



**ENGEL**  
**LAW OFFICE**

*The Kensington, Suite J  
157 West Third Street  
Winona, Minnesota 55987  
Phone: (507) 453-3646  
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**FAMILY LAW MEDIATION  
QUESTIONNAIRE**

**READ THE FOLLOWING CAREFULLY:** Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page.

Date: \_\_\_\_\_ Name of Person Completing this Form: \_\_\_\_\_

**YOUR PERSONAL INFORMATION**

Your full name: \_\_\_\_\_

Previous names you have used: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Address to which mail should be sent: \_\_\_\_\_

Home phone:(\_\_\_\_\_) \_\_\_\_\_ Work phone:(\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell/pager: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Method of contact:** I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home/work/cell/e-mail (circle all that apply). **DO NOT CONTACT ME** at home/work/cell/e-mail (circle all that apply).

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(city county state)

SSN: \_\_\_\_\_ Length of residence in MN: \_\_\_\_\_

Your state of health: \_\_\_\_\_ Family doctor: \_\_\_\_\_

**Emergency contact:** In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**YOUR SPOUSE'S PERSONAL INFORMATION**

Spouse's full name: \_\_\_\_\_

Previous names spouse has used: \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(city county state)

SSN: \_\_\_\_\_ Length of residence in MN: \_\_\_\_\_

Spouse's state of health: \_\_\_\_\_ Family doctor: \_\_\_\_\_

**ATTORNEY/COURT INFORMATION**

Are you or your spouse being represented by an attorney? If so, please provide the following information:

|                     | Your attorney | Your spouse's attorney |
|---------------------|---------------|------------------------|
| Name of Attorney    |               |                        |
| Address of Attorney |               |                        |
| Phone number        |               |                        |
| Fax number          |               |                        |

Are there any cases/actions currently pending (whether actually filed with the court or not) regarding the following matters (check all that apply)?:

dissolution    child support    custody    child protection    OFP/TRO    other

Give details below of all pending actions:

| Type of case/action | What county/state? | Court File No.: | What is the current status (pending, order issued, etc.) |
|---------------------|--------------------|-----------------|--|
|                     |                    |                 |  |
|                     |                    |                 |  |
|                     |                    |                 |  |
|                     |                    |                 |  |

**PLEASE BRING COPIES OF ANY EXISTING COURT ORDERS/JUDGMENTS REGARDING THE ABOVE CASES/ACTIONS TO THE MEDIATION SESSION.**

**MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(city county state)

Did you or your spouse sign a pre-marital (antenuptial) agreement? \_\_\_\_\_ yes/no (circle one)

Have you had marital counseling? yes/no (circle one) If so, when? \_\_\_\_\_

Have you and your spouse separated? yes/no (circle one) If so, when? \_\_\_\_\_

Do you feel there is a chance to save this marriage? \_\_\_\_\_

What are your primary complaints about your spouse? \_\_\_\_\_

What are your spouse's primary complaints about you? \_\_\_\_\_

Describe any history of domestic abuse in your marriage relationship, noting any court or law enforcement involvement: \_\_\_\_\_

**PREVIOUS MARRIAGES INFORMATION**

| <b>Previous marriages</b> | <b>Date of Marriage</b> | <b>Date of Divorce</b> | <b>Location of Divorce</b> |
|---------------------------|-------------------------|------------------------|----------------------------|
| You                       |                         |                        |                            |
| Your Spouse               |                         |                        |                            |

**EDUCATIONAL INFORMATION**

|   | <b>YOU</b> | <b>YOUR SPOUSE</b> |
|---|------------|--------------------|
| <b>Past:</b> Institutions attended starting from high school including degrees obtained and years of attendance |            |                    |
| <b>Present and Future:</b> Institution attending/to be attended, degree to be obtained and years to obtain      |            |                    |

