

KELSEY LAW OFFICE
CLIENT INFORMATION SHEET

Date: _____

GENERAL INFORMATION ABOUT YOU

ABOUT THE OTHER PARTY

FULL Name: _____

FULL Name: _____

Address: _____

Address: _____

County: _____

County: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Social Security No: _____

Social Security No: _____

Date of Birth: _____

Date of Birth: _____

E-mail address: _____

E-mail address: _____

How were you referred to our office? _____

Please list any other names you OR your spouse have used. (Full Name) Please include your or your spouse's maiden name:

How long have you resided within the State of Minnesota? _____

Date of your present marriage: _____

City, County, and State of your present marriage: _____

List dates of prior marriage or divorce for yourself and spouse: _____

Have you or your spouse been a party to an action for Order for Protection or Harassment Restraining Order? If so, specify the court in which the action was brought and the court file numbers of any:

Children from the current marriage (provide all information requested):

<u>FULL Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Sec. No:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who do the children currently reside with? _____ Name of hospital(s) where the child(ren) were born? _____

Are you pregnant or is your spouse/other party pregnant? _____

List the names and dates of birth of your children from any previous marriage and name of custodial parent:

SEPARATION INFORMATION:

Date of your separation: _____

Has a separate proceeding for dissolution of the marriage been commenced or is now pending in any other state? If so, name the state: _____

Total payments to and from your spouse for child support or maintenance since the date of your separation: _____ Amount of each payment: _____

INCOME

YOUR EMPLOYMENT/EDUCATION

Name of current employer: _____

Employer address: _____

Job title: _____

How long have you been employed at your current job? _____

Gross salary per paycheck _____ Net salary per paycheck _____

Number of exemptions claimed: _____

Number of paychecks received per year: _____

Deductions: Federal Withholding: _____

State Withholding: _____

Social Security/FICA: _____

Medical Insurance: _____
Union dues: _____
Other: _____

Do you have medical/dental/vision insurance available through your employer? (Circle those that apply and provide premium verification).

What is the premium for single coverage? _____
What is the premium for child coverage? _____
What is the premium for family coverage? _____

Who receives these benefits? _____

What is your deductible and maximum out of pocket expense per year? _____

Previous Employers:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Dates Employed</u>
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_____	_____	_____	_____
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_____ High school: _____

Vocational School: _____

College: _____

Are you currently enrolled in school? If so, are classes in person or online? How many credits are you taking? What degree or certificate are you hoping to attain? _____

List name of recipient and amount of child support or alimony received from previous actions: _____

OTHER PARTY'S EMPLOYMENT/EDUCATION

Name of current employer: _____

Employer address: _____

Gross salary per paycheck _____ Net salary per paycheck _____

Number of exemptions claimed: _____

Deductions: Federal Withholding: _____
State Withholding: _____
Social Security/FICA: _____
Medical Insurance: _____
Union dues: _____
Other: _____

Do they have medical/dental/vision insurance available through their employer? (Circle those that apply and provide premium verification if possible).

Medical Dental Vision

What is the premium for single coverage? _____

What is the premium for child coverage only? _____

What is the premium for family coverage? _____

Who receives these benefits? _____

What is your deductible and maximum out of pocket expense per year? _____

Previous Employers:

Name **Address** **Telephone #** **Dates Employed**

_____ High

School: _____

Vocational School: _____

College: _____

Is the other party currently enrolled in school? If so, are classes in person or online? How many credits are they taking? What degree or certificate are they hoping to attain?

ASSETS

Home, Vehicles, Business Interests, Business, Personal Property

REAL ESTATE: (If you need more room, please attach a separate sheet of paper)

Homestead

Do you: _____ own OR _____ rent your home?

Address: _____

Legal Description: **(Need full legal description from mortgage deed or warranty deed). Please provide a copy.** This can be obtained from the County Recorder's Office in your County. If a quit claim deed is recorded we will need the EXACT legal description. Legal descriptions from tax statements are not considered exact legal descriptions).

