

Dissolution Organizer



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General Information – Client

Full legal name: _____

Address: _____

County: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

Social Security Number: _____

Date of birth: _____

Prior names (including maiden name): _____

Do you wish to change your name through this proceeding? Yes No

If so, full name desired: _____

Are you currently in the military service? Yes No

If yes, branch: _____

Employment:

Employer & Address: _____

Position/Title: _____

Gross monthly income: \$_____

General Information - Spouse

Full legal name: _____

Address: _____

Phone numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

Social Security Number: _____

Date of birth: _____

Prior names (including maiden name): _____

Is your spouse currently in the military service? Yes No

If yes, branch: _____

Employment:

Employer & Address: _____

Position/Title: _____

Gross monthly income: \$_____

Marriage

Date of marriage: _____

Place of marriage (city, state & county): _____

Did you or your spouse sign a prenuptial agreement? Yes No*If yes, please provide a copy.*

Date of separation (if separated): _____

List all prior marriages of you or your spouse: _____

IncomeLast year's gross **household** income: \$_____Do you or your spouse have any other sources of income? Yes No

If yes, please list additional sources and income amounts below.

*(This would include rental income, unemployment comp., worker's comp., disability payments, investment income, additional employment, overtime, child support or spousal maintenance from prior marriage.)***Insurance**

Who is providing medical insurance for you? _____

for your spouse? _____ for the children? _____

What is the cost of medical insurance for you? \$_____

for your spouse? \$_____ for the children? \$_____

Who is providing dental insurance for you? _____

for your spouse? _____ for the children? _____

What is the cost of dental insurance for you? \$_____

for your spouse? \$_____ for the children? \$_____

Will you or your spouse seek spousal maintenance? _____

If so, what is the current health status of the person seeking maintenance?

Children

List all children affected by this divorce and their relationship to you (e.g. child, stepchild, child from prior marriage):

Full legal name	Birthdate	SSN	Relationship to you:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Custody

Legal custody means having a right to participate in the major decisions regarding the child(ren)'s life, including decisions regarding education, religious upbringing, and medical treatment.

Physical custody identifies who will handle the routine daily care and control of the child, and who the child will live with.

There is a presumption under the law that the parties share joint legal and joint physical custody of the child(ren).

What type of custody do you desire?

- Sole legal custody and sole physical custody to: You. Your spouse.
 Joint legal custody and sole physical custody to: You. Your spouse.
 Joint legal custody and joint physical custody.

What type of parenting time schedule do you desire?

Do any of the children of this relationship receive child care? Yes No

If yes, what is the average monthly cost? \$ _____

ASSETS

House

Homestead address: _____

Fair market value: \$_____ Based on? _____

(property tax statement, appraisal, personal estimate)

Mortgage balance: \$_____

Monthly mortgage payment: \$_____

Mortgage company _____

Property taxes (if not included in monthly payment): \$_____

Insurance (if not included in monthly payment): \$_____

**Include the above information for all pieces of additional real property, as well.*

Other Assets

List all assets below. Include real property (other than the homestead), Checking/savings accounts, Retirement accounts*, Stock options, Life insurance (list if whole or term policy), Vehicles, Boats/Recreational vehicles, etc.

**Retirement accounts include any of the following: IRA's, Roth IRA's, SIMPLE IRA plans, 401(k) plans, 403(b) plans, pensions, Payroll deduction IRA's, Profit-sharing plans, Defined Benefit plans, Money Purchase plans, ESOP's, 457 plans, Annuities, and deferred compensation plans. If you have any of these types of plans, please include them below.*

<u>Description of Asset</u> (include account numbers)	<u>Value</u>	<u>Debt</u> (amount owed on asset)	<u>Monthly payment</u>	<u>Desired Award of Property</u>	
				You	Your spouse

Other Debts

List any other debts not listed in previous section, such as credit card debt, personal loans, etc.:

<u>Description of Debt</u> (include account numbers)	<u>Total Amount Owed</u>	<u>Minimum monthly payment</u>	<u>Desired Assignment of Debt</u>	
			You	Your spouse

Please provide copies of the following documents with the completed Dissolution Organizer:

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- Paycheck stubs for the past three months
- Income Tax Returns and W-2's for the past three years
- Legal description for any real property owned by you or your spouse
- Current statements for your and your spouse's bank accounts
- Current statements for your and your spouse's retirement accounts, etc.
- Current statement for your and your spouse's credit cards, mortgage, and other liabilities

Please be prepared to provide the following documents should it be determined we need them or if the opposing party requests them:

- Bank records for the previous three years
- Retirement account statements for the previous three years
- Credit card, mortgage, and other liability statements for the previous three years
- Medical and dental insurance coverage information
- Life insurance coverage information

MONTHLY BUDGET	
<u>Expense</u>	<u>Monthly Cost</u>
Residence	
Mortgage / Rent (Circle which)	
Other Home Loan: _____	
Homeowner's / Renter's Insurance (Circle which)	
Real Estate Taxes	
Subtotal Residence	\$
Home Maintenance and Repairs	
Household Supplies	
Homestead Repairs	
Snow Removal	
Lawn Care	
Subtotal Home Maintenance and Repairs	\$
Utilities	
Electricity	
Water/Sewer	
Natural Gas	
Refuse Disposal	
Cell Phone	
Home Phone	
Cable/Satellite Television	
Internet	
Subtotal Utilities	\$
Food	
Groceries	
Restaurants/Eating Out	
Subtotal Food	\$
Transportation	
Fuel	
Maintenance/Repairs	
License Tabs: \$_____ per year	
Automobile Payments	
Automobile Insurance	
Subtotal Transportation	\$
Health	
Deductible: \$_____ per year	
Co-pays: \$_____ per visit	
Prescriptions	
Over-the-Counter Medicines	
Health Insurance Premium (Annual Premium \$_____)	
Dental Insurance	
Life Insurance (Annual Premium \$_____)	
Subtotal Health	\$

Recreation/Travel	
Recreation & Entertainment	
Travel	
Newspaper & Magazines	
Subtotal Recreation/Travel	\$
Personal	
Clothing	
Dry-cleaning/Laundry	
Grooming Items	
Hair Cut/Color	
Social and Church Obligations	
Personal Spending Money	
Other: _____	
Subtotal Personal	\$
Children's Expenses	
Clothing	
Child Care	
School Lunches	
Activity Fees and Equipment	
Tuition	
Other: _____	
Subtotal Children's Expenses	\$
Pet Expenses	
Pet Food/Supplies	
Grooming	
Boarding Costs	
Medical Costs	
Subtotal Pet Expenses	\$
Gifts and Donations	
Donations	
Gifts for Others	
Subtotal Gifts and Donations	\$
Retirement/Investment Contributions	
Retirement fund: _____	
Retirement fund: _____	
Subtotal Retirement/Investment Contributions	\$
Debt Maintenance	
Loan: _____	
Loan: _____	
Credit Card: _____	
Credit Card: _____	
Other: _____	
Subtotal Debt Maintenance	\$
TOTAL EXPENSES	\$

*Attach additional sheets as necessary