

divorce[®]
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:

The completed form should not be emailed or sent via any un-secure method. 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[®], CDFP[®]
amy@ajwfinancial.com

Chad Olson, CFP[®], CDFP[®]
chad@ajwfinancial.com

Thank you for your cooperation!

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: _____

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: _____

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

Under treatment for: _____

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

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

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

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

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:

Thank you for your time!



7650 Edinborough Way, Suite 100
Edina, MN 55435
952-428-7800 | www.divorcefinancially.com