



Have you lived in Minnesota continuously for the last 180 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Have your children lived in Minnesota for the last 180 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of present marriage: \_\_\_\_\_  
Month Day Year

Place of marriage: \_\_\_\_\_  
City County State

Number of this marriage: You: \_\_\_\_\_ Spouse: \_\_\_\_\_

How many ended in: death of spouse? \_\_\_\_\_  
dissolution or annulment? \_\_\_\_\_

Are you and your spouse presently separated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: a) since what date? \_\_\_\_\_

b) has your spouse given you any money? Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, how much? \$ \_\_\_\_\_

c) have you given your spouse any money? Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, how much? \$ \_\_\_\_\_

Do you or your spouse have any physical disabilities or illnesses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Have you or your spouse ever started any court proceedings regarding your marriage, custody of your children, support or paternity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details including year, county and state, and outcome: \_\_\_\_\_

Are you or your spouse a member of the military service of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is a member? \_\_\_\_\_

Has your spouse ever slapped, pushed, hit or assaulted you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Has your spouse ever threatened you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you ever filed for an Order for Protection against your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Has your spouse ever filed for an Order for Protection against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Are you afraid of your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse own any guns? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN:**

**CHILDREN BY THIS SPOUSE:**

Name (first, middle, last)                      Birth date                      Age                      Social Security No.

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(include prior or other names if applicable)

Where are the children living?                      With you: \_\_\_\_\_                      With spouse: \_\_\_\_\_  
With someone else: \_\_\_\_\_

Street Address                      City                      State                      ZIP                      County

Were any of the children born before the marriage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, has paternity been established?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, please provide documentation)

Who do you think should have custody?                      You \_\_\_\_\_                      Spouse \_\_\_\_\_  
Do you expect your spouse to ask for custody?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
What kind of visitation should be allowed? Supervised \_\_\_\_\_                      Unsupervised \_\_\_\_\_  
Why?

Do any of the children have any physical disabilities or illnesses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details: \_\_\_\_\_

Are any of the children involved with juvenile court?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
If yes: a) what kind of court: delinquency \_\_\_\_\_                      abuse/neglect \_\_\_\_\_                      Other \_\_\_\_\_  
b) which child(ren)? \_\_\_\_\_

Were any children born during the marriage who were not fathered by the husband? \_\_\_\_\_  
If yes: a) name and birth date of the child: \_\_\_\_\_  
b) name of the child's father: \_\_\_\_\_

Do either you or your spouse have any children besides those listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list their complete names, birth dates, other parent's names, and where they are living:  
Your children: \_\_\_\_\_

Spouse's children: \_\_\_\_\_

Are you or your spouse paying child support for any other children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: a) amount: \$ \_\_\_\_\_  
b) which child(ren): \_\_\_\_\_

Do you and your spouse have any disabled adult children who are unable to support themselves?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: a) adult child's name: \_\_\_\_\_

b) adult child's birth date: \_\_\_\_\_

c) where does the adult child live? \_\_\_\_\_

Are you paying child care costs while you work or go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, monthly amount: \$ \_\_\_\_\_

Are you (your spouse) pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: a) due date: \_\_\_\_\_

b) is husband the father? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL CUSTODY INFORMATION:**

Have you ever been involved in a custody case before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Describe: \_\_\_\_\_

*Has your spouse ever been involved in a custody case before? Yes \_\_\_\_\_ No \_\_\_\_\_*

*If yes, when? \_\_\_\_\_ Describe: \_\_\_\_\_*

For each child, list the name of the child's school, grade, and teacher:

Child	School	Grade	Teacher

List the name(s) and address(es) of your child(ren)'s doctor(s) or clinic(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name(s) and address(es) of your child(ren)'s dentist(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever consulted with a psychologist, psychiatrist, or other mental health counselor?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the following information:

a) name of counselor/psychologist: \_\_\_\_\_

b) address: \_\_\_\_\_

c) approximate dates of treatment: \_\_\_\_\_

d) purpose: \_\_\_\_\_

e) did anyone else attend with you? \_\_\_\_\_

Attach additional sheets if more space needed.

*Has your spouse ever consulted with a psychologist, psychiatrist, or other mental health counselor?*

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, give the following information:*

- a) *name of counselor/psychologist:* \_\_\_\_\_
- b) *address:* \_\_\_\_\_
- c) *approximate dates of treatment:* \_\_\_\_\_
- d) *purpose:* \_\_\_\_\_
- e) *did anyone else attend with your spouse?* \_\_\_\_\_

Attach additional sheets if more space needed.

Have you ever taken your children to a psychologist, psychiatrist, or other mental health counselor? Yes \_\_\_\_\_ No \_\_\_\_\_. *If yes, give the following information:*

- a) *name of counselor/psychologist:* \_\_\_\_\_
- b) *address:* \_\_\_\_\_
- c) *approximate dates of treatment:* \_\_\_\_\_
- d) *purpose:* \_\_\_\_\_
- e) *which child attended?* \_\_\_\_\_
- f) *did anyone else attend with your child?* \_\_\_\_\_

Attach additional sheets if more space is needed.

