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. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

*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. **Please give us full names**:

|  |  |  |
| --- | --- | --- |
|  | YOU | SPOUSE |
|  | First: | First: |
|  | Middle: | Middle: |
|  | Last: | Last: |
|  | Maiden: | Maiden: |
|  | Former married names: | Former married names: |

1. **Please give us the following information**:

|  |  |  |
| --- | --- | --- |
|  | YOU | SPOUSE |
|  | Soc. Sec. No.: | Soc. Sec. No.: |
|  | Driver’s License No./State: | Driver’s License No./State: |
|  | Date of Birth: | Date of Birth: |
|  | Place of Birth: | Place of Birth:  |
|  | How long living in Oregon: | How long living in Oregon:  |

1. **Please tell us when and where you were married**:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | City: | County: | State:  |
|  |  |  |  |

1. **Please provide your current address and contact information**:

 a. Address

 b. City, State, Zip

 c. Residence phone number

 d. Cellphone number

 e. Fax number

 f. Preferred email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 g. List any other email accounts you use in addition to your preferred email

 h. If you want mail from this office sent to a different address, please furnish the desired address here:

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

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

1. Please provide the name, address and telephone number of at least one person we can contact in case we are unable to reach you.

 5. **Are you currently employed?** Yes ❒ No ❒ If yes, please provide:

 a. Name of employer

 b. Street address

 c. City, State, Zip

 d. Phone Fax

 e. What is your job title?

 f. Length of employment:

 g. What is your monthly *gross* salary? $ \_\_\_\_\_\_\_

 h. What is your monthly *net (take-home)* salary $ \_\_\_\_\_\_\_\_\_\_

 i. Do you receive other sources of income? Yes ❒ No ❒ If yes, please describe:

 j. Do you contribute to a 401(k) plan or another similar plan? Yes ❒ No ❒ If yes, please describe:

 k. Do you receive stock options, restricted stock units, life insurance, or any other benefits provided by your employer? Yes ❒ No ❒ If yes, please describe:

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

 l. Do you receive reimbursement for employment-related expenses? Yes ❒ No ❒ If yes, please describe:

 m. Are you a shareholder, member, partner or sole proprietor of a business? Yes ❒ No ❒ If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 n. Do you receive bonuses from work? Yes ❒ No ❒ If yes, please describe:

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

 o. Do you receive disability benefits? Yes ❒ No ❒ If yes, please describe:

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

 6. **What is your spouse’s contact information?**

 a. Address

 b. City, State, Zip

 c. Residence telephone number

 d. How long has your spouse been living in Oregon?

 7. **List your spouse’s email accounts**:

 8. **List your social networking accounts**: (Facebook, Twitter, Google+, Instagram, Other):

 9. **List your spouse’s social networking accounts**: (Facebook, Twitter, Google+, Instagram, Other):

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

 10. **Ownership of cellphone, tablet, desktop, or laptop computer**:

1. I own one or more of the above: Yes ❒ No ❒ If yes, please describe:

1. My spouse owns one or more of the above: Yes ❒ No ❒ If yes, please describe:

 11. **Is your spouse currently employed?** Yes ❒ No ❒ If yes, please provide:

 a. Name of employer

 b. Street address

 c. City, State, Zip

 d. Telephone number

 e. What is your spouse’s job title?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 f. Length of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 g. What is your spouse’s monthly *gross* salary? $ \_ *Net?* $

 h. Does your spouse receive other sources of income? Yes ❒ No ❒ If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 i. Does your spouse contribute to a 401(k) or similar plan? Yes ❒ No ❒ If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 j. Does your spouse receive stock options, restricted stock units, life insurance, or any other benefits provided by his or her employer? Yes ❒ No ❒ If yes, please describe:

 k. Does your spouse receive reimbursement for employment-related expenses? Yes ❒ No ❒ If yes, please describe:

 l. Is your spouse a shareholder, partner or sole proprietor of a business? Yes ❒ No ❒ If yes, please describe:

 m. Does your spouse receive bonuses from work? Yes ❒ No ❒ If yes, please describe:

 n. Does your spouse receive disability benefits? Yes ❒ No ❒ If yes, please describe:

