

**divorce**<sup>TM</sup>  
**FINANCIALLY**

*Client Questionnaire - Dissolution*

We would greatly appreciate if the documents listed on the last page (including the following questionnaire) can be submitted at least **5 BUSINESS DAYS PRIOR TO YOUR FIRST FINANCIAL MEETING**. We make this request to properly prepare for your meeting.

*Note: We may cancel at our discretion if the information is not received.*

If you have completed a questionnaire similar to this form already, please provide us with that form instead of completing the attached.

***Secure Document Delivery:***

Please speak with your Divorce Professional regarding your options to send personal documents to our office **securely**.

Please do not hesitate to contact our office with any questions.

**Amy J. Wolff, CFP<sup>®</sup>, CDFA<sup>®</sup>**  
amy@ajwfinancial.com

**Chad Olson\*, CFP<sup>®</sup>, CDFA<sup>®</sup>**  
chad@ajwfinancial.com

**Brett Jensen\*, CDFA<sup>®</sup>**  
brett@ajwfinancial.com

*Thank you for your  
cooperation!*

\*If completing electronically, click at the start of each line or box to add information\*

Today's Date: \_\_\_\_\_ How did you hear about our services? \_\_\_\_\_

## **YOUR PROFESSIONALS**

Your Attorney: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouses Attorney: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please add additional information to page 8 if more detail is needed on questionnaire)*

## **BACKGROUND INFORMATION**

Your Full Name: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Future Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*Best way to reach you*

Contact # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Partner's Full Name: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Future Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*Best way to reach him/her*

Contact # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

Email: \_\_\_\_\_

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# of Years Married: \_\_\_\_\_ Date of marriage: \_\_\_\_\_ Date of separation (if applicable): \_\_\_\_\_

Place of marriage – city, county, state or country (if applicable): \_\_\_\_\_

Do you (or your spouse/partner) desire a name change at the time of the dissolution? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Have you been a resident of Minnesota for more than six months? \_\_\_\_\_

In which County do you live? \_\_\_\_\_ Your Spouse/Partner? \_\_\_\_\_

Have you (or spouse/partner) ever started a divorce or legal separation proceeding before? \_\_\_\_\_

When? Where? What was the outcome? \_\_\_\_\_

\_\_\_\_\_

Will you or your spouse/partner be moving out of the state in the near future? \_\_\_\_\_

Are either you or your spouse/partner in the United States military service? \_\_\_\_\_

Explain: \_\_\_\_\_

Welfare benefits received by you or your spouse/partner: County: \_\_\_\_\_

\_\_\_\_\_

### **CHILDREN BORN OR ADOPTED DURING THE MARRIAGE / PARTNERSHIP**

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Are there children from a previous marriage/partnership or relationship whose interests may be affected by this dissolution?

Name: \_\_\_\_\_ Explain: \_\_\_\_\_

Name: \_\_\_\_\_ Explain: \_\_\_\_\_

Name: \_\_\_\_\_ Explain: \_\_\_\_\_

Are you or your spouse/partner currently pregnant? \_\_\_\_\_ Biological father (if known): \_\_\_\_\_

## **EMPLOYMENT INFORMATION**

### **YOU**

Degree(s) Obtained: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

For \_\_\_\_\_ years Hours per week: \_\_\_\_\_ Gross salary: \_\_\_\_\_ per: \_\_\_\_\_

Other source of income or potential source of income? \_\_\_\_\_

### **SPOUSE/PARTNER**

Degree(s) Obtained: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

For \_\_\_\_\_ years Hours per week: \_\_\_\_\_ Gross salary: \_\_\_\_\_ per: \_\_\_\_\_

Other source of income or potential source of income? \_\_\_\_\_

## **HEALTH INFORMATION**

How is the medical & dental insurance handled for your family?

Your employer    Spouse's employer    Both Employers    Marketplace / Other

Comments: \_\_\_\_\_

Are both spouses eligible for medical / dental insurance through an employer?  Yes    No

What is your general state of health? \_\_\_\_\_

Under treatment for: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

What is your spouse's/partner's general state of health? \_\_\_\_\_

Under treatment for: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

What is the general state of health for other family members (children)? \_\_\_\_\_

## BUSINESS INTERESTS

Business #1 \_\_\_\_\_

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

Phone: \_\_\_\_\_ Service or Product: \_\_\_\_\_

Business #2 \_\_\_\_\_

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

Phone: \_\_\_\_\_ Service or Product: \_\_\_\_\_

## REAL ESTATE

**Home #1** Address: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment (amount & source): \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Other Mortgages: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Ownership: Joint  Husband  Wife  Other

**Home #2** Address: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment (amount & source): \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Other Mortgages: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Ownership: Joint  Husband  Wife  Other

**Other** Address: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment (amount & source): \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Other Mortgages: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Ownership: Joint  Husband  Wife  Other

**Other** Address: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment (amount & source): \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_ Other Mortgages: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Ownership: Joint  Husband  Wife  Other

\*If completing electronically, click at the start of each line or box to add information\*

## **MOTOR VEHICLES (e.g. automobiles, boats, snowmobiles, motorcycles)**

<b>Year/Make/Model:</b>	<b>Year/Make/Model:</b>
Name(s) on Title:	Name(s) on Title:
In Possession of:	In Possession of:
Approximate Value:	Approximate Value:
Loan Amount:	Loan Amount:
<b>Year/Make/Model:</b>	<b>Year/Make/Model:</b>
Name(s) on Title:	Name(s) on Title:
In Possession of:	In Possession of:
Approximate Value:	Approximate Value:
Loan Amount:	Loan Amount:
<b>Year/Make/Model:</b>	<b>Year/Make/Model:</b>
Name(s) on Title:	Name(s) on Title:
In Possession of:	In Possession of:
Approximate Value:	Approximate Value:
Loan Amount:	Loan Amount:

## **PERSONAL ACCOUNTS (e.g. checking, savings, certificates of deposit, stocks & bonds, safety deposit boxes, persons that owe you money)**

Description	Location (bank or institution)	Name(s) on Account	Account Number	Approximate Value	Valuation Date
Example - Checking	Wells Fargo	Joint	**5630	\$5,000	01/01/20xx

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## RETIREMENT ACCOUNTS OR PLANS

(e.g. IRA, Roth IRA, SEP IRA, Simple IRA, 401k, 403b)

Company	Account Type	Name(s) on Account	Account Number	Current Value	Valuation Date
Example – 3M	401K	husband	n/a	\$150,000	01/01/20xx

## PENSION PLANS (e.g. Defined Benefit Plans)

Company	Name(s) on Account	Projected Monthly Benefit

### Other Employee Benefits

Stock options, savings plans, profit sharing, commission, expense accounts, etc. you or your spouse/partner has through employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER VALUABLE PERSONAL PROPERTY (e.g. pets, antiques, artwork)

Description	Ownership	Value
Example – Rover	family	priceless



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### DEBTS

Please provide the following information regarding any debts owed by yourself, your spouse/partner, or jointly (attach a credit report if possible).

Creditor	Name(s) on Account	Balance	Valuation Date

### LIFE INSURANCE

Description (Company, group or individual)	Face Value	Owner	Beneficiary	Annual Premium

### NON-MARITAL CLAIMS

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

Asset	When Acquired	How Acquired	Whose Non-Marital Claim	Estimated Value

Please use space below for any additional information that may be helpful:

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*Thank you for your time!*

**divorce**  
**FINANCIALLY**

3300 Edinborough Way, Suite 550  
Edina, MN 55435  
952-405-2040 | [www.divorcefinancially.com](http://www.divorcefinancially.com)

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