

CONFIDENTIAL DIVORCE OR MODIFICATION QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. This form is designed to alert us to items to which we should give attention, as well as to provide necessary information.

If seeking a modification, spouse's information should be your former spouse's information.

- | | |
|--|---|
| <p>1. What is your full name?</p> <p>a. First _____</p> <p>b. Middle _____</p> <p>c. Last _____</p> <p>d. Maiden _____</p> <p>e. Former married names: _____
_____</p> | <p>What is your spouse's full name?</p> <p>a. First _____</p> <p>b. Middle _____</p> <p>c. Last _____</p> <p>d. Maiden _____</p> <p>e. Former married names: _____
_____</p> |
| <p>2. Please give the following vital statistics about yourself:</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 _____
(specify 1st, 2nd, etc.)</p> | <p>Please give the following vital statistics about your spouse:</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 _____
(specify 1st, 2nd, etc.)</p> |
| <p>3. Marriage: Date _____ City _____ County _____ State _____</p> | |
| <p>3a. Date of Separation: _____</p> | |
| <p>3b. Highest Level of Education for both parties: _____</p> | |
| <p>4. Where are you living and what is your telephone number?</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. Are you currently employed? 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	_____	_____	_____	_____	_____

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

Please provide social security numbers of children above: _____

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

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

16. **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? _____

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

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

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

20. **Please let us know how you were referred to this office.**

- a. Individual referral (please give name) _____
- b. Other _____