

# **Elizabeth Rosar Chermack, Attorney at Law**

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## **Intake Form – Dissolution with Children**

Information gathering is a vital part of managing your case and your legal costs. This information you provide is necessary to proceed and to represent your interests. Although the form is long, please fill it out as completely and accurately as possible. As information changes, provide updated information for your file. The questionnaire is confidential and will remain in the possession of Elizabeth Rosar Chermack, Attorney at Law.

- Cross out or skip any section that does not apply to your marriage or relationship.
- If you need additional space for an answer, attach additional sheets or use the back of a page.
- If there are restrictions on how I can contact you (ex/ work hours, ability to leave messages, mail, etc.) please note them on this form.
- If there are court actions that involve this relationship (OFP, support, etc.) please provide: (1) court order (if possible); (2) case number; (3) county in which the action took place; (4) approximate date of the order (month and year).
- If you own real estate, call the county in which it is located to find out the legal description.
- Contact your Plan Administrator for model language if retirement assets will be divided.
- Get a copy of your credit report. If possible, get a copy of your spouse's credit report.
- Begin to gather information. Make copies for your client file, and keep the originals in a safe place. This is the information that you need to gather: (1) paycheck stubs; (2) bank account statements; (3) credit card statements; (4) credit reports; (5) mortgage statements; (6) retirement accounts; (7) other information that you feel will be helpful.
- If you do not have access to some of the requested information, make note of it on the Client To-Do list on the last page of this questionnaire. After you have gathered the information, send copies to my office and the copies will be added to your client file.
- Complete the budget. Make a copy for your records. Track your spending against your estimated budget. Adjust your budget as necessary.



**Spouse's Information**

Spouse's full name (First, Middle, Last):
Former or other name(s):
Address:
Mailing Address:
New Address (as of _____ date):
Social Security Number:
Date of Birth:
Age:
Phone Number:
Email Address:

**General State of Health:**

Are there any mental health, alcohol/chemical dependency use or dependency, or general physical health issues that I should be aware of with you, your spouse, or the children? If yes, please explain:

**Support Obligations**

Do you or your spouse pay child support or spousal maintenance to anyone? If yes, please provide details:

**Jurisdiction and Venue**

Have you been a resident of Minnesota for more than 6 months?
In which county do you live?
In which county does your spouse live?
Have you (or your spouse) ever started a divorce or legal separation proceeding before? When? Where? What was the outcome?
Will you or your spouse be moving out of state in the near future?
Are you or your spouse in the military service of the United States?
Do you or your spouse desire a name change at the time of the dissolution?
From (current name): To (future name):

**Children Born or Adopted During the Marriage**

<b>Child's Name (First, Middle, Last)</b>	<b>Birthdate &amp; Age</b>	<b>Social Security Number</b>	<b>Living with?</b>	<b>Special concerns (Education, behavior, physical)</b>

Is paternity of any of the children an issue?

Is any child under the jurisdiction of a juvenile court or in need of protection?

Are there any children or stepchildren from another relationship who may be affected by this dissolution?

Explain:

Are you or your spouse currently pregnant?  
Biological father (if known)?

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**Considering the best interests of the children**, indicate who you believe should have:

**Legal Custody**

- Sole legal custody to \_\_\_\_\_
- Joint legal custody
- Other (specify):

**Physical Custody**

- Sole physical custody to \_\_\_\_\_
- Joint physical custody
- Other (specify):

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Describe the parenting time schedule that would work best for your family.

What holiday schedule do you propose? Please list holidays or events that are important to your family?

Do you have concerns about the safety of your children?

Have you discussed the issue of divorce with your children?

Does your child attend a support group or counseling?

Children born or adopted to one party but not the other (non-joint children):

<b>Child's Name</b>	<b>Birthdate &amp; Age</b>	<b>Living with?</b>	<b>Special Concerns <i>Education, Behavior, Physical</i></b>

Is support court ordered for any of the above children?

Attach copies of any court orders requiring support to be paid for the above children.

**Income Information**

Attach paycheck stubs if possible. Use back of sheet if needed.

**You**

Degrees obtained:
Occupation:
Employed by: Number of years: Hours per week:
Address of employer:
Gross salary:
Bonus:
Other sources of income or potential source of income?

**Your Spouse**

Degrees obtained:
Occupation:
Employed by: Number of years: Hours per week:
Address of employer:
Gross salary:
Bonus:
Other sources of income or potential source of income?

If spousal maintenance is an issue in this case, please describe your work history. Attach resume if you have one. Attach annual Social Security earnings if possible. Start with the most recent job.

Most recent job	Salary or hourly wage	Length of employment	Retirement assets

Please explain any absences from the workforce (ex/ were you raising children, in school, unable to work due to physical or mental illness, etc.)

**Business Interests**

Name of Company:		
Address:		
Phone:	Service or Product:	
Date Acquired:	Cost of Investment:	Source of Investment:
Position Held:	Other Partners:	
Stock Interest:		
Number of Shareholders:		
Directors/Officers:		
Additional Information:		



**County/State Benefits**

Welfare Benefits received by you or your spouse or your children:  
County:

(Check all that apply)

- Cash grant (AFDC or MFIP) Amount \_\_\_\_\_
- Medical Assistance
- Minnesota Care
- Subsidized or sliding fee childcare assistance
- Veterans Administration
- Social Security for \_\_\_\_\_
- Unemployment Compensation
- Workers' Compensation
- Other, explain

**Assets**

Use page 14 to list non-marital characteristics of any asset

Homestead Address: \_\_\_\_\_

Title held by: \_\_\_\_\_

Abstract or torrens property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Monthly PITI Payment: \_\_\_\_\_

