

# 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 after your divorce? 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: \_\_\_\_\_

\_\_\_\_\_

**Income**

Last 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? \_\_\_\_\_

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

Who is providing medical insurance for your spouse? \_\_\_\_\_

What is the cost of medical insurance for your spouse? \$\_\_\_\_\_

Who is providing dental insurance for you? \_\_\_\_\_

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

Who is providing dental insurance for your spouse? \_\_\_\_\_

What is the cost of dental insurance for your spouse? \$\_\_\_\_\_

Will you or your spouse seek spousal maintenance? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**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

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

<b>Recreation/Travel</b>	
Recreation & Entertainment	
Travel	
Newspaper & Magazines	
<b>Subtotal Recreation/Travel</b>	<b>\$</b>
<b>Personal</b>	
Clothing	
Dry-cleaning/Laundry	
Grooming Items	
Hair Cut/Color	
Social and Church Obligations	
Personal Spending Money	
Other: _____	
<b>Subtotal Personal</b>	<b>\$</b>
<b>Pet Expenses</b>	
Pet Food/Supplies	
Grooming	
Boarding Costs	
Medical Costs	
<b>Subtotal Pet Expenses</b>	<b>\$</b>
<b>Gifts and Donations</b>	
Donations	
Gifts for Others	
<b>Subtotal Gifts and Donations</b>	<b>\$</b>
<b>Retirement/Investment Contributions</b>	
Retirement fund: _____	
Retirement fund: _____	
<b>Subtotal Retirement/Investment Contributions</b>	<b>\$</b>
<b>Debt Maintenance</b>	
Loan: _____	
Loan: _____	
Credit Card: _____	
Credit Card: _____	
Other: _____	
<b>Subtotal Debt Maintenance</b>	<b>\$</b>
<b>TOTAL EXPENSES</b>	<b>\$</b>

\*Attach additional sheets as necessary