

EINARSON LAW OFFICE, P.C.

Client Information Questionnaire – Family Law Matters

TO CLIENT: So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space please feel free to use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

YOUR GENERAL INFORMATION

Full Name: _____

All Previous Names Used (including maiden name): _____

Address: _____

How long? _____. If you have lived at this address for less than five years, please provide your address for the previous five years: _____.

May we contact you at this address? _____ Yes _____ No

If no, what address may we use? _____

Telephone: (H) _____ (W) _____ (Cell) _____

E-Mail: _____

Have you been a resident of the State of North Dakota for 180 *consecutive* days? _____ Yes _____ No

If no, how long have you been a resident of North Dakota? _____

Social Security No.: _____ Date of Birth: _____

Drivers License Number: _____

Level of Education: _____ Present Health: _____

Occupation: _____ How often paid? _____

Employer Name & Address: _____

What benefits are provided or are available from your employer? (Check all those that apply)

- | | | |
|-------------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> 401(k), 403(b), or 457 | <input type="checkbox"/> Commission | <input type="checkbox"/> Advances |
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Stock Interests | <input type="checkbox"/> Savings Plans |
| <input type="checkbox"/> Expense Account | <input type="checkbox"/> Per Diems | |

Please provide the following information for each benefit checked above:

	<u>Amount in Plan</u>	<u>Account Number</u>	<u>Source, If Not Employer</u>
Profit Sharing Plan	_____	_____	_____
Stock Purchase Plan	_____	_____	_____
Pension Retirement Plan	_____	_____	_____
Commission Sales	_____	_____	_____
Expense Account	_____	_____	_____
Per Diems	_____	_____	_____

Advances _____

Have you received or paid any money from or to your spouse for support or spousal support (alimony) since your separation? _____ Yes _____ No If yes, how much per month? \$_____

SPOUSE'S GENERAL INFORMATION

Full Name: _____

All Previous Names Used (including maiden name): _____

Address: _____

How long? _____ E-Mail: _____

Telephone: (H) _____ (W) _____ (Other) _____

Social Security No.: _____ Date of Birth: _____

Motor Vehicle Operator's License Number: _____

Level of Education: _____ Present Health: _____

Occupation: _____ How often paid? _____

Employer Name & Address: _____

Are you or your spouse a member of the armed services of the United States? _____ Yes _____ No

What benefits are provided or are available from your spouse's employer? (Check all those that apply)

- | | | |
|------------------------------|-----------------------|---------------------|
| _____ Medical | _____ Dental | _____ Pension Plan |
| _____ 401(k), 403(b), or 457 | _____ Commission | _____ Advances |
| _____ Profit Sharing | _____ Stock Interests | _____ Savings Plans |
| _____ Expense Account | _____ Per Diems | |

Please provide the following information for each benefit checked above:

	<u>Amount in Plan</u>	<u>Account Number</u>	<u>Source, If Not Employer</u>
Profit Sharing Plan	_____	_____	_____
Stock Purchase Plan	_____	_____	_____
Pension Retirement Plan	_____	_____	_____
Commission Sales	_____	_____	_____
Expense Account	_____	_____	_____
Per Diems	_____	_____	_____
Advances	_____	_____	_____

PUBLIC BENEFITS

Do you or your children receive financial assistance from the county? _____ Yes _____ No

Does your spouse receive financial assistance from the county? _____ Yes _____ No

Do you have a part-time job or other source of income not previously mentioned above? _____ Yes _____ No

If yes, please explain: _____

Does your spouse have a part-time job or other source of income not previously mentioned above? _____ Yes

_____ No If yes, please explain: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place: _____

Did you sign a premarital agreement? _____ Yes _____ No (If yes, please provide a copy.)

