

CONFIDENTIAL CHILD CUSTODY/SUPPORT QUESTIONAIRE

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 already have a child custody judgment and are seeking a modification all information in reference to the opposing party (the mother/father), you are filing the matter against.

1. What is your full name?

- a. First _____
- b. Middle _____
- c. Last _____

2. Please give the following vital statistics about yourself:

- a. Soc. Sec. No. _____
- b. Driver's License _____
- c. Date of Birth _____
- d. Current Age _____
- e. Address _____
- f. City, State, Zip _____
- g. Telephone _____
- h. Email address _____
- i. How long in Oregon _____
- j. Current Employer _____
- k. Address _____
- l. City, State, Zip _____
- m. Phone Number _____
- n. Monthly gross income _____
- o. Job title _____

3. What is the opposing parties full name?

- a. First _____
- b. Middle _____
- c. Last _____

4. Please give the following vital statistics for opposing party:

- a. Soc. Sec. No. _____
- b. Driver's License _____
- c. Date of Birth _____
- d. Current Age _____
- e. Address _____
- f. City, State, Zip _____
- g. Telephone number _____
- h. Email address _____
- i. Employer _____
- j. Address _____
- k. City, State, Zip _____
- l. Telephone number _____
- m. Monthly gross income _____
- n. Job title _____

5. Full names, date of birth, and sex of each child.

First	Middle	Last	Sex	Birthdate	Age
_____			M/F	_____	_____
_____			M/F	_____	_____
_____			M/F	_____	_____
_____			M/F	_____	_____
_____			M/F	_____	_____

6. **If Female are you now pregnant?** Yes _____ No _____

7. Custody

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

e. Addresses and party the child(ren) have lived with the past five years:

Address	Dates/ who
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Support

- a. Are you now paying support? Yes _____ No _____
- b. If so how much? _____
- c. Are you receiving support? Yes _____ No _____
- d. If so how much? _____
- e. Are you receiving any form of public assistance? Yes _____ No _____

9. Health of Parties

- a. Is there anything we should know about the mental or physical health of any party to this action? _____
- b. Does any child have any special educational needs or problems?

- c. Who carries the Health care for the child(ren)? _____
- d. Health Care information _____

10. Is any party associated with this matter in the U.S. Armen Forces? Yes _____ No _____

11. Does the other party have an attorney? Yes _____ No _____
If yes, then who? _____

12. Do you or the other party ever carry concealed weapon? Yes _____ No _____

I UNDERSTAND THAT 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

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