

GUZIK LAW OFFICE, P.A.

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Date: _____

DISSOLUTION – DIVORCE QUESTIONNAIRE

Your Name: _____
First Middle Last

Your Former Names: _____

Your Phone numbers: Cell-Home _____ Work _____

Your email address: _____

Your Street Address: _____

Your State, City Zip: _____

Your Date of Birth: _____ Age: _____

Your Social Security No.: _____

Spouse's Name: _____
First Middle Last

Spouse's Former Names: _____

Spouse's Phone: Cell-Home _____ Work _____

Spouse's E-mail address: _____

Spouse's Street Address: _____

Spouse's State, City Zip: _____

Spouse's Date of Birth: _____ Age: _____

Spouse's Social Security No.: _____

Date of marriage to present spouse: _____

City and State of present marriage: _____

Date of separation (or expected date of separation): _____

Length of time you _____ and your spouse _____ have resided in Minnesota.

Are you ____ or your spouse ____ presently on active military duty? Yes ____ No ____

Does either party desire a name change as a part of this proceeding? Yes ____ No ____

If yes, indicate exact new name: _____

Name and phone number of two persons (other than the opposing party) who would be most likely to always know where you can be reached:

Name – Phone

Name – Phone

MINOR CHILDREN Please complete Appendix A – Minor Children & Parenting Time

EMPLOYMENT AND INCOME

a. Your employment and income.

Are you presently employed: Yes ____ No ____ If yes, specify:

Your employer: _____ Your occupation: _____

Address: _____

Length of time with this employer: _____

Other sources of income: _____

Your Gross income (before taxes) per year: \$ _____

b. Your spouse's employment and income.

Is your spouse presently employed: Yes ____ No ____ If yes, specify:

Spouse's employer: _____ Spouse's occupation: _____

Address: _____

Length of time with this employer: _____

Other sources of income: _____

Spouse's Gross Income (before taxes) per year: \$ _____

c. Health and Dental Insurance.

Do you ____ or your spouse ____ provide health or dental insurance for the children?

What is the cost for the children ONLY \$ _____ per _____

Whom does this insurance presently cover: _____

d. Childcare Expenses.

Childcare including before or after-school care expenses: \$ _____ per _____

Who pays childcare expenses: You _____ Other parent _____

Are you _____ or your spouse _____ requesting spousal maintenance?

DEBTS ACQUIRED DURING MARRIAGE

NAME OF CREDITOR	REASON INCURRED	PERSON RESPONSIBLE	BALANCE OWED	MONTHLY PAYMENT

If child support or spousal maintenance (alimony) is being requested or ordered, please list your,

YOUR ESTIMATED MONTHLY LIVING EXPENSES

Expense	Current	Projected
Mortgage/Rent		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Dues		
Electricity		
Natural Heat – Propane – Heating Oil		
Home Maintenance		
Sewer & Water		
Trash Removal		
Cable/Satellite TV		
Internet Access		
Cell phone service		
Landline phone service		

Food – groceries		
Food – dining out		
Clothing		
Laundry		
Uninsured medical expenses		
Vehicle payment		
Automobile insurance		
Automobile maintenance		
Fuel expense		
Healthcare insurance		
Life insurance		
Travel – Entertainment		
Charitable contributions		
Childcare Expenses		
Child/Children school lunches		
Child/Children other expenses		
Educational expenses for self		
Credit card payments		
Student loans		
Other loans (explain)		
TOTALS:		

RETIREMENT ACCOUNTS

a. Your retirement plans and accounts.

Exact Plan Name	Approximate value	Year started

b. Your spouse's retirement plans and accounts.

Exact Plan Name	Approximate value	Year started

BUSINESS INTERESTS

Do you _____ or your spouse _____ have any interest in a business?
Yes _____ No _____ If yes, please complete Appendix B – Business Interests

REAL ESTATE

Do you or your spouse own real estate or real property? Yes _____ No _____
If yes, please complete Appendix C – Real Estate.

LIFE INSURANCE

Do you _____ or your spouse _____ own any life insurance?
If so, please complete Appendix D – Life Insurance

NON-MARITAL ASSETS

Did you _____ or your spouse _____ enter into this marriage with separate money or property in excess of \$1,000.00? Yes _____ No _____ If yes, please detail:

Do you and spouse have an antenuptial (pre-nuptial), or post-nuptial agreement?
Yes _____ No _____ If yes, please provide a copy.

