lunches \_\_\_\_\_  
Eating out \_\_\_\_\_  
Other - please specify \_\_\_\_\_  
\_\_\_\_\_

**D. Utilities.**

Water/Sewer/Garbage \_\_\_\_\_  
Electricity \_\_\_\_\_  
Gas \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Internet service \_\_\_\_\_  
Cable Television \_\_\_\_\_  
Other - please specify \_\_\_\_\_  
\_\_\_\_\_

E. Clothing.

For self \_\_\_\_\_  
For children \_\_\_\_\_  
Laundry and dry cleaning \_\_\_\_\_  
Alterations and Repair \_\_\_\_\_

F. Transportation.

Car payment \_\_\_\_\_  
Repairs and maintenance \_\_\_\_\_  
Car insurance \_\_\_\_\_  
Gas and oil \_\_\_\_\_  
Bus fares \_\_\_\_\_  
License \_\_\_\_\_  
Parking \_\_\_\_\_  
Motor Clubs (like AAA) \_\_\_\_\_  
Other - please specify \_\_\_\_\_  
\_\_\_\_\_

G. Medical and Dental Care.

Self - doctor and dentist \_\_\_\_\_  
Self - medications and medical supplies \_\_\_\_\_  
Children - doctor and dentist \_\_\_\_\_  
Children - medications and medical supplies \_\_\_\_\_  
Medical/Hospitalization insurance \_\_\_\_\_  
Dental Insurance \_\_\_\_\_  
Disability Insurance \_\_\_\_\_  
Uninsured Medical Expense \_\_\_\_\_  
Uninsured Dental Expense \_\_\_\_\_  
Orthodontia \_\_\_\_\_  
Contacts/eyeglasses \_\_\_\_\_  
Counseling/therapy \_\_\_\_\_  
Other - please specify \_\_\_\_\_  
\_\_\_\_\_

H. Entertainment.

Athletic events \_\_\_\_\_  
Movies, plays \_\_\_\_\_  
Trips \_\_\_\_\_  
Beer, Wine, Liquor \_\_\_\_\_  
Vacations \_\_\_\_\_



Newspaper and magazines	_____
Barber and beauty shop	_____
Cigarettes	_____
Insurance not previously listed	_____
Specify _____	_____
Dues/memberships	_____
Other - please specify	_____
_____	_____
_____	_____

N. Credit Cards and Loans.

Company	Balance Owed	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

O. Please list any unusual current expenditures such as expenses for serious illness, long-time medical care, accident or other emergency, along with total balance owed and monthly payment.

To Whom Owed	Balance Owed	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

P. Please list any other expenses you may have that are not listed above, such as attorneys fees, piano lessons, fees and supplies for athletic/academic organizations or clubs, etc.

To whom payment is made	Monthly payment
_____	_____
_____	_____
_____	_____

OTHER INCOME

HUSBAND

WIFE

A. Interest in partnerships                    \_\_\_ yes \_\_\_ no                    \_\_\_ yes \_\_\_ no

Name of partnership \_\_\_\_\_

Value \_\_\_\_\_

B. Public Assistance \_\_\_\_\_

C. Social Security  
benefits for either  
party or child \_\_\_\_\_

D. Unemployment/  
Workers Comp \_\_\_\_\_

E. Interest income \_\_\_\_\_

F. Dividend income \_\_\_\_\_

G. Rental property \_\_\_\_\_

H. Other income  
(please specify) \_\_\_\_\_

\_\_\_\_\_

**REAL PROPERTY**

**Homestead  
(Please Specify)**

**Other**

- A. In whose possession \_\_\_\_\_
- B. Date Acquired \_\_\_\_\_
- C. Purchase price \_\_\_\_\_
- D. Present Fair  
Market Value \_\_\_\_\_
- E. First Mortgage  
Balance (approx.) \_\_\_\_\_
- F. Second Mortgage  
Balance or Home  
Improvement Loan \_\_\_\_\_
- G. Net Value \_\_\_\_\_
- H. Monthly payment \_\_\_\_\_

**PLEASE PROVIDE THE LEGAL DESCRIPTIONS OF ALL REAL PROPERTY.  
(If additional space is needed, please attach a separate sheet.)**

PLEASE ANSWER THE FOLLOWING QUESTIONS IN ORDER THAT WE MIGHT BETTER ADVISE YOU.

What habits has your spouse changed recently?

\_\_\_\_\_

Are there problems of: Alcohol \_\_\_\_\_ Child Abuse \_\_\_\_\_ Drugs \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_  
Violence \_\_\_\_\_

Have you had counseling in the last year? \_\_\_\_\_ If so, with whom?

\_\_\_\_\_

If we have to make service, where should we serve your spouse?

\_\_\_\_\_

What is the best time to serve your spouse? \_\_\_\_\_

Does he/she have an attorney? \_\_\_\_\_

Has that attorney ever talked to you or done any work for you? \_\_\_\_\_

What work? \_\_\_\_\_

Did you help to pay for your spouse's education? \_\_\_\_\_

Did he/she help pay for yours? \_\_\_\_\_

Do you or your spouse have a pension or retirement plan? \_\_\_\_\_

Do either of you have a new relationship? \_\_\_\_\_ Who? \_\_\_\_\_

Did either of you withdraw money from the bank recently? \_\_\_\_\_

Who? \_\_\_\_\_ How much? \_\_\_\_\_

Do you have funds available from which you could support yourself in the next few months?