Have you ever had a problem with drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a chemical dependency evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: When: \_\_\_\_\_ Where: \_\_\_\_\_

Were you diagnosed as chemically dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the evaluator give you any recommendations to follow? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Have you ever attended chemical dependency treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name of treatment center: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Outpatient \_\_\_ Inpatient \_\_\_ Did you complete treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently drink? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when was the last time you drank? \_\_\_\_\_

*Has your spouse ever had a problem with drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Has your spouse ever had a chemical dependency evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_*

*If yes: When: \_\_\_\_\_ Where: \_\_\_\_\_*

*Was your spouse diagnosed as chemically dependent? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Did the evaluator give your spouse any recommendations to follow?*

*Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_*

Has your spouse ever attended chemical dependency treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name of treatment center: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Outpatient \_\_\_\_\_ Inpatient \_\_\_\_\_

Did your spouse complete treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse currently drink? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when was the last time your spouse drank? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

Date	Crime	Convicted?	Sentence
_____	_____	_____	_____
_____	_____	_____	_____

Has your spouse ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

Date	Crime	Convicted?	Sentence
_____	_____	_____	_____
_____	_____	_____	_____

Has there been any physical or sexual abuse of your children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who did it? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Were the police or child protection notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate which parent handled these tasks prior to your separation. If done by both parents, estimate what percentage of time each parent performed the task (50%, 90%, etc.)

Task	You	Spouse	Both
Prepared meals for the child(ren):			
Served meals to the child(ren):			
Bathed the child(ren):			
Dressed the child(ren):			
Changed diapers:			
Read bedtime stories to the child(ren):			
Put the child(ren) to bed:			
Usually got up at night with the child(ren):			
Drove the child(ren) to and from school:			
Made appointments:			
Took child(ren) to doctor:			
Attended parent/teacher conferences:			
Disciplined the child(ren):			
Supervised homework and other lessons:			
Scheduled social activities for the child(ren):			
Took child(ren) to church, temple, or Sunday School:			
Played with the child(ren):			

Who do you think would be a good witness for you? Listing people here is for our use only. It does not necessarily mean they will be asked to testify.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Known how long? _____	Known how long? _____
Related/Friends/Other: _____	Related/Friends/Other: _____

**REAL ESTATE - HOMESTEAD:**

Do you or your spouse own your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Does *not* include a mobile home unless you own the land it sits on.)

If yes: a) give complete address of the property:

\_\_\_\_\_

street                      city                      county                      state                      ZIP

b) **you must provide a legal description of the property.** This can be a photocopy of the deed where you acquired title, or the abstract to the property. A real estate tax statement will not provide an adequate legal description of the property, but it will contain pertinent information for you to obtain a copy of your deed from the County Recorder's office.

c) Year purchased: \_\_\_\_\_ Purchase price: \$\_\_\_\_\_ Down payment: \$\_\_\_\_\_

d) Present value: \$\_\_\_\_\_ Present equity: \$\_\_\_\_\_

e) Present mortgage/contract for deed balance: \$\_\_\_\_\_ Monthly payment: \$\_\_\_\_\_

f) Name/address of mortgage company or contract for deed holder:

\_\_\_\_\_  
\_\_\_\_\_

g) Are your house payments up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

h) Have you made any major improvements on the homestead since your purchase?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state date, type of improvement, and cost:

\_\_\_\_\_  
\_\_\_\_\_

**OTHER REAL ESTATE:** (farm land, recreational property, time share, etc.)

Location: \_\_\_\_\_

Type: \_\_\_\_\_ Year purchased: \_\_\_\_\_ Purchase price: \$\_\_\_\_\_

In whose name? \_\_\_\_\_

Present value: \$\_\_\_\_\_ Present mortgage/contract for deed balance: \$\_\_\_\_\_

Current payment: \$\_\_\_\_\_ per \_\_\_\_\_

**Please provide a copy of your deed or other document that shows the full and complete legal description.**

Attach additional paper if necessary.

**PERSONAL PROPERTY:**

Have you and your spouse already divided up the personal property? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, who has possession of the furniture and household goods? \_\_\_\_\_

Is there personal property in your spouse's possession that you want? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe and list in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own a mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Who is living there? \_\_\_\_\_

Do you want the mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_



Additional insurance information: \_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have any money or property held by others? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

If no, are either one of you considering filing bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you have more than \$1,000.00 in cash or property when you got married?

