



CONFIDENTIAL QUESTIONNAIRE

This questionnaire is designed to alert our office to issues which must be given attention as well as provide us with the information required by the court. It is important that you complete this questionnaire as fully and accurately as possible. Because you pay for our services by the hour, you will save money by providing our office with complete and timely information. Remember, no one knows the facts of your case better than you do. You are the best and least expensive source of this information. Please tell us as much as you know so that we can do the best job possible for you.

All references to "spouse" mean the person you are currently married to if you are seeking a divorce or legal separation, your ex-spouse if you are seeking a modification of a previous order or the biological parent of the child if you are seeking a paternity/filiation action.

1. What type of legal action are you seeking?
Divorce _____
Legal Separation _____
Modification of Custody _____
Modification or enforcement of Parenting Time _____
Modification of Child Support _____
Modification of Spousal Support _____
Paternity/Filiation _____
Other _____

2. Information about yourself:

First _____ Middle _____

What do you preferred to be called? _____

Last _____

Maiden _____ Former names _____

Social Security Number _____ Date of birth _____

Place of birth _____ Driver's license # _____

How many times have you been married? _____

Highest grade completed in school? 0-12 _____ College _____

Race _____

Current street address _____

City, State, Zip Code _____

Besides children, who currently lives with you at this address?

_____ relationship to you _____

Home telephone number (____) _____ Work (____) _____

Other contact numbers:

cell phone _____ pager _____

voice mail _____ other _____

If you want mail from our office sent to a different address, please furnish the desired address here: _____

3. Are you currently employed? Yes ___ No ___ If yes, please provide:

Name of employer _____

Employer's street address _____

City, State, Zip Code _____

How long have you worked for this employer? _____

What is your job title? _____

Gross pay _____ Take home _____

Does your employer provide the following benefits?

health insurance ___ life insurance ___

retirement/pension ___ stock options ___

4. Information about spouse or other parent:

First _____ Middle _____

What does he/she preferred to be called? _____

Last _____

Maiden _____ Former names _____

Social Security Number _____ Date of birth _____

Place of birth _____ Driver's license # _____

How many times has he/she been married? _____

Highest grade completed in school? 0-12 _____ College _____

Race _____

Current street address _____

City, State, Zip Code _____

Besides children, who currently lives with him/her at this address?

_____ relationship _____

Spouse's home telephone number _____ work _____

Other contact numbers:

cell phone _____ pager _____

voice mail _____ other _____

Spouse may need to be personally served with papers. At what address should spouse be served and what is the best time of day? _____

What type of vehicle does spouse drive? _____

Year of vehicle _____ license number _____ color _____

Spouses': hair color _____ facial hair _____ glasses _____

Distinguishing marks, features, tattoos _____

Please provide a picture of spouse.

5. Is spouse currently employed? Yes _____ No _____ If yes, please provide:

Name of employer _____

Employer's street address _____

City, State, Zip Code _____

How long has he/she worked for this employer? _____

What is his/her job title? _____

Gross pay _____ Take home _____

Does his/her employer provide the following benefits?

health insurance _____ life insurance _____
retirement/pension _____ stock options _____

6. Child(ren):

<u>First, middle, last name</u>	<u>sex</u>	<u>birthdate</u>	<u>age</u>	<u>ours</u>	<u>mine</u>	<u>spouse's</u>
_____	M/F	_____	_____	_____	_____	_____
_____	M/F	_____	_____	_____	_____	_____
_____	M/F	_____	_____	_____	_____	_____
_____	M/F	_____	_____	_____	_____	_____
_____	M/F	_____	_____	_____	_____	_____

What names do the child(ren) prefer to be called? _____

Where has/have the child(ren) lived for the past five years:

<u>Addresses</u>	<u>Dates</u>	<u>Lived with whom</u>
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7. Answer only if you are inquiring about a divorce or legal separation. If you were never married to spouse or are already divorced and are now seeking a modification, skip this question.

When were you married? _____

What state and city where you married in? _____

Are you now separated from spouse? Yes ___ No ___. If yes, what was the date you separated? _____

Have there been prior separations? Yes ___ No ___. If yes, how many? _____

Approximately when and for how long? _____

Who now has physical custody of the child(ren)? _____

Do you want custody of the child(ren)? _____

Are any of the child(ren) adopted? _____

Have either you or your spouse participated as a party, or witness, or in any other capacity in any court proceeding concerning any of the child(ren) of this marriage in Oregon or any other state? Yes _____ No _____

8. Answer only if you are already divorced and seek a modification. Otherwise, skip this question.

What is the date of your divorce decree/judgment? _____

In what state and county did you divorce? _____

Have any orders been entered modifying the original decree/judgment?

Yes _____ No _____. If yes, when? _____

Have either you or the other parent participated as a party, or witness, or in any other capacity in any court proceeding concerning any of the child(ren) in Oregon or any other state? Yes _____ No _____

9. Answer only if you are seeking a paternity/filiation action.

Who now has physical custody of the child(ren)? _____

Do you want custody of the child(ren)? _____

Have blood tests been taken? _____

Have either you or the other parent participated as a party, or witness, or in any other capacity in any court proceeding concerning any of the child(ren) in Oregon or any other state? Yes _____ No _____

10. Support

Are you now paying support? Yes _____ No _____ how much? _____

Are you now receiving support? Yes _____ No _____ how much? _____

Are you, or is spouse, currently receiving any form of public assistance?
Yes _____ No _____

Have you or your spouse received any form of public assistance in the past?
Yes _____ No _____

If yes, explain: _____

Other than children, do you have any dependents? _____

11. Health of Parties

Is there anything we should know about the mental or physical health of any party to this action? Yes _____ No _____ If yes, what? _____

Do any of the children have exceptional health or dental needs? Yes _____ No _____
If yes, what? _____

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

13. Have you or spouse ever filed (or plan to file) bankruptcy? Yes _____ No _____

14. Do you or spouse expect to receive an inheritance in the next six months?
Yes _____ No _____

15. Do you or spouse expect to receive money from any legal action or insurance claim?
Yes _____ No _____

16. Have you or spouse lived in the state of Oregon for the past six months or longer?
Yes _____ No _____

17. Does spouse have any attorney? Yes _____ No _____

If yes who? _____

18. Have you or spouse obtained a child support order through the Department of Justice, any county District Attorney, support enforcement or any other agency?

Yes _____ No _____ If so what is the file number? _____

19. Have you or spouse obtained a restraining order? Yes _____ No _____. If so, what is the file number? _____. Are you or spouse required to carry a hand gun as part of your employment? Yes _____ No _____

20. Are you interested in having a former sir name or maiden name restored as your legal name? Yes _____ No _____

21. Please give the name, address and telephone numbers of two persons who will always know your whereabouts.

(Name) (Address) (Telephone)

(Name) (Address) (Telephone)

Date Signature