



## 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. 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. Race \_\_\_\_\_
- g. Number of this marriage \_\_\_\_\_  
(specify 1st, 2nd, etc.)

**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. Race \_\_\_\_\_
- g. Number of this marriage \_\_\_\_\_  
(specify 1st, 2nd, etc.)

**3. Marriage:** Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

- a. Address \_\_\_\_\_
- b. City, State, Zip \_\_\_\_\_
- c. Home telephone number \_\_\_\_\_
- d. E-mail address (secure and private) \_\_\_\_\_
- e. Cellular/mobile number \_\_\_\_\_ How long in Oregon? \_\_\_\_\_

f. 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 number \_\_\_\_\_ Fax number \_\_\_\_\_
- e. What is your monthly *gross* salary? \$ \_\_\_\_\_ *Take home?* \_\_\_\_\_
- f. 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. Home 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?* \_\_\_\_\_

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 you.

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

- 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? \_\_\_\_\_

**10. 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.*

**11. 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 \_\_\_\_\_

**12. 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 \_\_\_\_\_

**13. 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 \_\_\_\_\_

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

**15. Does your spouse have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_**  
Who? \_\_\_\_\_

**16. 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? \_\_\_\_\_

**17. Do you or your spouse ever carry concealed weapons? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

\_\_\_\_\_  
\_\_\_\_\_

**19. Have you consulted us for legal advice before? Yes \_\_\_\_\_ No \_\_\_\_\_**

**20. 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