

CONFIDENTIAL DIVORCE QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information.

This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

*If you are already divorced and are seeking a modification of your divorce decree (for instance, a change of custody, increase or decrease in support), all references to "spouse" mean your **former** spouse, not the person to whom you may now be married.*

1. **Please give full name:**

YOURSELF	SPOUSE
First:	First:
Middle:	Middle:
Last:	Last:
Maiden:	Maiden:
Former married names:	Former married names:

2. **Please give the following vital statistics:**

YOURSELF	SPOUSE
Soc. Sec. No.:	Soc. Sec. No.:
Drivers License No./State:	Drivers License No./State:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
Current Age:	Current Age:
Race:	Race:
Number of this Marriage: <i>Specify 1st, 2nd, etc.</i>	Number of this Marriage: <i>Specify 1st, 2nd, etc.</i>
Prior Marriages Dissolved: <i>Specify M/D/Y</i>	Prior Marriages Dissolved: <i>Specify M/D/Y</i>

3. **Please give the following information about this marriage:**

Date:	City:	County:	State:

4. **Where are you living and what is your telephone number?**
- a. Address _____
 - b. City, State, Zip _____
 - c. Residence telephone number _____
Fax number _____
 - d. Cellular/mobile number _____
How long in Oregon? _____
 - e. If you want mail from this office sent to a different address, please furnish the desired address here:

5. **Are you currently employed?** Yes No If yes, please provide:
- a. Name of employer _____
Length of employment _____
 - b. Street address _____
 - c. City, State, Zip _____
 - d. Telephone _____ Fax _____
 - e. What is your monthly *gross* salary? \$ _____ *Take home?* \$ _____
 - f. Do you receive other sources of income? Specify the source and amount:

 - g. Do you contribute to a 401(k) plan? If so, specify how much per month:

 - h. Do you receive stock options, life insurance, or any other benefits provided by your employer?

 - i. Do you receive reimbursement for employment related expenses? Specify the expenses that are reimbursed: _____
 - j. Are you a shareholder, partner or sole proprietor of a business? _____
 - k. Do you receive bonuses from work? Specify: _____
 - l. Do you receive disability benefits? Specify: _____
 - m. What is your job title? _____

6. **Where is your spouse living and what is your spouse's telephone number?**
- a. Address _____
 - b. City, State, Zip _____
 - c. Residence telephone number _____
 - d. How long in Oregon? _____

7. **Is your spouse currently employed?** Yes No If yes, please provide:
- a. Name of employer _____
Length of employment _____
 - b. Street address _____
 - c. City, State, Zip _____
 - d. Telephone number _____
Spouse's job title _____
 - e. What is your spouse's monthly *gross* salary? \$ _____ *Take home?* \$ _____
 - f. Do you receive stock options, life insurance, or any other benefits provided by your employer?

 - g. Does your spouse receive other sources of income? Specify the source and amount:

 - h. Does your spouse contribute to a 401(k) plan? If so, specify how much per month:

 - i. Does your spouse receive reimbursement for employment related expenses? Specify the expenses that are reimbursed: _____
 - j. Is your spouse a shareholder, partner or sole proprietor of a business? _____
 - k. Does your spouse receive bonuses from work? Specify: _____
 - l. Does your spouse receive disability benefits? Specify: _____

m. What is your spouse's job title? _____

8. **Do you have any children?** Yes No
 If so, please give *full name*, date of birth, and sex of each child, and indicate whether the child was born of this marriage or of a former marriage of your spouse or yourself.

First	Middle	Last	Sex	Birthdate	Age	Ours/Mine/Spouse's
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			

Are you or is your spouse now pregnant? Yes No

9. **Answer only if you have children:**
 Please list the addresses where your children have lived and with whom for the last five years:

Child	Resided With	Address	Dates

10. **Answer only if you are inquiring about a divorce. If you are already divorced and are now seeking a modification, skip this question and answer question #11.**

- a. Are you separated from your spouse? Yes No
 Date of separation: _____
- b. Were any of the children living in your household at the time you and your spouse separated? Yes No
- c. Have there been prior separations? Yes No
 If so, how many? _____
 Approximately when and for how long? _____

11. **Answer only if you are already divorced and seeking a modification:**

- a. What is the date of your divorce decree? _____
- b. In what county did your divorce occur? _____
- c. Have any orders been entered modifying the original decree? Yes No
- d. **Please attach a copy of your divorce decree and any modification orders.**

12. **Custody**

- a. Who now has physical custody of the child(ren)? You Spouse
- b. Are you seeking custody of the child(ren) of this marriage? Yes No
- c. Are any of the children adopted? Yes No
- d. Are there any restraining orders or any other type of custody order currently in effect or pending?
 Yes No

13. **Support**
- a. Are you now paying support? Yes No
 If so, how much? \$ _____
- b. Are you now receiving support? Yes No
 If so, how much? \$ _____
- c. Are you or is your spouse now receiving any form of public assistance? Yes No
- d. Other than children, do you have any dependents? Yes No

14. **Health of Parties**
- a. Is there anything we should know about the mental or physical health of any party to this action? Yes No
- b. Do any of your children have exceptional health or dental needs? Yes No
- c. Does any child have any special educational needs or problems? Yes No

15. **Are you or your spouse now in the U.S. Armed Forces?** Yes No

16. **Does your spouse have an attorney?** Yes No
 Who? _____

17. **Description of spouse:**

Age	Height	Weight	Eye Color
Hair Color	Facial Hair	Glasses	Marks, Tattoos

Your spouse may have to be personally served with papers. At what address should your spouse be served? _____

When is the best time to serve at that address? _____

18. **Do you or your spouse ever carry concealed weapons?** Yes No

19. **Please give the name, address and telephone number of an individual to contact in case we are unable to reach you.**

20. **Have you consulted us for legal advice before?** Yes No

21. **Please let us know how you were referred to this office.**

- a. Individual referral (please give name) _____
- b. Telephone book/yellow pages _____
- c. Other _____

I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.

 Date

 Signature