Are you and your spouse living together? _____

If not, date of separation: _____

Do you feel there is any chance to save this marriage? _____

Have you or your spouse been married before? _____ Yes _____ No

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

CHILDREN

Do you or your spouse have any children? _____ Yes _____ No

Full Name	DOB	SSN	Whose Child	Where Living
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the children listed have special health, physical, or emotional needs? _____ Yes _____ No

If yes, describe: _____

CUSTODY

DEFINITIONS:

Legal Custody: Is the right to make the major decisions about the children. These include the children's religious upbringing, schooling, and medical care. If these rights are shared, it is called joint legal custody. This means both parents must cooperate and agree on the important decisions about the children. The court does not usually grant joint legal custody if the parents cannot cooperate or there has been domestic abuse.

Physical Custody: Where the children live and which parent makes the routine daily decisions. Physical custody is what most people think of when speaking about custody. The court usually grants sole physical custody to one parent. The court may grant joint physical custody if both parties agree and on rare occasions without agreement.

Do you expect a contest over who should have custody? _____ Yes _____ No

DO YOU WANT CUSTODY OF OR VISITATION WITH ANY CHILD THAT IS NOT OF THIS MARRIAGE OR RELATIONSHIP? _____ Yes _____ No

If yes, list the name(s) of the child(ren): _____

Which parent are the children living with now? _____

Is Social Services currently involved with your family? _____ Yes _____ No

Have the children lived anywhere other than the marital home for the past five (5) years? _____ Yes _____ No

VISITATION

EXCEPT IN LIMITED CIRCUMSTANCES STATE LAW PROHIBITS CUSTODIAL PARENTS FROM MOVING OUT OF STATE AFTER A DIVORCE UNLESS THE NON-CUSTODIAL PARENT AGREES OR THE COURT GIVES PERMISSION.

Are you thinking about moving out of state? _____ Yes _____ No If yes, when and to what state?

DEFINITIONS:

Reasonable Visitation: You intend for your spouse to have visitation without setting up a schedule, which may include overnights, weekends, and extended visitation in the summer.

Scheduled Visitation: You and your spouse enter into a definite schedule of when visitation will be exercised, such as every other weekend, holidays, birthdays, etc.

Supervised Visitation: Your spouse only visits the children when he/she is being monitored by a third party. Supervised visitation is usually ordered only when the child is in possible danger from your spouse or when your spouse has very limited experience caring for the child by himself/herself. Supervised visitation is rare.

With Notice: Your spouse would have to give you notice that he/she wants to exercise their visitation rights. (An example of the notice could be 24 hours or 4 days notice.)

With Restrictions: Your spouse can only exercise his/her visitation rights if he/she follows the restrictions. For example, no drug/alcohol consumption, no overnights, not to leave the state or a certain area, not to leave the child

with certain parties or to always be present when the visitation is occurring. You must give the court a reason why the restrictions are necessary and why they are in the best interests of the child.

IF YOU WANT PHYSICAL CUSTODY OF THE CHILD(REN), ANSWER THE FOLLOWING QUESTIONS WITH YOUR CHILD(REN)'S BEST INTERESTS IN MIND:

Using the definitions listed above, what type(s) of visitation do you want or do you want your spouse to have?

CHILD SUPPORT

Have you received any money from your spouse since the separation? _____ Yes _____ No

Does your spouse pay a certain amount every week or month? _____

Is your spouse voluntarily paying support or is there a court order? _____

If you do not have a support order, have you contacted child support enforcement? _____ Yes _____ No

If yes, who is your child support officer? _____

ASSETS

NOTE TO CLIENT: The information requested in this section relates to all property either you or your spouse have regardless of who brought the property into the marriage, how the property was acquired or whose name is on the title. These things may affect property division, but all property of the marriage should be listed.