 12. **Do you have any children?** Yes ❒ No ❒

 If yes, please give *full name,* date of birth, and sex of each child, and indicate whether the child was born or adopted by you and this spouse, or only one of you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Middle Last |  Sex |  Birth date |  Age |  Ours/Mine/Spouse’s |
|  |  M/F |  |  |  |
|  |  M/F |  |  |  |
|  |  M/F |  |  |  |
|  |  M/F |  |  |  |
|  |  M/F |  |  |  |

 13. **Are you or is your spouse now pregnant?** Yes ❒ No ❒

14. **Answer only if you have children**:

Please list the addresses where your children have lived and with whom for the last five years:

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Resided With | Address | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 15. **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 #16.**

 a. Are you separated from your spouse? Yes ❒ No ❒

 Date of separation:

1. Were any of the children living in your household at the time?

 you and your spouse separated? Yes ❒ No ❒

 c. Have there been prior separations? Yes ❒ No ❒

 If yes, how many separations?

 Approximately when and for how long?

 d. What number marriage is this for you (First, second, etc.)?

 e. What number marriage is this for your spouse (First, second, etc.)?

 Please specify:

 f. If you have been married previously, please specify the date(s) your prior marriage(s) were dissolved: (M/D/Y)

 g. If your spouse has been married previously, please specify the date(s) your spouse’s prior marriage(s) were dissolved: (M/D/Y)

 h. What is your education (highest grade completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 i. What is your spouse’s education (highest grade completed):

 16. **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 attach a copy of your divorce judgment or decree and any supplemental judgments or modification orders.

 17. **Custody**

 a. Who now has primary physical custody of the child(ren)? You ❒ Spouse ❒

 b. Are you seeking legal 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 ❒

 e. Has there been any other legal action concerning the child(ren), including any reports of abuse? Yes ❒ No ❒

1. Is there any person, other than you and your spouse, who might

assert some right to custody or time with the child(ren)? Yes ❒ No ❒

g. Give a detailed explanation of the child(ren)’s schedule, activities, and parenting time with you and your spouse and any other caretakers for the last three months. (A clear description of the child(ren)’s lives specifying each party’s contact with them for the last three months.) Attach additional sheets if necessary.

 18. **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 support orders now in effect? Yes ❒ No ❒

 d. Is there any action now underway to establish a support order? Yes ❒ No ❒

 e. Please attach a copy of any support orders which are now in effect, or
papers relating to any ongoing action to establish a support order.

 f. Are you or is your spouse now receiving any form of public assistance? Yes ❒ No ❒

 g. Other than children, do you have any dependents? Yes ❒ No ❒

19. **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 concerns? Yes ❒ No ❒

 d. Does either party have any drug or alcohol issues? Yes ❒ No ❒

20. **Drug and Alcohol Use.**

Does either party currently have or in the past had an issue with alcohol or drugs. If yes, please explain.

21. **Prior Arrests.**

Has either party ever been arrested for or convicted of a misdemeanor or felony. If yes, please explain.

22. **Domestic Violence**

Has domestic violence or abuse ever been a problem between you and your spouse?

 If yes, please explain and include the date and disposition of any prior restraining order proceeds or police involvement. . Attach additional sheets if necessary. Yes ❒ No ❒

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

1. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 24. **Does your spouse have an attorney?** Yes ❒ No ❒

 Who?

 25. **Description of spouse:**

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Height | Weight | Eye Color |
| Hair Color | Facial Hair | Glasses | Marks, Tattoos |

 26. **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?

 **NOTE**: Please provide a photograph of your spouse. We prefer a photograph in which both you and your spouse appear.

27. **Do you or your spouse ever carry concealed weapons?** Yes ❒ No ❒

28. **Have you consulted us for legal advice before?** Yes ❒ No ❒

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

 a. Individual referral (please give name)

 b. Internet

 d. Other

29. **Is there anything else you would like us to know?**

***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

**IMPORTANT NOTICES**

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