**CHILDREN**

**Children of this marriage:**

| <b>Full Name</b> | <b>Birthdate</b> | <b>Social Security Number</b> | <b>In whose physical custody?</b> |
|------------------|------------------|-------------------------------|-----------------------------------|
|                  |                  |                               |                                   |
|                  |                  |                               |                                   |
|                  |                  |                               |                                   |
|                  |                  |                               |                                   |

Are you, or your spouse, pregnant? \_\_\_\_\_ If so, what is the due date? \_\_\_\_\_

Physical or emotional disabilities of children: \_\_\_\_\_

Have you reached an agreement regarding the custody of your children? If so, describe the arrangement. If not, describe what is in dispute: \_\_\_\_\_

**Children not of this marriage:**

| <b>Full Name</b> | <b>Birthdate</b> | <b>Social Security Number</b> | <b>Whose child and in whose custody?</b> |
|------------------|------------------|-------------------------------|--|
|                  |                  |                               |  |
|                  |                  |                               |  |
|                  |                  |                               |  |
|                  |                  |                               |  |

Have you or your spouse adopted any of the above children?      yes/no      (circle one)  
If so, give details: \_\_\_\_\_

Please give the county and state of the Court deciding the custody of your child(ren) from a previous marriage/relationship. Indicate whether a custody study was performed and, if so, by whom: \_\_\_\_\_

Are you presently under an obligation to pay child support and/or maintenance as a result of a former marriage/relationship? If so, please specify the type of payment and the monthly amount: \_\_\_\_\_

Who is presently claiming the tax exemption(s) for the minor child(ren)? \_\_\_\_\_

**PRESENT EMPLOYMENT INFORMATION**

\*Complete information for all present jobs or sources of income

|  | <b>YOU</b> | <b>YOUR SPOUSE</b> |
|--|------------|--------------------|
| <b>Name/address of employer</b>  |            |                    |
| <b>Job Title/Description</b>   |            |                    |
| <b>Length of time with this employer</b>   |            |                    |
| <b>Benefits provided (specify):</b> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Pension/401K</li> <li>• Life Insurance</li> <li>• Other</li> </ul> |            |                    |
| <b>Hours worked per week</b>   |            |                    |
| <b>Monthly gross income (before taxes or other deductions)</b>   |            |                    |
| <b>Other jobs/sources of income (provide information as above)</b><br>-rental income<br>-second jobs<br>-gifted funds<br>-pension income<br>-Social Security                         |            |                    |

Were or are your or your spouse in military service? (yes/no). If so, describe: \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS EMPLOYMENT INFORMATION**

\*Complete information for all jobs held within last 5 years, not including present job

|                    | <b>Employer</b> | <b>Job Held</b> | <b>Salary</b> |
|--------------------|-----------------|-----------------|---------------|
| <b>YOU</b>         |                 |                 |               |
| <b>YOUR SPOUSE</b> |                 |                 |               |

**ASSETS**

**Real Property:** (If neither you nor your spouse own real property, check here \_\_\_\_).  
 Otherwise, complete the requested information for all real property (including mobile homes and undeveloped land) in which either you or your spouse have any ownership interest.

|   | <b>HOMESTEAD</b> | <b>OTHER _____</b> |
|---|------------------|--------------------|
| Residential address (attach copy of legal description)    |                  |                    |
| Date acquired   |                  |                    |
| In whose name   |                  |                    |
| Purchase price  |                  |                    |
| Mortgage holder (bank)                                    |                  |                    |
| Balance on mortgage                                       |                  |                    |
| Monthly mortgage payment                                  |                  |                    |
| Present fair market value                                 |                  |                    |
| Tax assessor's valuation                                  |                  |                    |
| Real estate taxes (yearly)                                |                  |                    |
| Insurance premiums (yearly)                               |                  |                    |
| Does mortgage payment include taxes/insurance ?           |                  |                    |
| Improvements made to property during marriage             |                  |                    |
| Is there a non-marital claim regarding any real property? |                  |                    |