Property taxes (if not included): \_\_\_\_\_

Down payment (amount and source): \_\_\_\_\_

Mortgage balance: \_\_\_\_\_

Other mortgages: \_\_\_\_\_

Tax assessed value: \_\_\_\_\_

Source of market value: \_\_\_\_\_

Approximate equity: \_\_\_\_\_

**Other real property.** Include legal description, purchase price, market value, amount owed, and title information if known:

**Automobiles**

<b>Year/Make/Model</b>	<b>Value</b>	<b>Loan</b>	<b>Names on title</b>	<b>In Possession of</b>

**Other motor vehicles such as boats, snowmobiles, motorcycles, etc.**

<b>Year/Make/Model</b>	<b>Value</b>	<b>Loan</b>	<b>Names on title</b>	<b>In Possession of</b>

**Financial Accounts**

Checking, savings, certificates, stocks & bonds, safety deposit boxes, persons that owe you money.

Type of account	Account Number	Location (bank or institution)	Approximate value	Name(s) on account

Attach additional sheets if necessary.

**Life Insurance**

**You**

Policy Number:
Company:
Type: (Term, Variable, Whole Life)
Is this policy obtained through employment?
Face value of policy:
Beneficiary on this policy:
Yearly premium \$
Cash Surrender/Loan Value:

**Other policy**

Policy Number:
Company:
Type: (Term, Variable, Whole Life)
Is this policy obtained through employment?
Face value of policy:

Beneficiary on this policy:
Yearly premium \$
Cash Surrender/Loan Value:

**Your Spouse**

Policy Number:
Company:
Type: (Term, Variable, Whole Life)
Is this policy obtained through employment?
Face value of policy:
Beneficiary on this policy:
Yearly premium \$
Cash Surrender/Loan Value:

**Other policy**

Policy Number:
Company:
Type: (Term, Variable, Whole Life)
Is this policy obtained through employment?
Face value of policy:
Beneficiary on this policy:
Yearly premium \$
Cash Surrender/Loan Value:

**Health Insurance/Dental Insurance**

Do you have insurance available through your work?

Does your spouse?

Whose insurance are you, your spouse, and your children covered by?

**Pension and Retirement Plans through Employment**

**You**

Type of plan:
Amount or percentage of vesting:
Date of full vesting:
Estimated present cash value:

Type of plan:
Amount or percentage of vesting:
Date of full vesting:
Estimated present cash value:

**Your spouse**

Type of plan:
Amount or percentage of vesting:
Date of full vesting:
Estimated present cash value:

Type of plan:
Amount or percentage of vesting:
Date of full vesting:
Estimated present cash value:

**Other Employee Benefits**

Stock options, savings plan, profit sharing, commission, expense accounts, etc. you or your spouse have through employment:

**Individual Retirement Accounts or Plans**

<b>Names on account</b>	<b>Account Number</b>	<b>Company</b>	<b>Current Value</b>

**Non-marital claims**

Please identify any potential non-marital claims that **you or your spouse** may have. (Ex/ inheritance, gifts from third parties, personal injury awards, property owned prior to marriage).

<b>Asset</b>	<b>When acquired</b>	<b>How acquired</b>	<b>Who's NM claim</b>	<b>Estimated value</b>

**Debts:**

Please provide the following information regarding any debts owed by yourself, your spouse, or jointly (attach a Credit Report if possible)

<b>Creditor</b>	<b>Purpose</b>	<b>Incurred by whom</b>	<b>Balance and monthly payment</b>	<b>Names on account</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**Other Information**

1. Are you or your spouse currently involved in a lawsuit? Attorney's name? Explain.
  
2. Is domestic abuse (physical) an issue between you and your spouse?
  
3. Is there an Order for Protection? County?
  
4. Is there any other information that you want me to know or think that would be helpful for me to know?

The information that I have provided in this Intake Form is truthful and a complete account to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Client's signature



**Necessary Monthly Expenses**

	<b>Your current</b>	<b>Your anticipated</b>	<b>Children (if separate)</b>
1) Rent			
2) Mortgage payment			
3) Contract for deed payment			
4) Homeowner's or Renter's Insurance			
5) Real Estate Taxes			
6) Utilities (internet, cell phone, phone, electricity, water, garbage, etc.)			
7) Homeowner's Association Fees			
8) Heat			
9) Food (groceries, lunches, eating out, etc.)			
10) Clothing			
11) Laundry and Dry Cleaning			
12) Medical and Dental			
13) Transportation			
14) Car Insurance			
15) Life Insurance			
16) Recreation, Entertainment, and Travel			
17) Newspapers and Magazines			
18) Social and Church Obligations			
19) Personal Allowances and Incidentals			
20) Babysitting and child care			
21) Home maintenance			
22) Children's school needs and allowances			
23) Additional information re: debts & expenses			
<b>TOTAL \$</b>			

**Client To-Do List**

Please provide the following documents to your attorney. If you are not able to obtain or access a document, please let me know. If a document is not relevant to your case, please let me know.

<b>Document</b>	<b>You</b>	<b>Spouse</b>	<b>Document</b>	<b>You</b>	<b>Spouse</b>
Paycheck stubs (3 most recent)			Credit report		
Pension/retirement account statements			Credit card statements		
Health insurance cost information from employer			Other outstanding bills		
Life Insurance Policies			Bank statements		
Tax returns (last 3 years)			Checkbook registers		
Deed(s) to real estate			Investment information		
Kelly Blue Book printout of car value (private party value; not retail)			Automobile titles		
Proof/documentation of any non-marital assets			Most recent car loan(s) statement		
Most recent mortgage statement					