MARITAL DISSOLUTION INFORMATION FORM

THE FOLLOWING DOCUMENTS SHOULD BE BROUGHT TO OUR OFFICE:

1. All correspondence and/or pleadings and papers received from your spouse's attorney, if any.

2. Deeds to real property, if any, containing legal descriptions. (Your property tax statement is not sufficient). If you own torrens property, please provide us with a copy of your Owner's Duplicate Certificate of Title.

3. Copies of your (and your spouse's) last six paystubs.

4. Insurance policy documents with cash value and documents on the value of pension plans, profit sharing accounts, IRA's, and 401K's.

5. Titles to all vehicles and recreational vehicles.

PATTON, HOVERSTEN & BERG

215 ELM AVENUE EAST
P.O. BOX 249
WASECA, MN 56093
(507) 835-5240

150 WEST PARK SQUARE
P.O. BOX 506
OWATONNA, MN 55060
(507) 451-9000

216 NORTH MAIN STREET
P.O. BOX M
JANESVILLE, MN 56048
(507) 234-5106

Date:_____
Client Name:_____
Who referred you to us:_____

DISSOLUTION INFORMATION FORM

Please answer the following questions by PRINTING the information requested. Answer ALL the questions to the best of your ability. With this information, an attorney will be in a better position to answer your questions about dissolution, custody and/or visitation.

A. PERSONAL INFORMATION

1. Full Name_____
First Middle Last

Prior or Other Names_____

Address_____
Street Apt. # City State Zip County

If you authorize our office to contact you by e-mail, please provide your e-mail address:_____
(By providing your e-mail address you acknowledge that we cannot guarantee that information transmitted via the internet can be kept confidential and may be subject to review by unauthorized individuals).

Telephone _____ _____ _____
Home Work * Other
(* where we may contact you or leave message if necessary)

Birthdate_____ Age_____ Birthplace_____
Social Security Number_____

2. Spouse's Name_____
First Middle Last

Prior or Other Names_____
Address_____
Street Apt# City State Zip County

Telephone _____ _____ _____
Home Work * Other

Spouse's Birthdate_____ Age_____ Birthplace_____
Social Security Number_____

3. Have you lived in Minnesota continuously for the last 180 days?
_____Yes _____No
Have your children lived in Minnesota for the last 180 days?
_____Yes _____No

4. Date of Present Marriage_____
Month Day Year

Place of Marriage_____
City County State

Have you divorced before?_____
Has your spouse divorced before?_____

5. Are you and your spouse presently separated?_____Yes _____No
If yes, since what date?_____
During your separation has your spouse given you any money?
_____No _____Yes: How much?_____
Have you given your spouse any money?
_____No _____Yes: How much?_____

6. Have you or your spouse ever started any court proceedings regarding your marriage, custody of your children, support or paternity?_____Yes _____No
If yes, give details including year, county and state and outcome:_____
_____

7. Do you, your spouse or your children have any physical disabilities or illnesses?
_____Yes _____No If yes, please give details:

_____
Name Disability/Illness
_____
Name Disability/Illness

8. Are you or your spouse a member of the military service of the United States?
_____Yes _____No If yes, who is a member:_____

9. Has your spouse ever slapped, pushed, hit or assaulted you?_____Yes _____No
Describe_____
_____
Has your spouse ever threatened you?_____Yes _____No
Describe_____
_____
Are you afraid of your spouse?_____Yes _____No

PLEASE CALL US IMMEDIATELY IF YOU NEED INFORMATION ON A SAFE PLACE TO STAY. YOU CAN ALSO CALL THE WASECA CRISIS INTERVENTION CENTER AT (507) 835-7828 TO TALK TO A DOMESTIC ABUSE COUNSELOR AND/OR FIND OUT ABOUT SAFE SHELTER. THIS NUMBER IS ANSWERED 24 HOURS A DAY. YOU MAY ALSO CALL 1-800-579-5669 IN AN AFTER HOURS EMERGENCY. YOU CAN ALSO CALL THE STEELE COUNTY 24 HOUR CRISIS HELPLINE AT (507) 451-9100 OR 1-800-648-2330.

