

RUTHERFORD & BIDWELL LAW OFFICE

106A SOUTH 1ST AVE.

MARSHALLTOWN, IOWA 50158

Ph: 641-753-3648

Fax: 641-753-0731

PRELIMINARY QUESTIONNAIRE FOR DISSOLUTION OF MARRIAGE

Initial Consultation Date: _____

CLIENT INFORMATION:

What party is client in this action?: _____ Petitioner Respondent

Clients Full Legal Name: _____
Maiden Name: _____

Address: _____

Where does client want mail delivered: _____

Emergency Contact Person and Information:

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ State of Birth: _____

Work Phone: _____ SSN: _____

Where/How may we contact
you?:(circle)

Number of this Marriage: _____ Work 1st Home 2nd

Client been a Resident of Iowa for one year?: _____ Yes No

Would you like your Maiden Name returned?: _____ Yes No

SPOUSE'S INFORMATION

Spouse's Full Legal Name: _____
Maiden Name: _____

Address: _____

Will Spouse be represented by an attorney? : _____
Yes No

Spouse's Attorney: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ State of Birth: _____

Work Phone: _____ SSN: _____

Number of this Marriage:(circle) _____ 1st 2nd 3rd

Spouse been a Resident of Iowa for one year?: _____ Yes No

Would he/she like Maiden Name returned?: _____ Yes No

If applicable, where should spouse be served and hours?:

MARRIAGE INFORMATION:

Did you live together before Marriage? Yes No

Place of Marriage: (city and state): _____

Date of Marriage: _____

Any reason to question validity of the marriage?: Yes No

If yes, please state: _____

Preuptial agreement entered prior to the marriage?: Yes No

If yes, please provide a copy of the agreement to Rutherford & Bidwell Law Firm

Have any prior actions for dissolution been filed?: Yes No

If yes, date and location: _____

Any dissolution actions currently pending?: Yes No

Date of Separation, if any: _____

History of Marital Problems: _____

CLIENT EMPLOYMENT INFORMATION:

Name of Client's Employer: _____

Client's present position: _____

Duties associated with position: _____

Supervisor: _____

Current Gross Salary: _____ Hours per week: _____

Do you work overtime?: Yes No

If yes, please state whether voluntary or mandatory, and hours: _____

Chronological history of client employment and earnings since marriage:

(i.e., have earnings increased or decreased since marriage, etc)

SPOUSE'S EMPLOYMENT INFORMATION:

Name of Spouse's Employer: _____

Spouse's present position: _____

Duties associated with position: _____

Supervisor: _____

Current Gross Salary: _____ Hours per week: _____

Does Spouse work overtime?: Yes No

If yes, please state whether voluntary or mandatory, and hours: _____

Chronological history of spouse's employment and earnings since marriage:
(i.e., have earnings increased or decreased since marriage ,etc)

FINANCIAL INFORMATION:

Any assets accumulated by client or spouse from earnings *prior to marriage*?:

Client: _____

Spouse: _____

Assets received by client or spouse as a *gift or inheritance* before or during the marriage?:

Client: _____

Spouse: _____

Any unpaid debts incurred prior to marriage?:

Client: _____

Spouse: _____

Other factors client considers relevant for fair division of property: _____

Client have a retirement plan?: Yes No

If yes, describe nature and approximate value: _____

Spouse have a retirement plan?: Unsure Yes No

If yes, describe nature and approximate value: _____

DOMESTIC ABUSE:

1. Physical violence at any time during your relationship?: Yes No

If yes, please describe: _____

2. Emotional abuse at anytime during your relationship?: Yes No

If yes, please describe: _____

3. Has there been police or law enforcement involvement?: Yes No

If yes, please describe: _____