**Bank Accounts/Stocks & Bonds/Pension:**

| <b>Type</b>             | <b>Institution Name/Address</b> | <b>Account Number(s)</b> | <b>Balance</b> | <b>Name(s) On Account</b> |
|-------------------------|---------------------------------|--------------------------|----------------|---------------------------|
| Checking                |                                 |                          |                |                           |
| Savings                 |                                 |                          |                |                           |
| Certificates of Deposit |                                 |                          |                |                           |
| Stocks/bonds            |                                 |                          |                |                           |
| Pensions/401k           |                                 |                          |                |                           |
| Other                   |                                 |                          |                |                           |

Personal Property: Please list personal property under the appropriate category and provide details requested.

| Description<br>(include make/model/year)               | Purchase<br>Price | Present<br>Value | Balance<br>Owing | In Whose<br>Name? | Who has? |
|--|-------------------|------------------|------------------|-------------------|----------|
| Automobiles  |                   |                  |                  |                   |          |
| Boats, motors, campers,<br>snowmobiles, trailers, etc. |                   |                  |                  |                   |          |
| Electronic equipment (computers,<br>stereos, etc.)     |                   |                  |                  |                   |          |
| Household furnishings/appliances                       |                   |                  |                  |                   |          |
| Jewelry and tools                                      |                   |                  |                  |                   |          |
| Other  |                   |                  |                  |                   |          |

Describe any agreement you and your spouse have reached regarding the allocation of real and/or personal property: \_\_\_\_\_

\_\_\_\_\_

Describe any pre-marital contributions made by either you or your spouse towards the purchase of *any* assets (real property and personal property): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tax Refunds:** Do you or your spouse have any State or Federal tax refunds coming to you? (yes/no) circle one. If so, give details: \_\_\_\_\_

**Personal Injury/Workers' Compensation Claims:** Describe any personal injury or workers' compensation claims you or your spouse have had during the course of the marriage: \_\_\_\_\_

**Inheritances:** Describe any inheritances you or your spouse have received during the course of the marriage or expect to receive within the next year: \_\_\_\_\_

**Other Receivables:** Describe the circumstances of any other money owed to you or your spouse: \_\_\_\_\_

Comments or things you would like us to know about your (or your spouse's income): \_\_\_\_\_

**INSURANCE**

|  | <b>YOU</b> | <b>YOUR SPOUSE</b> |
|--|------------|--------------------|
| <b>Life Insurance</b> <ul style="list-style-type: none"> <li>• Name of company</li> <li>• Type of policy (term/whole life, etc)</li> <li>• Provided by employer?</li> <li>• Policy number</li> <li>• On whose life?</li> <li>• Face amount</li> <li>• Surrender value</li> <li>• Beneficiary</li> <li>• Monthly premium</li> </ul> |            |                    |
| <b>Medical Insurance</b> <ul style="list-style-type: none"> <li>• Name of company</li> <li>• Provided by employer?</li> <li>• Type of coverage (medical/dental)</li> <li>• Persons covered</li> <li>• Monthly premium</li> </ul>   |            |                    |



**DEBTS**

| <b>Creditor</b> | <b>Balance Due</b> | <b>Monthly Payment</b> | <b>Reason Debt Incurred</b> | <b>Person Incurring Debt</b> |
|-----------------|--------------------|------------------------|-----------------------------|------------------------------|
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |
|                 |                    |                        |                             |                              |

If you and/or your spouse have ever defaulted on a loan, give details: \_\_\_\_\_  
\_\_\_\_\_

If you and/or your spouse have ever been named as a party in any pending lawsuit (including bankruptcy), give details: \_\_\_\_\_  
\_\_\_\_\_

If any of your property is in danger of being repossessed, give details: \_\_\_\_\_  
\_\_\_\_\_

