

## 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 decree (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.*

- |  |   |
|--|---|
| <p>1.     <b>What is your full name?</b></p> <p>a.     First _____</p> <p>b.     Middle _____</p> <p>c.     Last _____</p> <p>d.     Maiden _____</p> <p>e.     Former married names:<br/>_____</p>  | <p><b>What is your spouse's full name?</b></p> <p>a.     First _____</p> <p>b.     Middle _____</p> <p>c.     Last _____</p> <p>d.     Maiden _____</p> <p>e.     Former married names:<br/>_____</p>   |
| <p>2.     <b>Please give the following vital statistics about yourself:</b></p> <p>a.     Soc. Sec. No. _____</p> <p>b.     Driver's License No. _____</p> <p>c.     Date of Birth _____</p> <p>d.     Place of Birth _____</p> <p>e.     Current Age _____</p> <p>f.     Race _____</p> <p>g.     Number of this marriage _____<br/>(specify 1st, 2nd, etc.)</p> <p>h.     Education Level _____</p>  | <p><b>Please give the following vital statistics about your spouse:</b></p> <p>a.     Soc. Sec. No. _____</p> <p>b.     Driver's License No. _____</p> <p>c.     Date of Birth _____</p> <p>d.     Place of Birth _____</p> <p>e.     Current Age _____</p> <p>f.     Race _____</p> <p>g.     Number of this marriage _____<br/>(specify 1st, 2nd, etc.)</p> <p>h.     Education Level _____</p> |
| <p>3.     <b>Marriage:</b> Date _____ City _____ County _____ State _____<br/>Date of Separation _____</p>   |   |
| <p>4.     <b>Where are you living and what is your telephone number?</b></p> <p>a.     Address _____</p> <p>b.     City, State, Zip _____</p> <p>c.     Home telephone number _____</p> <p>d.     E-mail address (secure and private) _____</p> <p>e.     Cellular/mobile number _____ How long in Oregon? _____</p> <p>f.     If you want mail from this office sent to a different address, please furnish the desired address here: _____</p> |   |
| <p>5.     <b>Are you currently employed?</b> Yes _____ No _____ If yes, please provide:</p>  |   |

- 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?* \_\_\_\_\_
- 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. Residence 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? \$ \_\_\_\_\_ *Take home?* \_\_\_\_\_

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.

First	Middle	Last	Sex	Birthdate	Age	Ours	Mine	Spouse's
_____			M/F	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____

List the places where the minor children of the parties have lived in the last five years and the names of the persons with whom the children have resided are:

Are you or is your spouse now pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_

12. **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 you or is your spouse now receiving any form of public assistance? Yes \_\_\_\_ No \_\_\_\_
- d. Other than children, do you have any dependents? Yes \_\_\_\_ No \_\_\_\_

13. **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 problems? Yes \_\_\_\_ No \_\_\_\_

14. **Parenting Time**

Please describe your parenting plan in detail:

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

16. **Does your spouse have an attorney?** Yes \_\_\_\_ No \_\_\_\_

- Who? \_\_\_\_\_
17. **Service of spouse:**  
 Will your spouse come here to the law office to "Accept Service"? Yes \_\_\_\_ No \_\_\_\_  
 At what address should your spouse be served? \_\_\_\_\_  
 When is the best time to serve at that address? \_\_\_\_\_
18. **Do you or your spouse ever carry concealed weapons?** Yes \_\_\_\_ No \_\_\_\_
19. **Who provides Life Insurance for you or your children? How Much?**
20. **Who provides Medical/Dental Coverage for you or the children? How Much?**
21. **Are you seeking Spousal Support? How Much?**
22. **What real property (houses, cars, etc.) do you have and how is it to be split?**

23. **What personal property do you have and how is it to be split?**

24. **Name the debts that Husband should be required to pay:**

Name of Creditor	What debt is for	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. **Name the debts that Wife should be required to pay:**

Name of Creditor	What debt is for	Amount
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. List any other assets you or your Spouse might have such as retirement accounts, land holdings, business interests, etc. How are they to be split?

27. Do you want your former name restored? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

29. Have you consulted us for legal advice before? Yes \_\_\_\_\_ No \_\_\_\_\_

30. 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 THAT LILLIAN QUINN 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