|  |
| --- |
|  |
| 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 WILLNOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEEAGREEMENT AND PAID THE RETAINER. |
| Signature      | Date      |