

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 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.*

1. **Please give us full names:**

YOURSELF	SPOUSE
First:	First:
Middle:	Middle:
Last:	Last:
Maiden:	Maiden:
Former married names:	Former married names:

2. **Please give us the following information:**

YOURSELF	SPOUSE
Soc. Sec. No.:	Soc. Sec. No.:
Drivers License No./State:	Drivers License No./State:
Date of Birth:	Date of Birth:
Current Age:	Current Age:

3. **Please tell us when and where you were married:**

Date:	City:	County:	State:

4. **Where are you living and what is your contact information?**

- a. Address _____
- b. City, State, Zip _____
- c. Residence telephone number _____
- d. Cell/mobile number _____
- e. Fax number _____
- f. Preferred e-mail address* _____
- g. How long have you been living in Oregon? _____
- h. If you want mail from this office sent to a different address, please furnish the desired address here:

- i. Please give the name, address and telephone number of at least one person we can contact in case we are unable to reach you.

* Please list additional e-mail addresses in your answer to question 7.

5. **Are you currently employed?** Yes No If yes, please provide:

- a. Name of employer _____
- b. Street address _____
- c. City, State, Zip _____
- d. Telephone _____ Fax _____
- e. What is your job title? _____
- f. Length of employment? _____
- g. What is your monthly *gross* salary? \$ _____ *Take home*? \$ _____
- h. Do you receive other sources of income? Specify the source and amount:

- i. Do you contribute to a 401(k) plan? If so, specify how much per month:

- j. Do you receive stock options, life insurance, or any other benefits provided by your employer? _____
- k. Do you receive reimbursement for employment related expenses? Specify the expenses that are reimbursed: _____
- l. Are you a shareholder, partner or sole proprietor of a business? _____
- m. Do you receive bonuses from work? Specify: _____
- n. Do you receive disability benefits? Specify: _____

6. **Where is your spouse living and what is your spouse's contact information?**

- a. Address _____
- b. City, State, Zip _____
- c. Residence telephone number _____
- d. How long has your spouse been living in Oregon? _____

7. **List any other e-mail accounts you use in addition to your preferred e-mail (See Question 4 f.):**

8. **List your spouse's e-mail accounts:**

9. **List your social networking accounts: (Facebook, Twitter, Google+, Instagram, Other):**

10. **List your spouse's social networking accounts: (Facebook, Twitter, Google+, Instagram, Other):**

11. **Do you or your spouse own a cell phone, Smartphone, tablet, desktop, or laptop computer?**

I own one or more of the above: Yes No If yes, please describe:

My spouse owns one or more of the above: Yes No If yes, please describe:

12. **Is your spouse currently employed?** Yes No If yes, please provide:

a. Name of employer _____

b. Street address _____

c. City, State, Zip _____

d. Telephone number _____

e. What is your spouse's job title? _____

f. Length of employment _____

g. What is your spouse's monthly *gross* salary? \$_____ *Take home*? \$_____

h. Does your spouse receive other sources of income? Specify the source and amount:

i. Does your spouse contribute to a 401(k) plan? If so, specify how much per month:

j. Does your spouse receive stock options, life insurance, or any other benefits provided by his or her employer? _____

k. Does your spouse receive reimbursement for employment related expenses? Specify the expenses that are reimbursed: _____

l. Is your spouse a shareholder, partner or sole proprietor of a business? _____

m. Does your spouse receive bonuses from work? Specify: _____

n. Does your spouse receive disability benefits? Specify: _____

13. **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 (or adopted) to you and this spouse or is the child of only one of you.

First	Middle	Last	Sex	Birth date	Age	Ours/Mine/Spouse's
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			

Are you or is your spouse now pregnant? Yes No

14. **Answer only if you have children:**

Please list the addresses where your children have lived and with whom for the last five years:

Child	Resided With	Address	Dates

15. **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.**

- 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? Yes No
- c. Have there been prior separations? Yes No
If so, how many? _____
Approximately when and for how long? _____
- d. What is your place of birth? _____
- e. What is your spouse's place of birth? _____
- f. What is your race? _____
- g. What is your spouse's race? _____
- h. What number marriage is this for you (First, second, etc.)? Please specify: _____
- i. What number marriage is this for your spouse (First, second, etc.)? Please specify: _____
- j. If you have been married previously, please specify the date(s) your prior marriage(s) were dissolved: (M/D/Y) _____
- k. If your spouse has been married previously, please specify the date(s) your spouse's prior marriage(s) were dissolved: (M/D/Y) _____
- l. What is your education (highest grade completed): _____
- m. What is your spouse's education (highest grade completed): _____

16. **Answer only if you are already divorced and seeking a modification:**

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

17. **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
- e. Has there been any other legal action concerning the child(ren)? Yes No
- f. Is there any person, other than you and your spouse, who might assert some right to custody or time with the child(ren)? Yes No
- g. Give a detailed explanation of the child(ren)'s schedule, activities, and parenting time with you and your spouse and any other caretakers for the last three months. (A clear description of the child(ren)'s lives specifying each party's contact with them for the last three months.) Attach additional sheets if necessary. _____

18. **Support**
- a. Are you now paying support? Yes No
 If so, how much? \$ _____
- b. Are you now receiving support? Yes No
 If so, how much? \$ _____
- c. Are support orders now in effect? Yes No
- d. Is there any action now underway to establish a support order? Yes No
- e. Please attach a copy of any support orders which are now in effect, or papers relating to any ongoing action to establish a support order.
- f. Are you or is your spouse now receiving any form of public assistance? Yes No
- g. Other than children, do you have any dependents? Yes No

19. **Health of 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 concerns? Yes No

20. **Domestic Violence**
 Has domestic violence or abuse ever been a problem between you and your spouse?
 If yes, please explain. Attach additional sheets if necessary. Yes No
-
-
-
-
-
-
-
-

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

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

23. **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? _____

NOTE: Please provide a photograph of your spouse. We prefer a photograph in which both you and your spouse appear.

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

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

26. **Please let us know how you were referred to this office.**
 a. Individual referral (please give name) _____

- b. Yellow pages _____
- c. Internet _____
- d. Other _____

27. **Is there anything else you would like us to know:**

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

IMPORTANT NOTICES

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