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Intake Form – Dissolution (no 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.

Minnesota Department of Vital Statistics Information

Date of present marriage:
Date of separation:
Place of marriage. City: County: State:
Your birthplace (state or foreign country):
Spouse's birthplace:
Your highest level of education:
Spouse's highest level of education:

Marital Information

Your 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:

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 or your spouse? 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):

Non-joint children

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)?

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

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

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:

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

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

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

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

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 and your spouse 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

Names on account	Account Number	Company	Current Value

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).

Asset	When acquired	How acquired	Who's NM claim	Estimated value

Debts:

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

Creditor	Purpose	Incurred by whom	Balance and monthly payment	Names on account
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

	Your current	Your anticipated	Children (if separate)
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			
TOTAL \$			

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.

Document	You	Spouse	Document	You	Spouse
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					