

CONFIDENTIAL DIVORCE/DOMESTIC PARTNERSHIP/
AND 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. *All these questions may not apply to your situation.* You may not have all the information at this time.

- | | |
|---|---|
| <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 other party'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 other party:</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> |
|---|---|

3. **Marriage:** Date _____ City _____ County _____ State _____

3a. **Date of Physical Separation:** _____

3b. **Was there a period of cohabitation (lived together) before you married?** _____

If so, from what dates? _____

Do you have significant assets or retirement funds that you acquired prior to marriage date? If yes briefly describe: _____

If not married, length of relationship: _____

3c. **Highest Level of Education for both parties:**

Your information: _____

Other parties' information _____

4. **Where are you living and what is your telephone number?**

- a. Address _____
- b. City, State, Zip _____
- c. Home telephone number _____
- d. E-mail address (secure and private) _____
- e. Cellular/mobile number _____ How long in Oregon? _____
- f. If you want mail from this office sent to a different address, please furnish the desired address here:

5. **Are you 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 _____ Fax number _____
- e. What is your monthly gross salary? \$ _____ Take home? _____
- f. What is your job title? _____

6. **Where is other party living and what is other party's telephone number?**

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

7. **Is other party 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 _____ job title? _____
- e. What is your partner'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/relationship or of a former marriage/relationship of your spouse/partner or yourself.

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

Are you or is your partner 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 partner? Yes ___ No ___ Date of separation: _____
- b. Were any of the children living in your household at the time you and your partner 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 Judgment (date the Judge signed the Judgment)? _____
- 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 ___ Partner/Partner _____
- 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 currently in effect or pending? Yes _____ No _____
- e. who would you consider is the primary parent? _____
(we will discuss what this means at our appointment)

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 partner 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 partner now in the U. S. Armed Forces?** Yes _____ No _____

15. **Does other party have an attorney?** Yes _____ No _____ Who? _____

16. **Description of other party:**

Age _____ Height _____ Weight _____ Eye color _____ Hair Color _____
Facial Hair _____ Glasses _____ Marks, Tattoos _____

Your partner may have to be personally served with papers. At what address should your partner be served?

When is the best time to serve at that address? _____

17. **Do you or your partner 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. **Assets:**

a. List all real property/residence(s) by address:

Whose name(s) are on the deed: _____

Estimated value: _____

Estimated balance of outstanding mortgage and Home Equity Line of Credit if applicable: _____

b. List all businesses owned by either party: _____

c. Does either party have any inherited assets or anticipated inheritance?

Yes _____ No _____

d. Financial Accounts, checking, savings, retirement, investments:

Account Type: retirement account/bank account/investment accounts etc. *Include Last four digits of account (for example: Wells Fargo Account *1234)	Estimate value today	Is there any significant pre-marital portion (if applicable)? Y/N	Ownership: Who owns the account?

e. Personal Property/collectable of Significant Worth:

f. Debts owed by either party:

Account Type: Credit Cards/Student loans/Promissory Notes/ HELOCs/ all other debts.	Estimate value today	Ownership: Who owns the account?

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

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

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