|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Text  Description automatically generated with medium confidence | | | | |
| Please fill out this questionnaire as completely and as accurately as possible this will save time and added expense. Answers to these questions will alert us to situations we need to be aware of concerning your case. Please provide as much detail as possible.  If you are divorced and seeking modifications such as change of custody, increase, or decrease in support, all references to "spouse" referred to in this form are questions concerning your former spouse with who you are seeking divorce or modifications. | | | | |
| Name First | | Middle | | Last |
| Other Names Used | | | | |
| Soc. Sec. No. | | Driver’s License | | |
| Date of Birth | | Place of Birth | | |
| Age | | Race | | |
| Education | | | | |
| This Marriage is  My first  second third or # | | | | |
| Address | City | State | | Zip |
|  |  |  | |  |
| Years In Oregon | Phone | Email | | |
| Mail to my forms another to this address | | | | |
| City      State      Zip | | | | |
| Employed | Yes  No | | | |
| Name of employer      Job Title | | | | How long |
| City      State | Zip | Phone | | Fax |
|  |  |  | |  |
| Gross Pay | Take Home Pay | | | |
| **Spouse** | | | | |
| Name of Spouse First | | Middle | | Last |
| Other Names Used | | | | |
| Soc. Sec. No. | | Driver’s License | | |
| Date of Birth | | Place of Birth | | |
| Age | | Race | | |
| Education | | | | |
| This Marriage is  My first  Second  Third or # | | | | |
| Marriage Country | City | State | | Date |
| Address | City | State | | Zip |
| Years in Oregon | Phone | Email | | |
| Mail to my forms another to this address. | | | | |
| City | | State | | Zip |
| Employed | Yes | No | |  |
| Name of employer      Job Title | | | | |
| How long?      Employer address | | | | |
| City      State | Zip | Phone | | Fax |
| Gross Pay | | Take Home Pay | | |
| **Children** | | | | |
| Children | Yes | No | |  |
| Child 1 | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
| Name | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
| Child 2 | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
| Child 3 | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
| Child 4 | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
| Child 5 | First | Middle | | Last |
| M F Birth Date | | Parentage | |  |
|  | |  | |  |
| Is anyone pregnant Yes No | Other Dependents Yes No | | | |
|  |  |  | |  |
| **Need Divorce Complete this Section** | | | | |
| Separated | Yes No | | Date | |
| Children living with you at the time of separation Yes No | | | | |
| Prior Separations Yes No | | | | |
| Number of separations      Dates | | | | |
| Duration |  | |  | |
| Modifications to Divorce Complete this Section. | | | | |
| Modification to original?  Yes No | Decree date | | Country | |
| Please attach a copy of your divorce decree and any modification orders. | | | | |
| **Custody** | | | | |
| Physical custody of the child(children)? | You Spouse | | | |
| Seeking custody of children in this marriage? | Yes No | | | |
| Adopted Children | Yes No | | | |
| Restraining orders in place or pending | Yes No Describe | | | |
|  | | | | |
| Other Custody orders in place or pending | Yes No Describe | | | |
|  | | | | |
| **Support** | | | | |
| Paying support | Yes No Amount | | | |
| Receiving support | Yes No Amount | | | |
| Public assistance | Yes No Amount | | | |
| Health concerns related to this action. |  | | | |
| Physical Yes No | Describe | | | |
| Mental Yes No | Describe | | | |
| Children with exceptional health or dental needs. Yes No Describe | | | | |
| Children with special educational needs Yes No Describe | | | | |
| U. S. Armed Forces Yes No |  | | | |
| Spouse has an attorney Yes No | Attorney Name | | | |
| Description of spouse Age      Hair Color Height      Weight | | | | |
| Other Descriptors Example Tattoos, facial hair etc. | | | | |
| Spouse carries a weapon | Yes No | | | |
| Address to serve spouse      Best. time to serve | | | | |
| Contact you are unavailable Name | Address      Phone | | | |
| Consulted with us before Yes No | Referred to office by  Describe | | | |
| 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. | | | | |
| Signature | Date | | | |