

# 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.

<b>1. What is your full name?</b>	<b>What is your spouse's full name?</b>
a. First _____	a. First _____
b. Middle _____	b. Middle _____
c. Last _____	c. Last _____
d. Maiden _____	d. Maiden _____
e. Former Married Names: _____	e. Former Married Names: _____

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f. Do you want your former/maiden name restored? \_\_\_\_\_  
If yes, which name? \_\_\_\_\_

<b>2. Please give the following vital statistics about yourself:</b>	<b>Please give the following vital statistics about your spouse:</b>
a. SSN: _____	a. SSN: _____
b. Date of Birth: _____	b. Date of Birth: _____
c. Place of Birth: _____	c. Place of Birth: _____
d. Current Age: _____	d. Current Age: _____
e. Race: _____	e. Race: _____
_____ f. Years of School Completed _____	f. Years of School Completed _____

(Highschool, college - please specify)	(Highschool, college - please specify)
_____ g. DL No. _____ State _____	g. DL No. _____ State _____
h. Number of this marriage: _____ (Specify first, second, etc.)	h. Number of this marriage: _____ (Specify first, second, etc.)
i. How did previous marriage(s) end? (Dissolution, death - please specify) _____	i. How did previous marriage(s) end? (Dissolution, death - please specify) _____

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Year marriage(s) ended _____	Year marriage(s) ended _____
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**3. Marriage:** Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

- 4. Where are you living and what is your telephone number?**
- a. Address: \_\_\_\_\_
  - b. City, state, zip, County: \_\_\_\_\_
  - c. Home telephone: \_\_\_\_\_ Email: \_\_\_\_\_
  - d. Cellular/mobile: \_\_\_\_\_ 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? \_\_\_\_\_ If yes, please provide:**
- a. Name of employer: \_\_\_\_\_ Length: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City, state, zip: \_\_\_\_\_
  - d. Telephone number: \_\_\_\_\_
  - e. Monthly GROSS salary: \$ \_\_\_\_\_ Monthly take home salary: \$ \_\_\_\_\_
  - f. 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? \_\_\_\_\_ If yes, please provide:**
- a. Name of employer: \_\_\_\_\_ Length: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. City, state, zip: \_\_\_\_\_
  - d. Telephone number: \_\_\_\_\_
  - e. Monthly gross salary: \$ \_\_\_\_\_ Monthly take home salary: \$ \_\_\_\_\_
  - f. Job Title: \_\_\_\_\_

- 8. Do you have any children? \_\_\_\_\_ If yes, 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:**

Full Name	Sex	Birth Date	Age	Ours	Mine	Spouse's

- 9. Separation:**
- a. Are you separated from your spouse? \_\_\_\_\_ Date of separation: \_\_\_\_\_
  - b. Were there any children living in your household at the time you and your spouse separated? \_\_\_\_\_
  - c. Have there been any prior separations? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
Approximately when, and for how long? \_\_\_\_\_

**10. Custody**

- a. Who now has physical custody of the child(ren)? \_\_\_\_\_
- b. Are you seeking custody of the child(ren) of this marriage? \_\_\_\_\_
- c. Are any of the children adopted? \_\_\_\_\_
- d. Are there any restraining orders or any other type of custody order currently in effect or pending? \_\_\_\_\_

**11. Support**

- a. Are you now paying support? \_\_\_\_\_ If so, how much? \_\_\_\_\_
- b. Are you now receiving support? \_\_\_\_\_ If so, how much? \_\_\_\_\_
- c. Are you or is your spouse now receiving any form of public assistance? \_\_\_\_\_
- d. Other than children, do you have any dependents? \_\_\_\_\_

**12. Please identify any interest you and/or your spouse have in the following assets:**

**a. Vehicles:**

Year	Make	Model	License and State	Used By	Debt Owed	Value and How Obtained

**b. Real Property:**

**Family Residence**

Address \_\_\_\_\_ County \_\_\_\_\_  
 Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_  
 First Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Additional Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Present Value \_\_\_\_\_ Current Occupants \_\_\_\_\_

**Additional Real Property (Rental, Recreational, Commercial, Other)**

Address \_\_\_\_\_ County \_\_\_\_\_  
 Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_  
 First Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Additional Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Present Value \_\_\_\_\_ Current Occupants \_\_\_\_\_

**Additional Real Property (Rental, Recreational, Commercial, Other)**

Address \_\_\_\_\_ County \_\_\_\_\_  
Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_  
First Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
Institution \_\_\_\_\_  
Additional Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_  
Institution \_\_\_\_\_  
Present Value \_\_\_\_\_ Current Occupants \_\_\_\_\_

**c. Retirement Accounts:**

**Pension, Profit Sharing, IRA, 401(k), & 403(B) Plans:**

	Institution	Type	Approximate Accrued Balance/Benefit
<b>Husband</b>	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
<b>Wife</b>	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____

**d. Investment Accounts:**

Institution \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Account Type (circle all that apply) - checking, savings, credit union, money market,  
certificates of deposits, other  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Approx. Balance \_\_\_\_\_

Institution \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Account Type (circle all that apply) - checking, savings, credit union, money market,  
certificates of deposits, other  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Approx. Balance \_\_\_\_\_

Institution \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Account Type (circle all that apply) - checking, savings, credit union, money market,  
certificates of deposits, other  
Name(s) on Account \_\_\_\_\_  
Account Number \_\_\_\_\_ Approx. Balance \_\_\_\_\_

**e. Stock, Stock options, and Bonds:**

Name	Number of Shares	Value
_____		
_____		
_____		
_____		

**f. Other Assets:** (use back of page if necessary)

Description	Approx. Value
_____	
_____	
_____	
_____	

**13. Health of Parties**

- e. Is there anything we should know about the mental or physical health of any party to this action? \_\_\_\_\_
- f. Do any of your children have exceptional health or dental needs? \_\_\_\_\_
- g. Does any child have any special educational needs or problems? \_\_\_\_\_

**14. Are you or your spouse now in the US Armed Forces?** \_\_\_\_\_

**15. Does your spouse have an attorney?** \_\_\_\_\_ **If so, 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? \_\_\_\_\_

What is the best time to serve at that address? \_\_\_\_\_

**17. Do you or your spouse ever carry concealed weapons?** \_\_\_\_\_

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

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

Individual referral (please give name): \_\_\_\_\_

Telephone book yellow pages: \_\_\_\_\_

Other: \_\_\_\_\_

I UNDERSTAND THE LAW FIRM OF VINCENT J. BERNABEI, LLC HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID RETAINER FEE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature