

DISSOLUTION QUESTIONNAIRE

FULL NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS

HOME: _____ CELL: _____ WORK: _____

Can we leave a message for you at home? _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF MARRIAGE: _____

STATE _____ COUNTY _____ CITY _____

SPOUSE'S FULL NAME: _____

ADDRESS: _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

FOR EACH CHILD PROVIDE THE FOLLOWING INFORMATION:

Name: _____

D.O.B.: _____

Age: _____

Social Security Number: _____

EMPLOYMENT (Provide last three (3) pay stubs, if available)

Employer: _____

Position: _____

Salary/Hourly Rate: _____

Paid: _____ Weekly _____ Every 2 wks _____ Twice a month _____ Monthly

Is Health Insurance available, and if so, at what cost? _____

Is Dental Insurance available, and if so, at what cost? _____

SPOUSE'S EMPLOYMENT (Provide last three (3) pay stubs, if available)

Employer: _____

Position: _____

Salary/Hourly Rate: _____

Paid: _____ Weekly _____ Every 2 wks _____ Twice a month _____ Monthly

Is Health Insurance available, and if so, at what cost? _____

Is Dental Insurance available, and if so, at what cost? _____

REAL ESTATE – For each parcel you own provide:

1. Copy of full legal description from abstract or last deed (not property tax statements).
2. Current year's property tax statements.
3. Copy of recent appraisal, if any.
4. Copy of mortgage balances, if any.

RETIREMENT ACCOUNTS – For you and your spouse please provide:

1. Name of account manager: _____
2. Account number(s): _____
3. Current balance(s): _____
4. A copy of the most recent balance statement(s).

BANK ACCOUNTS – For you and your spouse please list:

1. Financial Institution(s): _____
2. Type of account(s): _____
3. Account number(s): _____
4. Present balance(s): _____

VEHICLES & RECREATIONAL VEHICLES- For each please provide:

1. Description of vehicle (make, model & year).
2. Copy of statement showing any outstanding debt.
3. Document of value (Kelly Blue Book or NADA).
4. Name of title holder.

Do you or your spouse have any significant collections, jewelry, firearms, etc? _____

Have you or your spouse been given any gifts of significance during the course of your marriage? _____

DEBTS – For each debt provide:

1. Name of debtor: _____
2. Account number: _____
3. Name(s) on account: _____
4. Balance: _____
5. Copy of most recent statement showing said balance.

Do you or your spouse have any physical or mental health problems? _____

HEALTH/DENTAL INSURANCE:

1. Who provides health insurance coverage at this time? _____
2. What is the monthly cost of said coverage? _____
3. Does the other party have health insurance available? _____

Are you requesting a name change as part of these proceedings?

Provide copies of your past three (3) years taxes – both personal and business (if applicable):

Johannson, Rust, Stock & Rasmusson, P.A.