

## CONFIDENTIAL DISSOLUTION /MODIFICATION QUESTIONNAIRE

You will be asked to provide this information to us during your initial appointment with a member of the family law practice group. It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we devote to your case and you will save expenses by providing us with complete information. **PLEASE PRINT LEGIBLY (or use the fill-in feature to type your information).** This form is designed to alert us to items to which the family law practice group should give attention, as well as to provide us with necessary information. Tell us as much as you know so that the family law practice group can do our best work for you. *If you are already divorced and are seeking a modification of your divorce judgment (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.*

1. **What is your full name? What is your spouse's full name?**

Name	You	Your Spouse
First Name		
Middle		
Surname		
Maiden Name		
Former Legal Names		

2. **Please provide the following vital statistics about you and your spouse:**

Vital Statistics	You	Your Spouse
Social Security Number		
Driver's License Number		
Date of Birth		
Place of Birth		
Current Age		
Race		
Number of this marriage (specify 1st, 2nd, etc.)		

3. **Marriage:** Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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. A secure and private PO Box will allow us to send you confidential information safely. 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?\_\_\_\_\_
  - g. Are you a student? Yes\_\_\_\_ No\_\_\_\_

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

9. **Do you have any children?** Yes\_\_\_\_ No\_\_\_\_ If so, please give *full name*, date of birth, sex of each child, and social security number and indicate whether the child was born of this marriage or of a former marriage of your spouse or yourself.

Full Name	Sex	Birth date	Age	Ours	Mine	Spouse's
	M / F					
	M / F					
	M / F					
	M / F					
	M / F					

10. **List each address where your child/children have lived for the previous 5 years and with whom they have lived. (Both parents, Mom, Dad, Grandparents).**

Dates	Address	With Whom

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11. **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 #12.**

- 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? \_\_\_\_\_

12. **Answer only if you are already divorced and seeking a modification:**

- a. What is the date of your divorce judgment? \_\_\_\_\_
- b. In what county did your divorce occur? \_\_\_\_\_
- c. Have any orders been entered modifying the original judgment? Yes No
- d. *Please provide a copy of your divorce judgment and any modification orders.*

13. **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\_\_\_\_\_

14. **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\_\_\_\_\_

15. **Family Abuse Restraining Orders (“FAPA”)**

Are there any restraining orders currently in effect or pending? Yes\_\_\_\_\_No\_\_\_\_\_

16. **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. Does any child have exceptional health or dental needs? Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: \_\_\_\_\_
- c. Does any child have any special educational needs or problems? Yes\_\_\_\_\_ No\_\_\_\_\_ Explain: \_\_\_\_\_

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

18. Does your spouse have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
Who? \_\_\_\_\_

19. Description of spouse (please provide us with a picture of the two of you:

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? \_\_\_\_\_

Description of vehicle your spouse drives. \_\_\_\_\_

20. Do you or your spouse ever carry concealed weapons? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

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

- a. Individual referral (please give name) \_\_\_\_\_
- b. Telephone book yellow pages \_\_\_\_\_
- c. Webpage \_\_\_\_\_
- d. Other \_\_\_\_\_

In addition to this completed form, please bring in copies of your most recent tax returns, last 4 pay stubs, vehicle registrations/titles, deed to your residence, and list of your assets and debts.

***I UNDERSTAND 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