REAL PROPERTY

Do you own any real estate (i.e. home)? _____

If so, Address of Property: _____

Legal Description (obtain from deed, abstract, or tax statements): _____

Value of Home: _____ Mortgage Balance: _____

Monthly Payment: _____ Taxes/Ins: _____

To whom are the payments made? _____

Have you and your spouse agreed on who should live in the home? _____ Yes _____ No

If yes, who? _____

Have you and your spouse agreed on who should pay the house debt? _____ Yes _____ No

If yes, who? _____

Who is listed as owner(s) of the property? _____

IF YOU HAVE OTHER REAL ESTATE, ATTACH THE INFORMATION REQUESTED IN THE ABOVE QUESTIONS FOR THOSE HOLDINGS.

FINANCIAL ASSETS

Please list the following re. Checking and Savings Accounts:

Depository:	Balance:	Names on Account:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | | |
|---------------------------------------------------------|-----|----|
| Do you have any certificates of deposit? | Yes | No |
| Do you have any stocks or bonds? | Yes | No |
| Are either you or your spouse a beneficiary of a trust? | Yes | No |
| Do either you or your spouse expect an inheritance? | Yes | No |
| Do you or your spouse have life insurance? | Yes | No |

If yes, please complete the following information:

	Policy 1	Policy 2	Policy 3
Name of insured	_____	_____	_____
Is it through the employer	_____	_____	_____
Type of policy (term, whole life, universal life)	_____	_____	_____
Company name and address	_____	_____	_____
	_____	_____	_____
Policy number	_____	_____	_____
Date policy was purchased	_____	_____	_____
Death benefit amount (face value)	_____	_____	_____
Beneficiary(ies) and their relationship to insured	_____	_____	_____
	_____	_____	_____
Cash value (if any)	_____	_____	_____

PERSONAL PROPERTY

Have you and your spouse divided up your personal property to your mutual satisfaction? In other words, do you have in your possession all items you want out of the marriage and your spouse has all items he/she may want out of the marriage in his/her possessions? _____ Yes _____ No

Please list the following re. Motor Vehicles:

Year:	Make:	Model:	FMV:	Owed:	Who Drives?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any recreational vehicles? Yes No
Do you have a boat and/or trailer? Yes No
Do you have a snowmobile? Yes No
Do you have any motorcycles? Yes No
Do you have any valuable collections? Yes No

Describe any other assets not listed above: _____

MISCELLANEOUS PROPERTY

Please describe what part, if any, of your marriage estate was received by you or your spouse by inheritance, gift or damages resulting from personal injury claims:

Are you or your children a beneficiary under any will or estate now in probate court? _____ Yes _____ No

If yes, name of the estate: _____

Estimate of amount involved in the estate: _____

Is your spouse a beneficiary under any will or estate now in probate court? _____ Yes _____ No

If yes, name of the estate: _____

Estimate of amount involved in the estate: _____

Are you, your spouse, or children a part to any present lawsuit (Worker's Compensation, personal injury, car accident, etc.)? _____ Yes _____ No

If yes, please state the details of the lawsuit: _____

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

Have you, your spouse, or children received any money from lawsuits? _____ Yes _____ No

If yes, please give the details: _____

TAXES

Do you and/or your spouse have any state and federal tax refunds due? _____ Yes _____ No

If yes, what is the amount of the refund from federal tax? \$ _____

What is the amount of the refund from state tax? \$ _____

Do you and/or your spouse owe any state and federal tax? _____ Yes _____ No

If yes, what is the amount of federal tax owed? \$ _____

What is the amount of state tax owed? \$ _____

DEBTS OF YOU AND YOUR SPOUSE

NOTE TO CLIENT: This is extremely important! Again, do not be concerned about how, when, or why the debt was incurred. Also, do not worry about whose name is on the debt, everything must be listed.

