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CLIENT INFORMATION SHEET

Client Referred by _____

PERSONAL INFORMATION

YOU/CLIENT

SPOUSE/OPPOSING PARTY

Full Name _____
S.S.N. _____

Former name(s) _____
Name change as part of this action? _____

Present Mailing Address

Phone _____
Birth date _____ Age _____

Birth date _____ Age _____

Client's e-mail address _____

Marriage Date _____ Place of Marriage _____

Separation Date (Different Residences) _____

Children born to this marriage:

FULL NAME BIRTHDATE SOCIAL SECURITY NO. LIVING WITH

- 1.
- 2.
- 3.
- 4.

Is either party now pregnant? ____ No ____ Yes Due Date of _____

Will the issue of custody be contested? ____ No ____ Yes

Date of Temporary Order(s), if any _____

Are you now or have you ever been on any form of public assistance, including but not limited to AFDC, Food Stamps or Medical Assistance? _____ No _____ Yes

If Yes, describe what type of benefits and dates received:

Current Monthly Child Support or Spousal Maintenance Order established by temporary Order for other party and minor children in this proceeding:

Child support: \$ _____ Spousal Maintenance (Alimony): \$ _____

Any claimed arrearages under existing Court Order(s): No _____ Yes _____

If Yes, specify the amount(s) claimed: Child Support: \$ _____

Spousal Maintenance (Alimony): \$ _____

EMPLOYMENT

YOU/CLIENT

SPOUSE/OPPOSING PARTY

Employer _____

Address _____

Length of Employment _____

Position _____

A. Gross income \$ _____ per _____ \$ _____ per _____

Statutory Deductions:

Federal Income Tax _____

State Withholding _____

Social Security _____

Pension Deduction _____

Union Dues _____

Insurance(s) (please specify) _____

Total Deductions _____

Net Income _____

Other deductions (please specify) _____

Net Take-home _____

Tax withholding figures above are based upon:

Married: _____ Single: _____ Number of Exemptions _____

B. Employment benefits: Identify all benefits in addition to wages including bonuses paid or due, commission, automobiles or travel expenses reimbursement, other per diem compensation, membership paid by the employer, and insurance paid by employer.

YOU/CLIENT	Amount	SPOUSE/OPPOSING PARTY	Amount
Explanation		Explanation	
_____		_____	
_____		_____	
_____		_____	

C. PENSION PLAN AND/OR PROFIT SHARING PLAN:

	YOU/CLIENT	SPOUSE/OPPOSING PARTY
1. Through employment:	_____	_____
Present Cash value	_____	_____
Vested or nonvested	_____	_____
2. Private plans:		
(IRA, Keogh, SEP)	_____	_____
Present cash value	_____	_____
3. Deferred Compensation	_____	_____
4. Military Pension or Disability	_____	_____

D. INSURANCE

1. Health/Hospitalization Insurance:

Company	_____	_____
Persons Covered	_____	_____
Coverage through employer	yes _____ no _____	yes _____ no _____
Amount of premium	_____	_____
Premium paid by employer	yes _____ no _____	yes _____ no _____

Will coverage be available to your spouse after the divorce?

2. Disability Insurance yes _____ no _____ yes _____ no _____

Company _____

Persons covered _____

Coverage through employer yes _____ no _____ yes _____ no _____

Amount of premiums _____

Premium paid by employer yes _____ no _____ yes _____ no _____

3. Dental or Optical Insurance:

Company _____

Persons covered _____

Coverage through employer yes _____ no _____ yes _____ no _____

Amount of premium _____

Premium paid by employer yes _____ no _____ yes _____ no _____

4. Life Insurance:

Insured _____

Company _____

Type of Insurance _____

Face Amount _____

Cash Value _____

Loans against policy _____

Beneficiary _____

Owner _____

Coverage through employer yes _____ no _____ yes _____ no _____

PERSONAL PROPERTY

A. Stocks, Bonds, etc. Please list separately.

Identify if Stock or bond	Name of Company	Amount
------------------------------	-----------------	--------

B. Checking Accounts. Please indicate if separate or joint account.

Name of Bank	Account Number	Balance	Separate or Joint
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C. Savings Accounts. Please list separately.