Date home was purchased: _____

Purchase Price: _____

Current Market Value and source of estimate: _____

Amount and source of down payment, if any: _____

First Mortgage (provide a copy of your most recent statement):

Name of mortgage company: _____

Balance due to date on mortgage: _____

Second Mortgage (provide a copy of your most recent statement):

Name of mortgage company: _____

Balance due to date on mortgage: _____

Other liens on the property: _____

Who resides in this property? _____

OTHER REAL ESTATE:

Address of other real estate: _____

Legal description (See requirements above)

Date purchased: _____

Purchase price: _____

Current Market Value: _____

Amount and source of down payment, if any: _____

Who resides in this property? _____

Checking Accounts (provide a copy of your most recent statement): (Please list in detail and attach a separate sheet of paper for completing information if necessary)

Name of Bank: _____

Account Number: _____

Balance: _____

Joint Account or Individual Account and Name of Account Holder: _____

If you have more than one checking account, please fill in the information requested above on the lines below:

Savings Accounts (provide a copy of your most recent statement) (Please list in detail and attach a separate sheet of paper for completing information if necessary)

Name of Bank: _____

Account Number: _____

Balance: _____

Joint Account or Individual Account and Name of Account Holder: _____

If you have more than one savings account, please fill in the information requested above on the lines below:

PERSONAL PROPERTY: (If you do not have room, please attach a separate sheet of paper to continue) *** Please note this applies only to marriage dissolutions.

List any personal property presently worth over \$100.00 and indicate which you would prefer to have. (Please attach a separate sheet of paper if you do not have room):

<u>Type of Property</u>	<u>Is there a loan?</u>	<u>Estimated Value</u>	<u>Keep or to spouse</u>
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(provide printout from NADAguide)

Please put an asterisk * next to any personal property in which you believe you may have a non-marital interest.

Motor Vehicles, including recreation vehicles (provide a copy of the vehicle title and most recent loan statement), INCLUDE ALL VEHICLES REGISTERED TO EACH PARTY

<u>Year</u>	<u>Make & Model</u>	<u>Loan Balance</u>	<u>Mo. Payment</u>	<u>Value</u>
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(provide printout from KBB.com)

FINANCIAL INFORMATION

Life Insurance Policies (indicate whether whole or term):

<u>Name of Company</u>	<u>Policy Owner</u> <u>Beneficiary</u>	<u>Cash Value</u>

Pension/IRA/Profit Sharing/Stocks/Bonds and Expense Account (provide a copy of the most recent statement):

<u>Type of Account</u>	<u>Company</u>	<u>Account #</u>	<u>Present Value</u>	<u>Owner</u>

Are you going to receive a state or federal tax refund? If so, how much? _____

DEBTS

Personal Loans, Student Loans, Auto Loans, Credit Card Debts (provide a copy of the most recent statement(s)). LIST ALL INDIVIDUAL AND JOINT ACCOUNTS FOR EACH PARTY:

<u>Name of Creditor</u>	<u>Present Balance</u>	<u>Monthly Payment</u>	<u>Purpose</u>	<u>Party Owing</u>

DEBTS CONTINUED FROM PAGE 7:

<u>Name of Creditor</u>	<u>Present Balance</u>	<u>Monthly Payment</u>	<u>Purpose</u>	<u>Party Owing</u>

PUBLIC ASSISTANCE

Does either party or the child receive public assistance in the form of Medical Assistance or MinnesotaCare? Daycare Assistance? TANF (welfare)? Food Assistance? Please be specific.

<u>Party/child</u>	<u>Benefit</u>	<u>Amount</u>

CLIENT GOALS

Please briefly describe the outcome you would like to see in each of the categories below:

PERSONAL:

Would you like your name changed or former name restored, and if so, please indicate full name:

Have you ever filed bankruptcy? Yes No If so, when? _____

CUSTODY:

Is custody in dispute? Yes No

Legal Custody (decision making authority for issues such as medical, educational and religious issues):

Select one:

Sole to: _____ or;

Joint

Physical Custody (residency of children):

Select one:

Sole to: _____ or;

Joint

What should the parenting time be for each parent?

Mother: _____

Father: _____

Right of first refusal (if parent with children is unavailable to provide care, they must offer other parent the opportunity to provide care). Indicate if desired. _____

Telephone contact (specify any desires or restrictions) _____

Sports/Activities Issues _____

Should there be any restrictions on either parent's time with the children (due to alcohol or drug use, driving, anger management, psychological counseling, etc.)? _____

Medical/dental/vision insurance

Which parent will provide? _____

Is the policy through the employer? Yes No

How much per month is the premium for the dependent(s) ONLY? \$ _____

Does either party or children receive medical assistance or Minnesota Care benefits? Yes No
If so, who? _____

ASSETS:

Who should remain in the homestead/other properties and what should be done relating to mortgages or liens on the home? _____

How should personal property be divided? (Include vehicles, household goods, furnishings, children's belongings and equipment over \$100)

<u>Item of Personal Property</u>	<u>Value</u>	<u>Debt</u>	<u>Awarded to</u>

DEBTS (credit cards, student loans, personal loans, auto loans, etc.):

How should debt be divided?