BANKRUPTCY:

Have you ever filed bankruptcy? _____ Yes _____ No

If yes, when did you file? _____

Has your spouse ever filed bankruptcy? _____ Yes _____ No

If yes, when? _____

LOANS:

<u>Name of Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Name(s) on Account</u>	<u>Authorized Users</u>	<u>Item Purchased</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CREDIT CARD ACCOUNTS & OTHER DEBTS

<u>Name of Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Name(s) on Account</u>	<u>Authorized Users</u>	<u>Item Purchased</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MONTHLY EXPENSES

<u>Expense Type</u>	<u>Expected Expenses After Separation</u>
Contract for Deed, Mortgage or Rent Payment	_____
Real Estate Taxes	_____
Homeowners' Insurance	_____
Utilities: Fuel per Month	_____
Water per Month	_____
Garbage per Month	_____
Laundry/Dry Cleaning	_____
Telephone	_____
Cable Television	_____
Maintenance of House, Yard, and Repairs	_____
Food	_____
Car: Gas, Oil Per Month	_____
License	_____
Loan Payment Per Month	_____
Insurance Per Month	_____
Repairs Per Month	_____
Clothing	_____
Medical: Health	_____
Dental	_____
Vision	_____
Drugs	_____
Life Insurance (All Premiums)	_____
Church or Synagogue	_____
Subscriptions: Newspaper	_____
Periodicals	_____
Magazines	_____
Child Care/Day Care	_____
Haircuts	_____
Club Memberships	_____
Entertainment	_____

Veterinary Expenses (pet food, etc.) _____
 Travel _____
 Miscellaneous Expenses _____
 TOTAL EXPENSES _____

SPOUSAL SUPPORT (ALIMONY)

Definition: Money paid by one party of the marriage to the other party for their support, not the children's. The court will consider age, health, education, work experience and skills, standard of living during the marriage, and length of the marriage in determining whether a spousal support award will be given and how much it will be. The court will balance the needs of the person who will receive spousal support against the other parties' ability to pay spousal support.

Permanent spousal support is paid to the recipient until the person paying spousal support dies, until further order of the court, or sometimes until remarriage.

Temporary or rehabilitative support is paid only for a definite time period. Its purpose is to put the recipient in a financial position to better support themselves, e.g. finishing school or furthering their employment opportunities.

Do you want spousal support (alimony) from your spouse? _____ Yes _____ No _____ Unsure

Does your spouse want spousal support (alimony) from you? _____ Yes _____ No _____ Unsure

DOMESTIC ABUSE

If there has been domestic abuse (physical harm or the threat of physical harm) in your marriage or relationship, please answer the following questions:

When was the last time an incident occurred? _____

Please give details of that incident and generally about what type of domestic abuse has occurred: _____

Do you or does your spouse now have an Order for Protection? _____ Yes _____ No

PLEASE ATTACH A COPY OF YOUR CURRENT ORDER TO THIS QUESTIONNAIRE.

Have you or your spouse ever had an Order for Protection? _____ Yes _____ No

If yes, date of the last order? _____

Have criminal charges ever been filed against you or your spouse for Domestic Violence? _____ Yes _____ No

If yes, when? _____

b. Which child attended: _____
Name of counselor/psychologist: _____
Address: _____
Approximate dates of treatment: _____
Purpose: _____
Did anyone else attend with your child: _____

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

If so, give details of what happened: _____

Who caused the abuse? _____

When did the abuse happen? _____

Where did it happen? _____

Were the police or child protection notified? _____ Yes _____ No

MISCELLANEOUS

Do you or your spouse wish to have your maiden name restored to you? _____ Yes _____ No

If yes, what name do you/they wish to be known by: _____
First Middle Last

Do you or your spouse have a will? _____ Yes _____ No

NEEDED INFORMATION:

NOTE TO CLIENT: Please bring with any of the following information you can obtain.

1. Most Recent Income Tax Return Filed with W-2s and Schedules Attached
2. Copy of Your Most Recent Paycheck Stub
3. Copy of Your Spouse's Most Recent Paycheck Stub
4. Copies of Pension Information
5. Deeds and/or Tax Statements for Real Property
6. A Copy of Any Premarital Agreement