Name of Bank	Account Number	Balance	Separate or Joint
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D. Notes Receivable (Contract for Deeds) and Claims

From Whom:	Amount:	When payment expected:
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E. Motor Vehicles:

1. Year _____ Make _____ Model _____

Market value _____ Amount owed _____

Monthly payment _____ In possession of _____

2. Year _____ Make _____ Model _____

Market value _____ Amount owed _____

Monthly payment _____ In possession of _____

F. Boats, Motors, Campers, Snowmobiles, Trailers, RVs, etc.

1. Description _____

Year _____ Make _____ Model _____

Market Value _____ Amount Owed _____

Monthly payment _____ In possession of _____

2. Description _____

Year _____ Make _____ Model _____

Market Value _____ Amount Owed _____

Monthly payment _____ In possession of _____

3. Description _____

Year _____ Make _____ Model _____

Market Value _____ Amount Owed _____

Monthly payment _____ In possession of _____

G. Other items of personal property: (Such as power equipment, tools, guns, valuable animals, jewelry, collections, etc.)

1. Description _____
Market value _____ Amount owed and to whom _____
Monthly payment _____ In possession of _____
2. Description _____
Market value _____ Amount owed and to whom _____
Monthly payment _____ In possession of _____
3. Description _____
Market value _____ Amount owed and to whom _____
Monthly payment _____ In possession of _____

(CONTINUE ON BACK IF NECESSARY)

NON-MARITAL CLAIMS

- A. Personal/real property acquired before marriage:
 1. Description _____
Market value _____ Amount owed and to whom _____
Monthly payment _____ In possession of _____
- B. Personal/real property acquired before marriage:
 1. Description _____
Market value _____ Amount owed and to whom _____
Monthly payment _____ In possession of _____

(If additional space is needed, please attach a separate sheet.)

DEBTS

A. Secured Debts (list for each) ATTACH ADDITIONAL SHEETS IF NECESSARY

Creditor _____

Security _____

Total Owing _____

Monthly payment _____

When incurred _____

Party Obligated _____

B. Unsecured Debts (Please attach a separate list of credit cards and charge accounts. Also include any medical debts owed.)

Creditor _____

Total Owing _____

Monthly payment _____

When incurred _____

Party Obligated _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

CHILD SUPPORT/SPOUSAL MAINTENANCE

Does either party receive or pay child support or spousal maintenance from a separate proceeding? ____ No ____ Yes (Please circle receive or pay in sentence.)

If yes, \$ _____ is received or paid (circle one) each month for child support or alimony (circle one).

To whom is this obligation owed? _____

State, County and Date of such Order: _____

MONTHLY EXPENSES

A. Housing.

Mortgage _____
2nd mortgage _____
Rent _____
Contract for Deed _____
Property taxes _____
Insurance - homeowners or rental _____
Other - please specify _____

B. Home Maintenance and repair

House Cleaning _____
Lawn Care _____
Snow Removal _____
Decorating _____
Carpet Cleaning _____
Furniture Cleaning _____
Home Repairs and Appliances _____
Household Supplies _____

C. Food.

Groceries _____
Lunches at work _____
School lunches _____
Eating out _____
Other - please specify _____

D. Utilities.

Water/Sewer/Garbage _____
Electricity _____
Gas _____
Telephone _____
Cell Phone _____
Internet service _____
Cable Television _____
Other - please specify _____

E. Clothing.

For self	_____
For children	_____
Laundry and dry cleaning	_____
Alterations and Repair	_____

F. Transportation.

Car payment	_____
Repairs and maintenance	_____
Car insurance	_____
Gas and oil	_____
Bus fares	_____
License	_____
Parking	_____
Motor Clubs (like AAA)	_____
Other - please specify	_____
_____	_____