<u>Debt</u>	<u>Amount</u>	<u>Who should pay?</u>

Do you have any other goals for this proceeding? _____

Do you have any questions you would like answered during your consultation?

BUDGET - MONTHLY EXPENSES (COMPLETE FULLY)

Housing Expenses

Rent (if you do not own your home) \$ _____
 First Mortgage \$ _____
 Second Mortgage (if applicable) \$ _____
 Third Mortgage (if applicable) \$ _____
 Lot Payment (if applicable) \$ _____
 Association Dues \$ _____
 Are real estate taxes incl. in your
 Mortgage payment? Yes No
 Taxes not incl. in house payment \$ _____
 Is home insurance incl. in your
 Mortgage payment? Yes No
 Ins. not incl. in house payment \$ _____
 Home Maintenance \$ _____

Utilities

Electric and gas \$ _____
 Water and Sewer \$ _____
 Telephone/ Cell Phone \$ _____
 Cable/ Satellite TV \$ _____
 Internet \$ _____
 Trash Pick-Up \$ _____

Basic Needs

Food \$ _____
 Clothing \$ _____
 Laundry, dry cleaning, soap \$ _____
 Medical expenses not paid by ins.
 \$ _____

Transportation

Gas \$ _____
 Auto Maintenance \$ _____

Insurance

Renters Insurance \$ _____
 Life Ins. (other than employer) \$ _____
 Health Ins. (other than employer) \$ _____
 Auto Ins. \$ _____
 Other Insurance \$ _____

Installment Payments

Auto Installment Payments \$ _____
 Other Installments: _____ \$ _____

Payments for dependents not
 In your home \$ _____
 Regular business expenses \$ _____

Taxes

Income Taxes/ Soc. Security \$ _____
 Other Taxes \$ _____

Other Expenses

Alimony/ Child Support \$ _____
 Union Dues (not payroll deducted) \$ _____
 Other Dues (not payroll Deducted) \$ _____
 Child Care Expenses \$ _____

Day Care Expenses \$ _____
 School Expenses \$ _____
 School Lunch Expenses \$ _____
 College Tuition (NOT LOANS) \$ _____
 Student Loan Repayment \$ _____
 Recreation, entertainment, books,
 newspapers, magazines \$ _____
 Personal Care Items \$ _____
 Charitable Contributions \$ _____
 Cigarettes \$ _____
 Pet Food/Supplies/Vet \$ _____
 Alarm System \$ _____
 Lawn/Snow Service \$ _____
 Children Dental/Braces \$ _____
 Children dance, karate lessons, etc. \$ _____

Use the space below to describe any additional monthly expenses that you pay out of your pocket that are not covered here. Explain the type of expense, amount of the expense and how long you will continue to have this expense:

CLIENT DOCUMENT CHECKLIST

Please provide each of the following documents for your file:

MARRIAGE DISSOLUTION/CUSTODY

- Last two years federal income tax returns (individual, corporate, dba) including W2 or 1099 forms
- Last 6 paycheck stubs
- Copy of medical/dental/vision benefits available through employer or privately purchased (including premium costs and explanation of out of pocket expenses, deductibles and co-pays)
- Copy of any order for protection or harassment restraining order between the parties
- Copies of any forms served on you or a prior attorney during this action
- Copies of any previous court orders related to these parties

MARRIAGE DISSOLUTION ONLY

- Copies of vehicle titles and loan statements
- A copy of your last mortgage statement
- A copy of your last county property tax statement
- The latest copy of each debt statement (credit card bills, student loan statements, auto loan statements, tax bills, etc.)
- A copy of any and all retirement/investment account statements at the initial date of the account, date of marriage and current date
- Evidence of any pre-marital interest in any of the assets or debts of the marriage (homes or personal property purchased prior to the marriage, gifts to you during the marriage, retirement accounts, etc.)
- A copy of any financial statements completed for you in the last 12 months
- A copy of any lawsuits to which you have been a party in the last 12 months
- A copy of any real or personal property appraisals you have had completed in the last 12 monthss