Yes \_\_\_\_\_ No \_\_\_\_\_

*Did your spouse have more than \$1,000.00 in cash or property when you got married?*

*Yes \_\_\_\_\_ No \_\_\_\_\_*

During your marriage, did you or your spouse receive any money or property:

a) as an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

b) as a gift worth more than \$100.00? Yes \_\_\_\_\_ No \_\_\_\_\_

c) as damages from a personal injury claim? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or your spouse expecting payment from any current probate proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT AND INCOME:**

Your occupation: \_\_\_\_\_

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

(Name and address)

How long? \_\_\_\_\_

Gross salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Average monthly take-home pay: \$ \_\_\_\_\_

Do you receive: Bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

Overtime pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Commissions? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Pension plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have more than one job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list second employer name and address, and average monthly take-home pay from 2<sup>nd</sup> job.

\_\_\_\_\_  
\_\_\_\_\_

**Please attach several recent pay stubs from your employer(s).**

Your spouse's occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_  
Name and address

How long? \_\_\_\_\_

Gross salary: \$\_\_\_\_\_ per \_\_\_\_\_

Average monthly take-home pay: \$\_\_\_\_\_

Does your spouse receive: Bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

Overtime pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Commissions? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Pension plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse have more than one job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list second employer name and address, and average monthly take-home pay from 2<sup>nd</sup> job.

\_\_\_\_\_  
\_\_\_\_\_

**Please attach any of your spouse's pay stubs if you have them.**

Do you and/or your spouse have any other source of income, such as dividend and interest income, rental income, military reserve income, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse receive any of the following? (check all that apply and list amounts, if known)

	You	Spouse	Monthly amount
ADFC	_____	_____	_____
GA/Work Readiness	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Workers Compensation	_____	_____	_____
Veterans Benefits	_____	_____	_____
Pensions	_____	_____	_____
Food Stamps	_____	_____	_____
Medical Assistance	_____	_____	_____
Child Support	_____	_____	_____
Spousal Maintenance (alimony)	_____	_____	_____
Other Income	_____	_____	_____

If you are unemployed, describe your skills and any previous jobs:

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*If your spouse is unemployed, describe his/her skills and any previous jobs:*

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Is your spouse physically capable of earning money to pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION:**

Indicate highest grade completed:

	You	Spouse
Elementary/Secondary (0-12 yr)	_____	_____
College (1-4 or 5+ yr)	_____	_____
Other (specify) _____	_____	_____

**DEBTS:**

Do you and/or your spouse have any debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all outstanding bills of both you and your spouse (attach extra paper if needed):

	Debt #1	Debt #2	Debt #3
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

	Debt #4	Debt #5	Debt #6
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

	Debt #7	Debt #8	Debt #9
Name of creditor	_____	_____	_____
Total amount owing	_____	_____	_____
Monthly payment	_____	_____	_____
Date incurred	_____	_____	_____
Who is paying this bill now?	_____	_____	_____
Who should pay?	_____	_____	_____
Reason for debt	_____	_____	_____

List all charge accounts. Indicate if the credit cards are in your name, your spouse's name, or both, and the number of cards for each account.

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Do you want these charge accounts/credit cards cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or your spouse owe any money to the Welfare Department or Social Security because of an overpayment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

List all of your current monthly expenses. List all monthly expenses, regardless of whether you are able to pay them or not.

	<b>TOTAL MONTHLY EXPENSE</b>	<b>CHILD(REN)'S SHARE</b> (If it can be separated)
Rent		
Mortgage payment		
Contract for Deed payment		
Homeowner's Insurance		
Real Estate Taxes		
Electricity		
Gas/Heat		
Garbage pickup		
Telephone		
Food		
Clothing		
Laundry & Dry Cleaning		
Health Insurance		
Other Medical & Dental		
Car Payment		
Car Insurance		
Other Transportation (gas, car maintenance, or bus fare)		
Life Insurance		
Recreation & Travel		
Newspapers & Magazines		
Social & Church		
Personal Allowances/Incidentals		
Credit Card Payments		
Other Debt Payments		
Other Expenses		
<b>TOTAL</b>		

**NAME CHANGE:**

Do you wish to have your name changed as a part of this divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the full name exactly as you want it to be: \_\_\_\_\_

**SERVING PAPERS:**

Does your spouse want a divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse expect to be served? Yes \_\_\_\_\_ No \_\_\_\_\_

Would your spouse be willing to come in to our office to get the papers instead of being served by the Sheriff? Yes \_\_\_\_\_ No \_\_\_\_\_

Address at which your spouse can be served with legal papers by the Sheriff:

WORK: \_\_\_\_\_

Best time of the day to find: \_\_\_\_\_

OTHER: \_\_\_\_\_

Best time of the day to find: \_\_\_\_\_

Describe the vehicle your spouse may be driving: \_\_\_\_\_  
year                      make                      color                      license

Physical description of spouse:

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Eye color \_\_\_\_\_

Additional information that may help the Sheriff find your spouse to serve these papers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge, all the information stated above is true and correct.**

Dated: \_\_\_\_\_

\_\_\_\_\_

Signature