Has your spouse ever abused the children?_____Yes _____No
Describe_____
_____
_____

Have you ever filed for an order for protection against your spouse?
_____Yes _____No When?_____
Has your spouse ever filed for an order for protection against you?
_____Yes _____No When?_____
Does your spouse own any guns?_____Yes _____No

B. CHILDREN

1. Children by this spouse?

Name (first, middle, last)	Birthdate	Social Security No.

2. Were any of the children born before the marriage?_____Yes _____No
If any of the children were born prior to the marriage, has paternity been established?_____Yes _____No (If yes, bring in paper)

3. List addresses where the children have lived during the past 5 years, and name all the adults who lived in the home with the children:

Name (first, middle, last)	Birthdate	Social Security No.

4. Give the present address of any adults who have lived with the children in the last 5 years.

_____

5. Where are the children living?
With you?_____ With your spouse_____ With someone else_____
Where?_____
Street City State Zip Code

6. Is the issue of custody contested?_____Yes _____No
What type of custody do you desire? (check one)
_____Sole legal and physical custody to_____
_____Joint legal, sole physical custody to_____
_____Joint legal and joint physical (describe)_____
_____

If you receive physical custody, what type of visitation would you want your spouse to have?_____

If your spouse receives physical custody, what type of visitation would you want to have?_____

7. Are any of the children involved with juvenile court?_____Yes _____No
If yes, what kind? Delinquency_____; Abuse/neglect_____; Other_____
Which child?_____

8. Are you (your spouse) pregnant?_____Yes _____No If yes, when is the baby due?_____ Is husband the father?_____Yes _____No

9. Do either you or your spouse have any children besides those listed in #1?
_____Yes _____No
If yes, list their complete names, birthdates, other parent's names, and where they are living.
Your children:_____
_____
Your spouse's children_____
_____
Are you or your spouse paying child support for any other children?
_____No _____Yes Amount $_____
For which child?_____

10. Do you and your spouse have any disabled adult children who are unable to support themselves? _____Yes _____No
If yes: adult child's name_____Birthdate_____
Where does he/she live?_____

11. Are you paying child care costs while you work or go to school?
_____No _____Yes (Monthly Amount: $_____)

C. INSURANCE

1. Do you have health, dental, insurance coverage?_____Yes _____No

2. Name and address of company:_____
_____

3. List individuals covered under your plan:_____
_____

4. Cost of insurance per month: $_____
Is it provided through work?_____Yes _____No
Who pays, you or your spouse?_____Me _____Spouse
Whose employer?_____Mine _____Spouse
5. Do you have life insurance?_____Yes _____No

6. Name and address of company(s):_____

_____

7. Amount of insurance and type of plan:_____

_____

8. Cost of insurance per month: $_____

D. REAL ESTATE

1. Do you or your spouse own any real estate? (i.e., house, farmland, recreational & hunting land. Does not include a mobile home unless you own the land it sits on.) _____No_____Yes If yes, you must provide a legal description of the property, a photocopy of the deed is best. If you don't have this, you can get it from the courthouse in the county where the property is located.

2. List the complete address of this property.

_____

Street City County State Zip Code

3. What is the approximate fair market value?$_____

4. What is the approximate balance on the mortgage?$_____

E. PERSONAL PROPERTY

1. Attach a separate sheet showing each item of personal property, its current value, who should receive it and whether there are any items which are disputed as to their possession.

2. Is there any personal property in your spouse's possession that you want?

_____Yes _____No

If yes, describe and list in detail_____

_____

3. Are any of the personal property items listed in Item 1 "non-marital" (gifts from family or others to one, but not both spouses, property owned prior to marriage etc.)? If so, identify those items.

