



JOHNSON FLODMAN
GUENZEL & WIDGER

ATTORNEYS AT LAW

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(1921-1986)

DISSOLUTION QUESTIONNAIRE

(Please Print)

ATTORNEY: _____ DATE: _____

CLIENT:

1. Full Name: _____
2. Address: _____
County: _____
3. Telephone Numbers: _____ (wk) _____ (hm) _____ (Cell)
4. Email: _____
5. Hours during which you can be reached at these numbers: _____
6. Name, address, and phone number of close friend or relative most likely to know of your whereabouts:
Name: _____
Relationship: _____
Address: _____
Phone: _____
7. Employment: _____ Where: _____
How long: _____ Type of Job: _____
Gross Pay: _____ Per: _____
Net Pay: _____ Per: _____
Paid Weekly/Semi-Monthly/Bi-Weekly/Monthly: _____
Work shift: _____
Usual days of week worked: _____
OK to call you at work? _____
(Please attach your most recent pay stub.)
8. Are you now receiving public welfare: _____
Type of assistance: _____
When assistance started: _____
Amount Received Monthly: _____
9. Social Security No.: _____
10. Describe any special health problems: _____

11. Ever received psychiatric care or been admitted to a psychiatric institution? _____

12. Ever been convicted of a crime other than minor traffic offense? Yes No
If yes, what and when: _____

13. Any criminal charges now pending against you? Yes No
If yes, what: _____

14. Place of birth: _____
Date of birth: _____
Race: _____

15. Amount of education completed: _____

16. Times married prior present marriage? _____

17. For each prior marriage, state:
Name of spouse: _____
Date of marriage: _____
How did marriage end: _____
Where: _____

Children of that marriage:

Child's Name in full	DOB	Where Living	How much support do you receive for this child?

Adopted? _____

18. Do you belong to any social or professional networking groups? Yes No
If yes, which one(s) and website: _____(i.e. Facebook, Twitter, etc.)

NOTE: While going through a divorce or separation action, do not post any statements or blogs regarding the divorce or make derogatory statement regarding your spouse. Also, if you are involved with a third party, do not discuss that relationship online or otherwise.

SPOUSE:

19. Spouse's name in full: _____

Spouse's Social Security No.: _____

20. Address: _____

County: _____

21. Telephone Numbers: _____ (wk) _____ (hm) _____ (Cell)

22. Employment: _____ Where: _____

How long: _____ Type of Job: _____

Gross Pay: _____ Per: _____

Net Pay: _____ Per: _____

Paid Weekly/Semi-Monthly/Bi-Weekly/Monthly: _____

Work shift: _____

Usual days of week worked: _____

(Please attach your most recent pay stub.)

23. Is spouse now receiving public welfare? _____
 Type of Assistance: _____
 When Assistance Started: _____
 Monthly Amount Received: _____

24. Spouse's place of birth: _____
 Date of birth: _____
 Race: _____

25. Amount of education completed: _____

26. How many times was spouse married prior to present marriage? _____

27. For each prior marriage, state:
 Name of spouse: _____
 Date of marriage: _____
 How did marriage end: _____
 Where: _____

Children of that marriage:

Child's Name in full	DOB	Where Living	How much support do you receive for this child?

Adopted? _____

28. Does your spouse belong to any social or professional networking groups? Yes No
 If yes, which one(s) and website: _____ (i.e. Facebook, Twitter, etc.)

MARRIAGE:

29. Date of this marriage: _____
 Place of marriage (including county): _____
 Your residence at time of marriage: _____
 Spouse's residence at time of marriage: _____

30. How long have you lived in Nebraska with the intention of making this state your permanent home? _____
(Indicate if you had a residence outside this state within the past year)

31. How long has spouse lived in Nebraska with the intention of making this state a permanent home? _____

32. Are you a party to any other pending action for divorce, separation or dissolution of marriage? _____

33. Are you or your spouse a member of the Armed Services? _____
 If so, who and where stationed? _____

34. **Wife's maiden name:** _____
 Does she want it back? _____

35. Date Separated: _____

CHILDREN OF MARRIAGE:

36. Children of the present marriage (indicate if adopted):

Child's Name in Full	DOB	Adopted?	Where Living	Social Security No.

37. With whom are the children now living? Explain if third party. _____

38. Give every address where each child has lived during the last five years and the names and present addresses of the person with whom the children have lived during that period:

Child's Name In Full	Where Lived	Dates	Who Lived With

39. Do you want custody of the children? _____

40. Do any of the children have any medical needs, other special problems or handicaps? _____

41. Have you ever participated as a party, witness, or in any other capacity in any other litigation concerning the custody of the children? _____

42. Do you have any information of any custody proceeding concerning the children pending in a court of this or any other state? _____

43. Do you know any person other than your spouse who claims to have custody or visitation rights with respect to the children? _____

44. Who will claim the tax dependency exemption? _____
 For which years? _____ For which children? _____

MONTHLY EXPENSES:

