

CONFIDENTIAL DOMESTIC RELATIONS 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 former spouse OR child/ren's other parent.

1. **What is your full name?** **What is your spouse's full name?**

First	First
Middle	Middle
Last	Last
Maiden	Maiden
Former Names	Former Names
Education (highest level)	Education (highest level)

Do you wish to have a former name restored? (State full name you wish restored):

Does a Prenuptial Agreement exist for this marriage? _____

Does either party have a will which benefits the other party? Who? _____

2. **Please give the following vital statistics about YOURSELF:** **Please give the following vital statistics about your SPOUSE:**

Social Security No.	Social Security No.
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Current Age	Current Age
Driver's License No. And State	Driver's License No. And State
Race	Race
Number of <u>previous</u> marriages	Number of <u>previous</u> marriages
Reason and date last marriage ended	Reason and date last marriage ended

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 _____ How long in Oregon? _____
 - f. If you want *mail from this office sent to a different address*, please furnish the desired address 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? \$ _____
 - 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. How long 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 _____ Spouse's job title? _____
 - e. What is your spouse's monthly gross salary? \$ _____

8. **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.

Name (First, Middle, Last)	Sex	Birthdate	Age	SSN	Ours/Mine/Spouse's
	M/F				
	M/F				
	M/F				
	M/F				

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

Where, and with whom, have the children lived during the past five years?

From:	To:	Address:	Living With:
	Present		

For each **ADULT CHILD** (18 – 20 years old):

<p>Adult Child #1:</p> <p>Name: _____</p> <p>No. of credits taking: _____</p> <p>Name of School: _____</p> <p>Mailing Address of Adult Child: _____</p>	<p>Adult Child #2:</p> <p>Name: _____</p> <p>No. of credits taking: _____</p> <p>Name of School: _____</p> <p>Mailing Address of Adult Child: _____</p>
---	---

9. **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 #10.**

- a. Are you separated from your spouse? Yes _____ No _____ Date of separation: _____
- b. Were any of the children living in your household at the time you and your spouse separated?

- c. Have there been prior separations? Yes _____ No _____ If so, how many? _____
Approximately when and for how long? _____

10. **Answer *only* if you are already divorced and seeking a MODIFICATION:**

- a. What is the date of your divorce decree? _____
- b. In what county did your divorce occur? _____
- c. Have any orders been entered modifying the original decree? Yes _____ No _____
- d. ***Please attach a copy of your divorce decree and any modification orders.***

11. **Custody**

- a. Who now has physical custody of the child(ren)? You _____ Spouse _____
- b. Are you seeking custody of the child(ren) of this marriage? Yes _____ No _____
- c. Are any of the children adopted? Yes _____ No _____
- d. Are there any restraining orders or any other type of custody order currently in effect or pending?
Yes _____ No _____

15. **Debts** (use a separate sheet of paper if you need more room)

Type of Debt (credit card, loan, etc.)	Owned By	Description of Debt (amount & purpose)

16. **Taxes**

Last year Federal and State income taxes filed for: _____ Joint or Single: _____

17. **Health of Parties**

a. Is there anything we should know about the mental or physical health of **any party** to this action? Yes _____ No _____

If yes, explain: _____

b. Do any of your children have exceptional health or dental needs? Yes _____ No _____

Please explain: _____

c. Does any child have any special educational needs or problems? Yes _____ No _____

Please explain: _____

18. **Are you or your spouse now in the U. S. Armed Forces?** Yes _____ No _____

19. **Does your spouse have an attorney?** Yes _____ No _____ Who? _____

20. **Who should be responsible for the attorney fees and costs of the dissolution?**

Each party will pay their own attorney fees The other party should pay for all attorney fees

Each party will pay their own attorney fees unless initial offer is contested

The parties will split attorney fees evenly

21. **Description of spouse*:**

*Please provide a current photograph of your spouse for the service provider.

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? _____

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

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

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

25. **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.

Date

Signature