

Confidential Family Law 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 judgment (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. If you have never been married, all references to "spouse" mean the parent of your child.

- | | |
|--|--|
| 1. What is your name? | What is your spouse's name? |
| a. First _____ | a. First _____ |
| b. Middle _____ | b. Middle _____ |
| c. Last _____ | c. Last _____ |
| d. Maiden _____ | d. Maiden _____ |
| e. Former married names:

_____ | e. Former married names:

_____ |

- | | |
|--|--|
| 2. Please give the following vital statistics about yourself: | Please give the following vital statistics about your spouse: |
| a. Soc. Sec. No. _____ | a. Soc. Sec. No. _____ |
| b. Driver's License No. _____ | b. Driver's License No. _____ |
| c. Date of Birth _____ | c. Date of Birth: _____ |
| d. Place of Birth _____ | d. Place of Birth _____ |
| e. Current Age _____ | e. Current Age _____ |
| f. Race _____ | f. Race _____ |
| g. Number of this marriage _____
(specify 1st, 2nd, etc.) | g. Number of this marriage _____
(specify 1st, 2nd, etc.) |
| i. Education _____
(highest grade completed) | i. Education _____
(highest grade completed) |

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 _____
 - f. How long have you lived in Oregon? _____
 - g. If you want mail from this office sent to a different address, please furnish the desired address here:

h. If you want mail marked "confidential" please check 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 pay? _____
- 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. E-mail address (secure and private) _____
- e. Cellular/mobile number _____
- f. How long have you lived 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 _____ Fax number _____
- e. What is your spouse's monthly gross salary? \$ _____ Take home pay? _____
- f. What is your spouse's job title? _____

8. **Do you own any homes or land?** Yes _____ No _____ If so, please provide the legal description here:

9. **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 yourself.

	First	Middle	Last	Sex	Birthdate	Age	Ours	Mine	Spouse's
1.	_____	_____	_____	M/F	_____	_____	_____	_____	_____
	Where did he/she live in the last 5 years? _____								
2.	_____	_____	_____	M/F	_____	_____	_____	_____	_____
	Where did he/she live in the last 5 years? _____								
3.	_____	_____	_____	M/F	_____	_____	_____	_____	_____
	Where did he/she live in the last 5 years? _____								
4.	_____	_____	_____	M/F	_____	_____	_____	_____	_____
	Where did he/she live in the last 5 years? _____								
5.	_____	_____	_____	M/F	_____	_____	_____	_____	_____
	Where did he/she live in the last 5 years? _____								

Are you or is your spouse now pregnant? Yes _____ No _____

10. **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 #11.**
- Do you and your spouse still live together? Yes _____ No _____ Date of separation: _____
 - Were any of the children living in your household at the time you and your spouse separated? _____
 - Have there been prior separations? Yes _____ No _____ If so, how many? _____
Approximately when and for how long? _____
11. **Answer only if you are already divorced and seeking a modification:**
- What is the date your divorce judgment was signed? _____
 - In what county and state did your divorce occur? _____
 - Have any judgments been entered modifying the original judgment? Yes _____ No _____
 - Please attach a copy of your divorce judgment and any modification orders.*
12. **Custody**
- Who now has physical custody of the child(ren)? You _____ Spouse _____ Other _____
 - Are you seeking legal custody of the child(ren) of this marriage? Yes _____ No _____
 - Are any of the children adopted? Yes _____ No _____
 - Are there any restraining orders or any other type of custody order currently in effect or pending?
Yes _____ No _____
13. **Support**
- Are you now paying child support? Yes _____ No _____ If so, how much \$ _____
 - Are you now paying spousal support? Yes _____ No _____ If so, how much \$ _____
 - Are you now receiving support? Yes _____ No _____ If so, how much \$ _____
 - Are you or is your spouse now receiving any form of public assistance? Yes _____ No _____
 - Other than children, do you have any dependents? Yes _____ No _____
14. **Health Insurance**
- Do you have health insurance? Yes _____ No _____ If yes, how much \$ per month for you only

 - Does your spouse have health insurance? Yes _____ No _____ If yes, how much \$ per month for
your spouse only _____
 - Are you children insured? Yes _____ No _____ If yes, by whom? _____ and how much
\$ per month to insure your children _____
15. **Health of Parties**
- Is there anything we should know about the mental or physical health of any party to this action?
Yes _____ No _____
 - Do any of your children have exceptional health or dental needs? Yes _____ No _____
 - Does any child have any special educational needs or problems? Yes _____ No _____
16. **Daycare**
- Are there daycare expenses for your child? Yes _____ No _____
 - If yes, how much \$ per month _____
 - Who pays? _____
17. **Are you or your spouse now in the U. S. Armed Forces?** Yes _____ No _____

18. **Have you worked with other attorneys in this matter before?** Yes _____ No _____ Who? _____

19. **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? _____

Please attach a photo of your spouse.

20. **Do you or your spouse ever carry concealed weapons?** Yes _____ No _____

21. **Are there issues involving:**

a. Alcohol? Yes _____ No _____

b. Drugs? Yes _____ No _____

c. Domestic Violence? Yes _____ No _____

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

23. **Have you consulted us for legal advice before?** Yes _____ No _____

24. **Who are your other professional advisors?**

a. Attorney _____

b. Accountant _____

c. Financial Advisor _____

d. Insurance Agent _____

e. Therapist _____

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

a. Individual referral (please give name) _____

b. Online presence (website, Avvo, LinkedIn, etc. and please specify) _____

c. Other _____

d. Is it okay if we thank the individual who referred you?

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