

RUTHERFORD & BIDWELL LAW OFFICE

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PRELIMINARY QUESTIONNAIRE FOR DISSOLUTION OF MARRIAGE WITH MINOR CHILDREN

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:

Client been a Resident of Iowa for one year?:

Would you like your Maiden Name returned?:

Work Home

1st 2nd

Yes No

Yes No

SPOUSE'S INFORMATION

Spouse's Full Legal Name: _____

Maiden Name: _____

Address: _____

Will Spouse be represented by an attorney?:

Spouse's Attorney: _____

Yes

No

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ State of Birth: _____

Work Phone: _____ SSN: _____

Number of this Marriage:(circle)

Spouse been a Resident of Iowa for one year?:

1st 2nd 3rd

Yes

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: _____

Prenuptial 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: _____

INFORMATION REGARDING THE CHILDREN:

Full names, birth dates and Social Security Numbers of children of this marriage or that were adopted during the marriage:

Name	DOB	SSN
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Name	DOB	SSN
------	-----	-----

Name	DOB	SSN
------	-----	-----

Full names and birth dates and Social Security Numbers of client's children born of previous marriages or adopted previous to current marriage:

Name	DOB	SSN
------	-----	-----

Name	DOB	SSN
------	-----	-----

Name	DOB	SSN
------	-----	-----

Any current orders for support of child from prior marriage?: _____
Amount Ordered: _____

How are children being cared for now? _____

Identify any special physical or emotional needs for the children resulting from disability or other unusual circumstances: _____

Have any of the children ever been victims of domestic abuse? If so describe? :

Are you seeking joint or sole custody of the children?: _____

Other information client feels is relevant concerning the children : _____