4. What vehicle do you presently have?_____

What vehicle does your spouse presently have?_____

Which vehicle(s) do you want?_____

License No._____ VIN:_____

License No._____ VIN:_____

F. EMPLOYMENT & INCOME

1. YOUR Occupation_____

Employed by_____

How long?_____

Address_____Phone_____

Gross Salary $_____ per year

Average monthly take home pay_____

Do you get: Bonuses _____Yes _____No

Overtime pay? _____Yes _____No

Commissions? _____Yes _____No

Health Insurance Coverage? _____Yes _____No

Does it include the children? _____Yes _____No

Retirement Plan? _____Yes _____No

Current balance $_____

Do you have more than one job?_____Yes _____No If yes, list second employer and average monthly take-home pay from second job._____

_____

Please attach several recent pay stubs.

2. YOUR SPOUSE'S Occupation_____

Employed by_____

How long?_____

Address_____Phone_____

Gross Salary $_____ per year

Average monthly take home pay_____

Does your spouse get: Bonuses _____Yes _____No

Overtime pay? _____Yes _____No

Commissions? _____Yes _____No

Health Insurance Coverage? _____Yes _____No

Does it include the children? _____Yes ____No

Retirement Plan? _____Yes _____No

Current balance $_____

Does your spouse have more than one job?_____Yes _____No If yes, list second employer and average monthly take-home pay from second job._____

_____

If you have any of your spouse's pay stubs please attach them.

3. Do you or your spouse receive any of the following? (Check all that apply and list amounts, if known).

	You	Spouse	Monthly Amount
AFDC			
GA/Work Readiness			
Social Security			
SSI			
Unemployment Compensation			
Workers Compensation			
Veterans Benefits			
Pensions			
Food Stamps			
Medical Assistance			
Child Support			
Spousal Maintenance (Alimony)			
Other Income			

4. Education: Indicate highest grade completed:

	You	Your Spouse
Elementary/Secondary (0-12 yr)	_____	_____
College (1-4 or 5+ yr)	_____	_____
Other (specify) _____	_____	_____

5. If you are unemployed, describe your skills and previous jobs._____

_____

_____

If your spouse is unemployed, describe his/her skills and previous jobs.

_____

_____

_____

6. Is your spouse physically capable of earning money to pay child support?

_____Yes _____No

G. DEBTS

1. Do you or your spouse have any debts? _____Yes _____No

   If yes, what is the approximate total amount owed?$_____

2. Who should pay the debts? You_____; Your spouse_____; Divide_____

H. NAME CHANGE

1. Do you wish to have your name changed as a part of this divorce?_____Yes

   No

   If yes, give the **full** name exactly as you want it to be:

   _____

I. SERVING PAPERS

1. Does your spouse want a divorce?_____Yes _____No
2. Does your spouse expect to be served? _____Yes _____No
3. Would your spouse be willing to come in to our office to get the papers instead of being served by the Sheriff?_____Yes _____No

Please list your **current monthly expenses.** List all the monthly expenses regardless of whether you are able to pay them or not.

	TOTAL MONTHLY EXPENSE	**CHILDREN'S SHARE** (If it can be separated)
Rent		
Mortgage Payment		
Contract for Deed Payment		
Homeowner's Insurance		
Real Estate Taxes		
Electricity		
Gas/Heat		
Garbage pickup		
Telephone		
Food		
Clothing		
Laundry & Dry Cleaning		
Health Insurance		
Other Medical and Dental		
Car Payment		
Car Insurance		
Other Transportation (gas, car maintenance, or bus fare)		
Life Insurance		
Recreation & Travel		
Newspapers and Magazines		
Social and Church		
Personal Allowances/ Incidentals		
Babysitting/Child Care		
Home Maintenance		

Children School Needs & Allowances		
Credit Card Payments		
Other Debt Payments		
Other Expenses		
TOTAL		

4. Address at which your spouse can be served with legal papers by the Sheriff:

WORK_____

Best time of day to find_____

OTHER_____

Best time of day to find_____

5. Describe the vehicle your spouse may be driving:_____

year make color license

6. Physical description of spouse:

Height _____ Hair Color _____

Weight _____ Eye Color _____

7. Additional information that may help the sheriff find your spouse to serve these papers:

_____

_____

_____

TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

DATED: _____ _____

Signature