G. Medical and Dental Care.

Self - doctor and dentist	_____
Self - medications and medical supplies	_____
Children - doctor and dentist	_____
Children - medications and medical supplies	_____
Medical/Hospitalization insurance	_____
Dental Insurance	_____
Disability Insurance	_____
Uninsured Medical Expense	_____
Uninsured Dental Expense	_____
Orthodontia	_____
Contacts/eyeglasses	_____
Counseling/therapy	_____
Other - please specify	_____
_____	_____

H. Entertainment.

Athletic events	_____
Movies, plays	_____
Trips	_____
Beer, Wine, Liquor	_____
Vacations	_____

Gambling _____
Other - please specify _____

I. Educational expenses.

Tuition _____
Books and supplies _____
Other - please specify _____

J. Dependant Care

Child care/daycare _____
Babysitting _____
Children's School Tuition _____
Books _____
Lunches _____
Pictures _____
Field Trips _____
Year Books _____
Allowance _____
Tutoring _____
School Supplies _____
School Activities _____
Sports Equipment _____
Musical Instrument _____
Special Interests _____
Summer Camps _____
Other _____

K. Contributions.

Church _____
Other - please specify _____

L. Pet Expenses

Food _____
Veterinary _____
Other _____

M. Miscellaneous.

Health Club Membership _____

Newspaper and magazines	_____
Barber and beauty shop	_____
Cigarettes	_____
Insurance not previously listed	_____
Specify _____	_____
Dues/memberships	_____
Other - please specify	_____
_____	_____
_____	_____

N. Credit Cards and Loans.

Company	Balance Owed	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

O. Please list any unusual current expenditures such as expenses for serious illness, long-time medical care, accident or other emergency, along with total balance owed and monthly payment.

To Whom Owed	Balance Owed	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

P. Please list any other expenses you may have that are not listed above, such as attorneys fees, piano lessons, fees and supplies for athletic/academic organizations or clubs, etc.

To whom payment is made	Monthly payment
_____	_____
_____	_____
_____	_____

OTHER INCOME

YOU/CLIENT

SPOUSE/OPPOSING PARTY

- A. Interest in partnerships yes no yes no
- Name of partnership _____
- Value _____
- B. Public Assistance _____
- C. Social Security
 benefits for either
 party or child _____
- D. Unemployment/
 Workers Comp _____
- E. Interest income _____
- F. Dividend income _____
- G. Rental property _____
- H. Other income
 (please specify) _____
- _____

REAL PROPERTY

Homestead
(Please Specify)

Other

- A. In whose possession _____
- B. Date Acquired _____
- C. Purchase price _____
- D. Present Fair Market Value _____
- E. First Mortgage Balance (approx.) _____
- F. Second Mortgage Balance or Home Improvement Loan _____
- G. Net Value _____
- H. Monthly payment _____

PLEASE PROVIDE THE LEGAL DESCRIPTIONS OF ALL REAL PROPERTY.
(If additional space is needed, please attach a separate sheet.)

PLEASE ANSWER THE FOLLOWING QUESTIONS IN ORDER THAT WE MIGHT BETTER ADVISE YOU.

What habits has your spouse/opposing party changed recently?

Are there problems of: Alcohol_____ Child Abuse_____ Drugs_____ Men_____ Women_____ Violence_____

Have you had counseling in the last year? _____ If so, with whom?

If we have to make service, where should we serve your spouse/opposing party?

What is the best time to serve your spouse/opposing party?_____

Does he/she have an attorney?_____

Has that attorney ever talked to you or done any work for you?_____

What work?_____

Did you help to pay for your spouse/opposing party's education?_____

Did he/she help pay for yours?_____

Do you or your spouse have a pension or retirement plan?_____

Do either of you have a new relationship?_____ Who?_____

Did either of you withdraw money from the bank recently?_____ Who?_____ How much?_____

Do you have funds available from which you could support yourself in the next few months?

Did your spouse/opposing party's parents or your parents give you both money during the marriage?_____ Who?_____

Do you expect an inheritance?_____

Did you receive an inheritance during the marriage?_____ When?_____

Is there a family home? _____ Who lives there? _____

When was it purchased? _____

What was the source of the down payment? _____

Is there a business? _____ What is it? _____

Have you and your spouse/opposing party discussed custody, support or visitation? _____

What is your present medical condition? _____

Do you regularly take any medications? _____

Where is your jewelry located? _____

Can your spouse remove your jewelry? _____

Where are the stock certificates and CD's kept? _____

What is in the safety deposit box? _____

Do you and your spouse each have a vehicle? _____

Have you separated from your spouse? _____ If yes, when? _____

For my children I want/need:

sole custody _____ shared custody _____ custody to my spouse _____.

Child support: \$ _____ per month for _____ years.

For myself I need:

Spousal maintenance: \$ _____ per month for _____ years.

The properties I want the most are:

_____ Car _____

_____ Other vehicles, boats, etc. _____

_____ Family home _____

_____ Other real estate _____

_____ Furniture and other household goods _____

_____ Jewelry & other personal property _____

_____ Stocks, bonds, CDs, etc. _____

- _____ Cash in savings _____
- _____ Interest in insurance _____
- _____ Retirement _____ IRA _____
- _____ Business _____
- _____ Other property, please list: _____
- _____
- _____
- _____

The properties I expect my spouse/opposing party to request are:

- _____ Car _____
- _____ Other vehicles, boats, etc. _____
- _____ Family home _____
- _____ Other real estate _____
- _____ Furniture and other household goods _____
- _____ Jewelry & other personal property _____
- _____ Stocks, bonds, CDs, etc. _____
- _____ Cash in savings _____
- _____ Interest in insurance _____
- _____ Retirement _____ IRA _____
- _____ Business _____
- _____ Other property, please list: _____
- _____
- _____
- _____

Other things I need: _____

The debts and liabilities we most need to pay off are:

- _____ charge accounts _____
- _____ bank loans _____
- _____ mortgages _____
- _____ other loans, please specify _____
- _____ very few debts _____
- _____ no debts _____

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. Your spouse/opposing party's paycheck stubs, if you can get them, from January 1 of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal for the past three years.
4. Deeds, abstracts and torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse/opposing party, individually or jointly. Secure from your mortgage company or lending institution if you do not have.
5. Mortgage or Contract for Deed balance on homestead and any other real estate. The last monthly mortgage payment statement, if you have one.
6. All papers and documents covering the initial purchase of your homestead, including Purchase Agreement.
7. Tax Assessor's statements on homestead and other real properties.
8. Savings passbooks and savings certificates of individual or joint accounts held by you and/or your spouse/opposing party.
9. List of corporate stocks and/or stock certificates, if possible, owned by you and your spouse/opposing party, individually or jointly. Also give name of broker or brokers.
10. Current list of insurance policies, with statements of loans against them.
11. A copy of any pension or retirement programs, profit sharing and/or investment programs, you or your spouse/opposing party may be involved in through employment, savings accounts reflecting you and your spouse/opposing party's IRA.
12. Title cards to all automobiles or other motor vehicles owned by you or your spouse/opposing party, individually or jointly.
13. A copy of any financial statements or statements of net worth prepared by you or your spouse/opposing party for the purpose of securing bank loans or for any other purpose.
14. Any other information that will help establish your net worth, your spouse/opposing party's net worth, your joint net worth, your income, and your spouse/opposing party's income.
15. Any pleadings and legal papers in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or your spouse/opposing party.
16. Any U.S. Social Security records or documents reflecting you and/or your spouse/opposing party's earning and qualifications for retirement benefits.

17. Any documents that will support any claim you may have that any of your assets are non-marital.
18. Statements of Account for any bank accounts, money market accounts, IRAs, pensions, profit sharing account or deferred compensation accounts.
19. Tax returns and financial statements for the past five years for any business in which you or your spouse/opposing party have an interest.