**MONTHLY LIVING EXPENSES**

| <b>TYPE OF EXPENSE<br/>(PER MONTH)</b>   | <b>YOU</b> | <b>YOUR SPOUSE</b> | <b>CHILD(REN)</b><br>if not living with you or<br>spouse |
|--|------------|--------------------|--|
| <b>Housing</b> <ul style="list-style-type: none"> <li>• Rent</li> <li>• Mortgage payment</li> <li>• Contract for deed payment</li> <li>• Homeowner's/renter insurance</li> </ul>   |            |                    |  |
| <b>Utilities</b> <ul style="list-style-type: none"> <li>• Heat</li> <li>• Water/sewer</li> <li>• Electricity</li> <li>• Gas</li> <li>• Telephone</li> <li>• Refuse disposal</li> <li>• Cable TV</li> </ul>                 |            |                    |  |
| <b>Home maintenance</b> <ul style="list-style-type: none"> <li>• Housecleaning</li> <li>• Household repairs</li> <li>• Yard and landscaping expenses</li> <li>• Snow removal</li> </ul>                                    |            |                    |  |
| <b>Transportation</b> <ul style="list-style-type: none"> <li>• Car payment</li> <li>• Repairs and maintenance</li> <li>• License</li> <li>• Insurance</li> <li>• Bus/cab fare</li> </ul>                                   |            |                    |  |
| <b>Clothing/Grooming</b> <ul style="list-style-type: none"> <li>• Clothing purchases</li> <li>• Shoes</li> <li>• Laundry and drycleaning</li> <li>• Haircuts/nail care</li> </ul>  |            |                    |  |
| <b>Food</b> <ul style="list-style-type: none"> <li>• Groceries</li> <li>• Dining out</li> <li>• Liquor</li> </ul>  |            |                    |  |
| <b>Medical and dental</b> <ul style="list-style-type: none"> <li>• Insurance premiums</li> <li>• Unreimbursed medical expenses</li> <li>• Unreimbursed optical expenses</li> <li>• Unreimbursed dental expenses</li> </ul> |            |                    |  |
| <b>Educational expenses</b> <ul style="list-style-type: none"> <li>• Tuition, room and board</li> <li>• Books and supplies</li> <li>• School lunches</li> <li>• School activities</li> </ul>                               |            |                    |  |

|  |  |  |  |
|--|--|--|--|
| <b>Childcare</b> <ul style="list-style-type: none"> <li>• Daycare expenses</li> <li>• Babysitting expenses</li> <li>• Diapers</li> </ul>   |  |  |  |
| <b>Insurance</b> <ul style="list-style-type: none"> <li>• Life insurance</li> <li>• Disability insurance</li> <li>• Other insurance: _____</li> </ul>  |  |  |  |
| <b>Charitable contributions</b> <ul style="list-style-type: none"> <li>• Church</li> <li>• Other: _____</li> </ul>   |  |  |  |
| <b>Other:</b> <ul style="list-style-type: none"> <li>• Entertainment</li> <li>• Gifts</li> <li>• Hobbies</li> <li>• Memberships</li> <li>• Pets</li> <li>• Postage</li> <li>• Travel/vacation</li> <li>• Magazine subscriptions</li> <li>• Savings</li> <li>• Pension</li> </ul> |  |  |  |

**NAME CHANGE**

Do you want your name changed as a result of this proceeding?    yes/no (circle one)

If so, what name is desired? \_\_\_\_\_

**OTHER**

Is there any response(s) in this form that you do not want your spouse to know about? If so, please clearly mark that response/those responses with the words “DO NOT SHARE.”

**Dated:** \_\_\_\_\_      **Signed:** \_\_\_\_\_

**TO EXPEDITE THE HANDLING OF THIS MATTER, PLEASE ASSEMBLE AND PHOTOCOPY THE FOLLOWING DOCUMENTS AND BRING THEM WITH YOU TO THE FIRST MEDIATION SESSION:**

- Current paystubs (last three paystubs) for you and your spouse (if you have access to those documents)
- Tax assessor’s statement and legal description (deed) of any real property owned
- Appraisals
- Most current retirement account/401k statement
- Financial statements and other records documenting your assets and/or debts.
- Any other papers or documents requested by us.