\_\_\_\_\_

Did your spouse's parents or your parents give you both money during the marriage? \_\_\_\_\_ Who? \_\_\_\_\_

Do you expect an inheritance? \_\_\_\_\_

Did you receive an inheritance during the marriage? \_\_\_\_\_ When? \_\_\_\_\_

Is there a family home? \_\_\_\_\_ Who lives there? \_\_\_\_\_

When was it purchased? \_\_\_\_\_

What was the source of the down payment? \_\_\_\_\_

Is there a business? \_\_\_\_\_ What is it? \_\_\_\_\_

Have you and your spouse discussed custody, support or visitation? \_\_\_\_\_

What is your present medical condition? \_\_\_\_\_

Do you regularly take any medications? \_\_\_\_\_

Where is your jewelry located? \_\_\_\_\_

Can your spouse remove your jewelry? \_\_\_\_\_

Where are the stock certificates and CD's kept? \_\_\_\_\_

What is in the safety deposit box? \_\_\_\_\_

Do you and your spouse each have a vehicle? \_\_\_\_\_

Have you separated from your spouse? \_\_\_\_\_ If yes, when? \_\_\_\_\_

For my children I want/need:

sole custody \_\_\_\_\_ shared custody \_\_\_\_\_ custody to my spouse \_\_\_\_\_.

Child support: \$ \_\_\_\_\_ per month for \_\_\_\_\_ years.

For myself I need:

Spousal maintenance: \$ \_\_\_\_\_ per month for \_\_\_\_\_ years.

The properties I want the most are:

\_\_\_\_\_ Car \_\_\_\_\_

\_\_\_\_\_ Other vehicles, boats, etc. \_\_\_\_\_

\_\_\_\_\_ Family home \_\_\_\_\_

\_\_\_\_\_ Other real estate \_\_\_\_\_

\_\_\_\_\_ Furniture and other household goods \_\_\_\_\_

\_\_\_\_\_ Jewelry & other personal property \_\_\_\_\_

\_\_\_\_\_ Stocks, bonds, CDs, etc. \_\_\_\_\_

\_\_\_\_\_ Cash in savings \_\_\_\_\_  
\_\_\_\_\_ Interest in insurance \_\_\_\_\_  
\_\_\_\_\_ Retirement \_\_\_\_\_ IRA \_\_\_\_\_  
\_\_\_\_\_ Business \_\_\_\_\_  
\_\_\_\_\_ Other property, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The properties I expect my spouse to request are:

\_\_\_\_\_ Car \_\_\_\_\_  
\_\_\_\_\_ Other vehicles, boats, etc. \_\_\_\_\_  
\_\_\_\_\_ Family home \_\_\_\_\_  
\_\_\_\_\_ Other real estate \_\_\_\_\_  
\_\_\_\_\_ Furniture and other household goods \_\_\_\_\_  
\_\_\_\_\_ Jewelry & other personal property \_\_\_\_\_  
\_\_\_\_\_ Stocks, bonds, CDs, etc. \_\_\_\_\_  
\_\_\_\_\_ Cash in savings \_\_\_\_\_  
\_\_\_\_\_ Interest in insurance \_\_\_\_\_  
\_\_\_\_\_ Retirement \_\_\_\_\_ IRA \_\_\_\_\_  
\_\_\_\_\_ Business \_\_\_\_\_  
\_\_\_\_\_ Other property, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other things I need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The debts and liabilities we most need to pay off are:

\_\_\_\_\_ charge accounts \_\_\_\_\_  
\_\_\_\_\_ bank loans \_\_\_\_\_  
\_\_\_\_\_ mortgages \_\_\_\_\_  
\_\_\_\_\_ other loans, please specify \_\_\_\_\_  
\_\_\_\_\_ very few debts \_\_\_\_\_  
\_\_\_\_\_ no debts \_\_\_\_\_

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. Your spouse's paycheck stubs, if you can get them, from January 1 of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal for the past three years.
4. Deeds, abstracts and torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse, individually or jointly. Secure from your mortgage company or lending institution if you do not have.
5. Mortgage or Contract for Deed balance on homestead and any other real estate. The last monthly mortgage payment statement, if you have one.
6. All papers and documents covering the initial purchase of your homestead, including Purchase Agreement.
7. Tax Assessor's statements on homestead and other real properties.
8. Savings passbooks and savings certificates of individual or joint accounts held by you and/or your spouse.
9. List of corporate stocks and/or stock certificates, if possible, owned by you and your spouse, individually or jointly. Also give name of broker or brokers.
10. Current list of insurance policies, with statements of loans against them.
11. A copy of any pension or retirement programs, profit sharing and/or investment programs, you or your spouse may be involved in through employment, savings accounts reflecting you and your spouse's IRA.
12. Title cards to all automobiles or other motor vehicles owned by you or your spouse, individually or jointly.
13. A copy of any financial statements or statements of net worth prepared by you or your spouse for the purpose of securing bank loans or for any other purpose.
14. Any other information that will help establish your net worth, your spouse's net worth, your joint net worth, your income, and your spouse's income.
15. Any pleadings and legal papers in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or your spouse.
16. Any U.S. Social Security records or documents reflecting you and/or your spouse's earning and qualifications for retirement benefits.

17. Any documents that will support any claim you may have that any of your assets are non-marital.
18. Statements of Account for any bank accounts, money market accounts, IRAs, pensions, profit sharing account or deferred compensation accounts.
19. Tax returns and financial statements for the past five years for any business in which you or your spouse have an interest.