## **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 <u>former</u> spouse, not the person to whom you may now be married.

## 1. What is your full name?

- a. First\_\_\_\_\_
- b.
   Middle\_\_\_\_\_\_

   c.
   Last\_\_\_\_\_\_
- c. Last\_\_\_\_\_\_ d. Maiden\_\_\_\_\_
- e. Former married names:

## What is your spouse's full name?

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

#### 2. Please give the following vital Please give the following vital statistics about yourself: statistics about your spouse: Soc. Sec. No. \_\_\_\_\_ Soc. Sec. No.\_\_\_\_\_ a. a. Date of Birth\_\_\_\_\_ Date of Birth\_\_\_\_\_ b. b. Place of Birth Place of Birth c. C. Current Age\_\_\_\_\_ Current Age\_\_\_\_\_ d. d. Race\_\_\_\_ Race \_\_\_\_\_ e. e. Number of this marriage \_\_\_\_\_ Number of this marriage f. f. (specify 1st, 2nd, etc.) (specify 1st, 2nd, etc.) Marriage: Date City County State 3. Where are you living and what is your telephone number? 4. Address a. City, State, Zip\_\_\_\_\_ b. Home telephone number\_\_\_\_\_ C. E-mail address (secure and private) d. Cellular/mobile number \_\_\_\_\_ How long in Oregon? \_\_\_\_\_ If you want mail from this office sent to a different address, please furnish the desired address here: e. f. **Are you currently employed?** Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide: 5. 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.	Residence telephone number						
d.	How long in Oregon?						
Is y	your spouse currently employed? Yes	No If	yes, please p	orovide:			
a.	Name of employer		Length	of emplo	yment _		
b.	Street address						
c.	City, State, Zip						
d.	City, State, Zip Telephone number	Spouse	e's job title?				
e.	What is your spouse's monthly gross sa	alary? \$	<u> </u>	<u>e home?</u>			
chil	<b>Do you have any children?</b> Yes No If so, please give <u>full name</u> , 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 of yourself.						
Firs	st Middle Last	Sex	Birthdate				
		_ M / F					
		_ M/F				·	
		_ M/F M/F					
		_ M / F _ M / F					
Are	e you or is your spouse now pregnant? Yes	_ M/F s N	0				
Are		M/F 5N vorce. If y	o vou are alrea				
Are Ans mod	e you or is your spouse now pregnant? Yes swer only if you are inquiring about a div dification, skip this question and answer o	M / F 5 N vorce. If y question #1	0 70u are alrea 10.	ndy divo	rced and	d are n	ow seeking
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Are Ans mod a. b. c. Ans a. b. c. d.	e you or is your spouse now pregnant? Yes swer only if you are inquiring about a diversification, skip this question and answer of Are you separated from your spouse? Yes Were any of the children living in your h Have there been prior separations? Yes Approximately when and for how long? swer only if you are already divorced and What is the date of your divorce decree? In what county did your divorce occur? Have any orders been entered modifyin <i>Please attach a copy of your divorce dec</i> stody Who now has physical custody of the classical custody classical cus	_ M / F s N vorce. If y question #1 es No ousehold at s No d seeking a g the origin ecree and a hild(ren)? Y	o you are alrea 10. b Date the time you b If so modification modification mal decree? The many modification fou Spou	ndy divor of separa and your , how ma n: Yes Yes tion orde	tion: spouse my? No_ <b>rs.</b>	d are n	ow seeking
Are Ans mod a. b. c. Ans a. b. c. d. Cus a.	e you or is your spouse now pregnant? Yes swer only if you are inquiring about a div odification, skip this question and answer of Are you separated from your spouse? Yes Were any of the children living in your h Have there been prior separations? Yes Approximately when and for how long? swer only if you are already divorced and What is the date of your divorce decree? In what county did your divorce occur? Have any orders been entered modifyin <i>Please attach a copy of your divorce decree</i>	_ M / F s N vorce. If y question #1 es No lousehold at s No d seeking a g the origin ecree and a hild(ren)? Y en) of this n	o you are alread 10. b Date the time you b If so modification modification mal decree? The man modification for m	ndy divor of separa and your , how ma n: Yes Yes tion orde	tion: spouse my? No_ <b>rs.</b>	d are n	ow seeking

## 12. Support

	a.	Are you now paying support? Yes No If so, how much \$						
	b.	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. <b>H</b>	lealth of	f 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 y	ou or your spouse now in the U. S. Armed Forces? Yes No						
15.	Does	your spouse have an attorney? Yes No Who?						
16.	Descr	iption of spouse:						
t	A	Heiska Weiska Essenatur Heis Color						
	Age _ Facial	Height Weight Eye color Hair Color Hair Color Hair Color						
	i uciui							
	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.	<b>Βο νο</b>	ou or your spouse ever carry concealed weapons? Yes No						
17.	Du yu	ou or your spouse ever carry conceated weapons: Tes 100						
18.	Please	e give the name, address and telephone number of an individual to contact in case we are unable						
		ich you.						
19.	Have	Have you consulted us for legal advice before? Yes No						
20.	Please	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.						