

Dissolution Checklist

Please answer the following questions by circling the correct response with regard to what you want out of this dissolution:

Custody of Children:

Physical:	WIFE	HUSBAND	JOINT	N/A
Legal:	WIFE	HUSBAND	JOINT	N/A

Visitation with Children: Please specify days and times per week:

Spousal Maintenance:	WIFE	HUSBAND	N/A
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Health Insurance:

Children:	WIFE	HUSBAND	N/A
Each Party:	WIFE	HUSBAND	EACH PAY OWN

Dental Insurance:

Children:	WIFE	HUSBAND	N/A
Each Party:	WIFE	HUSBAND	EACH PAY OWN

Homestead:	WIFE	HUSBAND	N/A
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Vehicles: (specify type)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Personal Property: (list)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Personal Property Cont'd:

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Pensions: (list)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Stocks/Bonds: (list)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Debts: (list)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Debts Cont'd:

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Non-Marital Property:

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND

Name Change: YES NO
TO: _____

Other: (specify)

_____	WIFE	HUSBAND
_____	WIFE	HUSBAND
_____	WIFE	HUSBAND