

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 complete information.

This form is designed to highlight items to which we should give attention, as well as to provide necessary information that must be included in various court documents. I do not know the facts of your case as well as you do. Tell me as much as you know so that we can do a better job together.

*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. What is your full name?

- a. First _____
- b. Middle _____
- c. Last _____
- d. Maiden _____
- e. Former married names: _____

What is your spouse's full name?

- a. First _____
- b. Middle _____
- c. Last _____
- d. Maiden _____
- e. Former married names: _____

2. Please give the following vital statistics about yourself:

- a. Soc. Sec. No. _____
- b. Driver's License No. _____
- c. Date of Birth _____
- d. Place of Birth _____
- e. Current Age _____
- f. Education _____
- g. Race _____
- h. Number of this marriage (specify 1st, 2nd, etc.) _____
- i. How did each prior marriage end (i.e. death, divorce, etc), and on what date (Month/Day/Year)

Please give the following vital statistics about your spouse:

- a. Soc. Sec. No. _____
- b. Driver's license No. _____
- c. Date of Birth _____
- d. Place of Birth _____
- e. Current Age _____
- f. Education _____
- g. Race _____
- h. Number of this marriage (specify 1st, 2nd, etc.) _____
- i. How did each prior marriage end (i.e. death, divorce, etc), and on what date (Month/Day/Year)

**3. This Marriage: Date _____
County _____**

City _____
State _____

4. **Date of Separation** (Last date you lived in same household) _____

5. **Number of Children Under 18 Living in the Household** (at date of separation)

6. **Where are you living and what is your telephone number?**

a. Address _____

b. City, State, Zip _____

c. Residence telephone number _____

Fax number _____

Cellular/mobile number _____

d. How long in Oregon? _____

7. **Where is your spouse living and what is his/her telephone number?**

a. Address _____

b. City, State, Zip _____

c. Residence telephone number _____

Fax number _____

Cellular/mobile number _____

d. How long in Oregon? _____

8. **Does your spouse have an attorney?** Name _____

9. **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 number _____

Fax number _____

e. What is your monthly *gross* salary before taxes or deductions (or hourly rate and number of hours worked per week. If overtime is regularly worked, specify how many hours, at what rate)? _____

f. What is your monthly Take-home? \$ _____

g. What is your job title? _____

h. Do you have a pension or similar plan? _____

10. **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 _____
Fax number _____
- e. Spouse's job title? _____
- f. What is the monthly *gross* salary of your spouse before taxes or deductions (or hourly rate and number of hours worked per week. If overtime is regularly worked, specify how many hours, at what rate)? _____
- g. What is your spouse's monthly Take-home? \$_____
- h. Does your spouse have a pension or similar plan? _____

11. **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					

12. Where have the child(ren) lived during the past five years (or since birth, if a child is under five years old), and with whom has/have the child(ren) lived? Please fill in the following chart. Add a sheet following the same pattern if necessary. Please use a separate entry line each time the child(ren) moved, each time some other person moved into the place where the child(ren) was/were living, and each time some other person left the place where the child(ren) was/were living. These changes of household members would include prior periods of separation of you and your spouse, whether it was you who left or your spouse who left. If a person is related to the child, please include the relationship. Please include only those people who were actually living in the home, not people who were merely visiting. The first two lines in the following chart are an example.

Address	With Whom Lived	Dates
<i>460 Elm St. Corvallis, OR 97330</i>	<i>Mother, Jane Doe; Father, John Doe; Jane Doe's parents, Fred and Mary Smith.</i>	<i>Birth to August 10, 1998.</i>
<i>460 Elm St. Corvallis, OR 97330</i>	<i>Mother, Jane Doe; Jane Doe's parents, Fred and Mary Smith.</i>	<i>August 10, 1998 to present.</i>

Address	With Whom Lived	Dates

13. Are you or is your spouse now pregnant? Yes _____ No _____

14. **Answer Question 14 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 #15.**

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? _____

c. Have there been prior separations? Yes _____ No _____

If so, how many? _____

Approximately when and for how long? _____

15. **Answer Question 15 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 _____

When _____

d. *Please attach a copy of your divorce decree and any modification orders.*

16. **Custody**

a. Who are the children now living with?

You _____ Spouse _____ Both _____ Since what date? _____

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 _____

17. Support

- a. Are you now paying support? Yes _____ No _____
If so, how much? \$ _____
Is this Child Support, or Spousal Support (Alimony)? _____
Is it relating to this marriage, or a former marriage? _____
- b. Are you now receiving support? Yes _____ No _____
If so, how much? \$ _____
Is this Child Support, or Spousal Support (Alimony)? _____
Is it relating to this marriage, or a former marriage? _____
- c. Are you or is your spouse now receiving any form of public assistance?
Yes _____ No _____ If yes, give details _____
- d. Other than children *of this marriage*, do you have any dependents?
Yes _____ No _____
If yes, give details _____
- e. Other than children *of this marriage*, does your spouse you have any dependents?
Yes _____ No _____
If yes, give details _____
- f. Do any of the children have special needs, or are there any other unusual circumstances of which I should be aware? _____

18. 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 _____

19. Are you or your spouse now in the U.S. Armed Forces?

Yes _____ No _____

20. Does your spouse have an attorney? Yes _____ No _____

Who? _____

21. Description of spouse:

Age _____ Height _____ Weight _____ Eye color _____

Hair Color _____ Facial Hair _____ Glasses (if yes, describe) _____

Marks, Tattoos _____

Vehicles your spouse may be driving (make and model, color, and license if known)

Your spouse may have to be personally served with papers. At what address should your spouse be served? Please indicate whether this is home, work, etc.

When is the best time to serve at that address?

22. Do you or your spouse ever carry concealed weapons?

Yes _____ No _____

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

24. Please list the make, model, year, license plate number, and Vehicle Identification Number (VIN) of all of your vehicles, and indicate which is used by you, and which is used by your spouse.

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