Did you _____ or your spouse _____ receive money or assets during the marriage from an inheritance, or a gift from someone other than your spouse: Yes _____ No _____

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

Are you _____ or your spouse _____ the beneficiary of any trust? Please provide details for the above: _____

YOUR PROPOSED PROPERTY DISTRIBUTION

List your assets and liabilities and how you believe they should be distributed:

Asset/Liability:	Nature of Item:	Is any portion nonmarital?	Marital Value:	Wife	Husband
Real Estate:					
Checking – Saving Accounts:					
Investment Accounts:					
Retirement Accounts:					
Motor Vehicles (also list any vehicle loans):					
Recreational Property:					

Asset/Liability:	Nature of Item:	Is any portion nonmarital?	Marital Value:	Wife	Husband
Business Interests:					
Debts:					
Totals:					

DOCUMENTS

Please provide copies of the following documents:

1. Your 3 most recent pay statements.
2. Your spouse's 3 most recent pay statements – if available.
3. Your most recently filed state and federal income tax returns.
4. Copy of the warranty **deed or deeds** for all real estate you and/or your spouse own (a copy is usually included with the closing documents – *not* a property tax statement).
5. Copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry or other valuable personal property to be divided; and
6. Copy of your most recent statements for any IRA, 401(k), or other retirement plans and investments owned by you and/or your spouse.

REFERRAL SOURCE

How were you referred to our office: _____

Name or search term used: _____

APPENDIX A – MINOR CHILDREN & PARENTING TIME

Children born or legally adopted during your relationship/marriage to other party:

Full Names of Joint Children	M/F	Birthdate	Age	Living with whom?

Is wife currently pregnant? Yes _____ No _____ If yes, due date: _____

Will custody of minor children be an issue? Yes ____ No ____

PARENT EDUCATION PROGRAM In proceedings where custody or parenting time of minor children is contested, Minnesota law requires that both parents attend a minimum of eight hours in a co-parenting orientation and education program. [See Minn. Stat. § 518.157.](#)

If you or your spouse have non-joint children, list each child's name, date of birth and age:

Full Names of Non-joint Children	M/F	Birthdate	Age	Indicate whose child: (Your's or Spouse's)

LEGAL CUSTODY In MN, “joint legal custody” is presumed to be in the children's best interests, and is normally ordered by the Court. Joint legal custody means that both parents have equal rights and responsibilities, including the right to participate in major decisions concerning a child's upbringing including education, healthcare and religious training. A party seeking sole legal custody is required to demonstrate that the parties can not work together or communicate in a civil manner. It may be ordered where there is a history of domestic abuse or violence, or where a parent has been absent from the children's lives.

Do you and the other parent agree about legal custody? Yes ____ No _____

Joint legal custody _____ or sole legal custody to which parent _____

PHYSICAL CUSTODY means the physical residence where the child/ren will reside. Are you asking the court to grant physical custody of the child/ren to:

Both parents jointly _____ you solely _____ other parent solely _____

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

Yes _____ No _____ If yes, please set out schedule in blank calendar below.

Are you requesting that the other parent's parenting time be supervised?

Yes _____ No _____

If yes, state in detail the reasons why: _____

PARENTING TIME SCHEDULE Where both parents have been actively involved in the children's care, and when joint physical custody is appropriate, a common arrangement is the so-called "5-2-2-5" parenting schedule, where one parent has every Monday and Tuesday for an overnight, and the other parent has every Wednesday and Thursday for an overnight, with the parents alternating weekends, usually Friday to Monday morning (or Friday to Sunday evening). A calendar representation of this schedule is as follows:

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
One	Mom	Mom	Mom to school or childcare / Dad	Dad	Dad	Dad	Dad
Two	Dad	Dad to school or childcare / Mom	Mom	Mom to school or childcare / Dad	Dad	Dad to school or childcare / Mom	Mom

What parenting time schedule do you believe is best for your children?