45. Please list ALL expenses. You may use additional sheets.

	Client	Spouse
Rent or Mortgage		
Electricity		

Telephone		
Gas for Housing		
Telephone		
Gas for Car/Transportation		
Car Insurance (monthly)		
License and Taxes (monthly)		
Upkeep and Repairs		
Doctor and Dentist		
Food		
Laundry		
Clothing		
Haircuts		
Church or Other Charities		
Child Care		
Entertainment		
Bill Payments		
Miscellaneous		

SERVICE OF PROCESS:

46. List the places at which the spouse may most likely be found:

<u>Place</u>	<u>What Days?</u>	<u>Best Times?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

47. If no current address is known for the spouse, what is the spouse's last-known address?

48. When was the last time that spouse lived at the above address? _____

49. Who are the persons most likely to know spouse's present whereabouts and have you asked each of these persons for spouse's address? _____

RELIEF REQUESTED:

50. Permanent relief:

- | | | | | | |
|---------------------|--------------------------|---------------|--------------------------|----------------------------|--------------------------|
| Divorce | <input type="checkbox"/> | Alimony | <input type="checkbox"/> | Legal Separation | <input type="checkbox"/> |
| Property Settlement | <input type="checkbox"/> | Annulment | <input type="checkbox"/> | Restoration of Maiden Name | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> | Child Custody | <input type="checkbox"/> | | |
- Other: _____

51. Temporary relief:
- | | | | | | |
|---------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|
| Child custody | <input type="checkbox"/> | Exclusion from Residence | <input type="checkbox"/> | Transfer of property | <input type="checkbox"/> |
| Child support | <input type="checkbox"/> | Restraining Order | <input type="checkbox"/> | Molestation | <input type="checkbox"/> |
| Alimony | <input type="checkbox"/> | | | | |
- Other: _____

PROPERTY AND DEBTS:

52. Cash on hand: _____

Income tax returns: Please provide your last 3 years tax returns with attachments and schedules.

CHECKING ACCOUNT(S):

FINANCIAL INSTITUTION	ACCOUNT NO.	BALANCE	NAME ON ACCOUNT

SAVINGS ACCOUNT(S):

FINANCIAL INSTITUTION	ACCOUNT NO.	BALANCE	NAME ON ACCOUNT

SAFETY DEPOSIT BOX(ES):

FINANCIAL INSTITUTION	CONTENTS OF BOX	VALUE	NAMES ON BOX

MAJOR APPLIANCES: List original price/value/amount still owed and to whom/how acquired (e.g. bought during marriage, gift, brought to marriage, etc.) and to whom the appliance will go.

ITEM DESCRIPTION	ORIGINAL PRICE	AMOUNT DUE/TO WHOM	HOW ACQUIRED	WHO KEEPS

LIFE INSURANCE: For each life insurance policy please list the name of the company/policy number/cash surrender value/indicate if there is a loan against the policy/owner/beneficiary.

COMPANY	POLICY NO.	CASH VALUE	LOAN	OWNER	BENEFICIARY

STOCKS, BONDS, ANNUITIES: For each stock, bond and/or annuity, please list the name and address/description of the security/the value at the present time. **Please Supply a Copy of the Current Statement

DESCRIPTION	COMPANY	VALUE	WHEN ACQUIRED

PENSION PLANS: For each pension plan, please list the name and address of the plan, the plan administrator, and the value of the plan. **Please Supply a Copy of the Current Statement

NAME/ADDRESS OF PLAN	PLAN ADMINISTRATOR	VALUE	TYPE OF PLAN

VEHICLES:

Do you and/or your spouse have an automobile or truck? Yes No

Year: _____ Male/Model: _____

Serial: _____ Estimated Value: \$ _____

How acquired: _____

Amount still owed and to whom: _____

How is vehicle titled? (under what name) _____

Disposition desired: _____

Do you and/or your spouse have an automobile or truck? Yes No

Year: _____ Male/Model: _____

Serial: _____ Estimated Value: \$ _____

How acquired: _____

Amount still owed and to whom: _____

How is vehicle titled? (under what name) _____

Disposition desired: _____

REAL ESTATE:

Do you and/or your spouse own any real property? Yes No (If more than one property, use another sheet)

Legal description: _____

Location: _____

Types of Liens/Mortgages: _____

Mortgage holder: _____

Value of real estate: \$ _____ Amount due: \$ _____

How acquired: _____

Names on documents evidencing title: _____

Disposition desired: _____

BUSINESS INTEREST:

Do you or your spouse own any businesses? Yes No

If so, please identify the name: _____

Location: _____

Purpose: _____

Value: _____

DEBTS: For all debt, marital or non-marital, please list the creditor, present amount owed, who incurred the debt, when the debt was incurred, the original debt amount, purpose for debt, and amount of monthly installments. Include house payments, vehicle payments, credit cards, and any debt owed to any. Please supply a copy of the current statement.

Creditor	Marital/non	Amount Due	Incurred When/By Whom	Original Balance	Purpose	Monthly Pmt.
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$
		\$				\$

HEALTH, DENTAL, AND VISION INSURANCE:

Type of insurance: _____

Who carries the policy: _____

Amount of premium: \$ _____ Amount of premium for minor child[ren]: \$ _____

Name of insurance plan: _____

Plan Administrator: _____