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
One							
Two							

Are you and the other parent in agreement regarding this schedule? Yes _____ No _____

HOLIDAY PARENTING TIME – SAMPLE for illustration purposes only. Please indicate *your desired holidays*, “even” and “odd” year parent, and *your desired times*:

Holiday	Even years	Odd years
New Years Eve (12/31 @ 9:00 am – 1/1 @ 6:30 pm)		
MLK Day (3 rd Monday in January)		
Presidents Day (3 rd Monday in February)		
Passover		
Easter Sunday (9:00 am – to school the next morning)		
Spring School Break (From after school on last day of school – to school when school resumes)		
Ramadan		
Mother's Day	Mom	Mom
Memorial Day WE (Friday @ 9:00 am – to school on Tuesday morning)		
Eid al-Fitr		
Father's Day	Dad	Dad
Fourth of July (July 4 th @ 9:00 am - July 5 @ 9:00 am)		
Eid al-Adha		
Labor Day WE (Friday @ 9:00 am – to school on Tuesday morning)		
Rosh Hashanah		
MEA school break (3 rd Wed & Thur in October)		
Yom Kippur		
Halloween		
Thanksgiving Day (Thursday at 9:00 am – Friday at 9:00 am)		
Christmas Eve (12/24 @ 9:00 am 12/25 @ 9:00 am)		
Christmas Day (12/25 @ 9:00 am - 12/26 @ 9:00 am)		
Winter School Break		

Are you requesting that the other party's parenting time should be supervised?

Yes _____ No _____ If yes, state in detail the reasons why? _____

CHILD CAREGIVING RESPONSIBILITIES

Complete only if you and other parent **do not agree** on legal or physical custody. Describe how caregiving responsibilities for your child/children were shared:

Caregiving Responsibility	Your %	Other Parent %
Purchasing of groceries		
Planning and preparing meals		
Dressing – bathing – grooming		
Purchasing and laundering of children's clothing		
Helping with homework		
Putting children to bed		
Tending to children during the night		
Getting children up, fed and ready in morning		
Bringing children to and from school or childcare		
Bringing children to and from school-related events or extracurricular activities		
Attending parent – teacher school conferences		
Discipline/manners		
Schedule and attend doctor and dentist appointments		
Other (please specify)		

APPENDIX B – BUSINESS INTERESTS

Name of business: _____

Is this business: a corporation _____ partnership _____, or other _____

(specify: _____)

Percentage interest owned by you _____% or your spouse _____%

Service or product: _____

Date interest was acquired, and extent of interest: _____

Initial investment: _____

Names and addresses of other shareholders, partners, or participants: _____

If a corporation, list % of your _____ interest and % of 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: _____

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

Yes _____ No _____ If yes, give detail: _____

APPENDIX C – REAL ESTATE

Address of Property: _____

Legal description: **(PLEASE PROVIDE COPY OF DEED TO PROPERTY).**

Date purchased: _____ Purchase price: \$_____

Down payment: \$_____ Source of down payment: _____

Name in which real property is titled: _____

Mortgage type (1 st , 2 nd , Home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance owed

Amount you believe the property would sell for: \$_____

Monthly payment: \$_____

Are real estate taxes _____ and insurance _____ included in the mortgage or contract for deed payment? Yes _____ No _____

Cost of your homeowner's insurance per year: \$_____

Cost of real estate taxes per year: \$_____

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has the records? _____

Do you and your spouse agreed on a way of distributing this property? Yes ____ No ____

Please list details of agreement: _____

APPENDIX C2 – OTHER REAL ESTATE

Address of Property: _____

Legal description: **(PLEASE PROVIDE COPY OF DEED TO PROPERTY).**

Date purchased: _____ Purchase price: \$_____

Down payment: \$_____ Source of down payment: _____

Name in which real property is titled: _____

Mortgage type (1 st , 2 nd , Home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance owed

Amount you believe the property would sell for: \$_____

Monthly payment: \$_____

Are the real estate taxes _____ and insurance _____ included in the mortgage or contract for deed payment? Yes _____ No _____

Cost of your homeowner's insurance per year: \$_____

Cost of real estate taxes per year: \$_____

What major improvements have been made to the realty since its purchase, what was the cost of the improvements, and who has the records regarding the improvements?

Do you and your spouse agreed on how to distribute this property? Yes _____ No _____

Please list details of agreement: _____

APPENDIX D – LIFE INSURANCE

Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____

Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Encumbered in the amount of \$ _____

Beneficiary(ies): _____
