

CONFIDENTIAL DIVORCE QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. This form is designed to provide us important information that will allow us to determine what may be important issues to discuss at our first meeting. The more complete and accurate the information, the more we can use our time together effectively.

Note: If you are already divorced and are seeking a modification of the support or child related provisions of your divorce decree, all references to "spouse" will mean your former spouse or the other parent if you were never married and not the person to whom you may now be married. We will ask you about a new spouse in section specifically designed for that purpose.

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

Source

Comment

Individual referral (please give names)

If referred by an individual, please let us know what they said about us.

If referred to a specific lawyer, please tell us who?

Yellow Pages

Internet

Other

2. Names:

You

Your Spouse

First Name

Middle Name

Last name

All former married or legal names

3. Please give the following vital statistics:

	You	Your Spouse
Social Security #	<input type="text"/>	<input type="text"/>
Date of Birth & Age	<input type="text"/>	<input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>
Highest level education	<input type="text"/>	<input type="text"/>
Race & Religion (if custody is an issue)	<input type="text"/>	<input type="text"/>
Number of this marriage	<input type="text"/>	<input type="text"/>

4. Please provide Marriage Data:

Date of Marriage

Country of Marriage

State of Marriage

County of Marriage

If you were married in a foreign country, was there subsequent ceremony in this country and if so, where and when?

Did you live together before marriage and if so how long?

5. Answer only if you are already divorced and seeking a modification, please fill in:

Date of Divorce (attach copy of Judgment)?

State and County of Divorce?

The Judge who signed Judgment?

Who was your lawyer?

Who was your spouse's lawyer?

Have there been any modifications of the original judgment? (Attach all copies)

6. Please provide addresses and phone numbers

	You	Your Spouse
Home Street Address	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Zip Code	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
E-mail we can use to contact you	<input type="text"/>	<input type="text"/>
How long lived continuously in Oregon	<input type="text"/>	<input type="text"/>
Explain any special mailing or calling instructions	<input type="text"/>	<input type="text"/>

7. Legal Representation

	You	Your Spouse
Have you or your spouse ever seen another attorney about these matters? If so, who and when?	<input type="text"/>	<input type="text"/>
Have you or your spouse ever consulted us for legal advice about any matter before?	<input type="text"/>	<input type="text"/>

Have you or your spouse, in the past, ever consulted the law firms of Ramsay, Stein and Feibleman or Ramsay, Stein, Feibleman & Meyers? If the answer is yes, please explain who, when and what for.

8. Employment and Income. Please attach the most recent W-2's, the first 2 pages of last tax return and the most recent schedule "C" (if self employed).

	You	Your Spouse
If not employed, give brief work and income history on other side	<input type="text"/>	<input type="text"/>
Current Employer	<input type="text"/>	<input type="text"/>
Length of that employment	<input type="text"/>	<input type="text"/>
Address of employer	<input type="text"/>	<input type="text"/>
Work telephone number	<input type="text"/>	<input type="text"/>
Work fax number	<input type="text"/>	<input type="text"/>
Gross Salary	<input type="text"/>	<input type="text"/>
Net (take home income)	<input type="text"/>	<input type="text"/>
If self employed, list Net income before taxes	<input type="text"/>	<input type="text"/>
List Job Title	<input type="text"/>	<input type="text"/>
Describe the Work	<input type="text"/>	<input type="text"/>

9. Military Questions:

	You	Your Spouse
Are you or your spouse currently in the U. S. Armed Forces?	<input type="text"/>	<input type="text"/>
Do you or your spouse have any vested military retirement?	<input type="text"/>	<input type="text"/>
Do you or your spouse have any unvested military retirement (i.e. less than 20 years in the service)?	<input type="text"/>	<input type="text"/>

10. Do you have any children? Yes ____ No ____ If so, please fill in below:

Full Name	Birthdate	Current Age (if over 18 where attend- ing school)	Gender	Indicate if "Joint" child of this relationship or "Non-joint." If non- joint indicate if child is "mine" or my "spouses."
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question

Explanation

Any of the children adopted?

Are you or is your spouse now pregnant?

11. Support:

	Yes	No	How Much & Other Details
Are you now paying support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are you now receiving support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Anyone receiving any form of public assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	Yes	No	Please Explain
Do you receive support for any non-joint children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other than children, do you have any dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

12. Other Information Useful to estimate Child support needs:

	You	Your Spouse
Average monthly Child Care costs for children under 13	<input type="text"/>	<input type="text"/>
Children's portion of Health Insurance premiums paid for by a parent or step-parent	<input type="text"/>	<input type="text"/>
Recurring medical expense paid by parent (i.e. insulin)	<input type="text"/>	<input type="text"/>
Amount of social security received by apparent on behalf of joint children	<input type="text"/>	<input type="text"/>
Number of Joint Children	<input type="text"/>	<input type="text"/>
Number of Non-joint children (does not include step-children)	<input type="text"/>	<input type="text"/>

13. Answer only if you are inquiring about a divorce or legal separation:

Question

Explanation

Are you separated from your spouse? If answer is yes, Please give date current separation began and who moved

Were any of the above children living in your current household at the time you and your spouse separated and if so who?

Are you or is your spouse now pregnant?

Have there been prior separations? If so, please fill out.

Dates of Separation

How Long

Who moved out?

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

15. Health of Parties: Is there anything special we should know about, and if so, please explain:

You

Your Spouse

Is there any mental or physical health issue regarding any party to this action (i.e. emotional problems, drinking, drugs, sex addictions)?

Are there any special health or dental needs of either of you?

Does either party have any special educational needs or problems

16. Description and Service information of your spouse:

Age

Height

Weight

Eye Color

Hair Color

Facial Hair

Glasses

Marks, Tattoos or special features

At what address should your spouse be served with papers

When is the best time to serve at that address?

17. Custody & Parenting Time:

Who currently has physical custody of the child(ren)?

Are you seeking custody of the child(ren) of this marriage?

Are there any restraining orders or any other type of custody order currently in effect or pending?

Do You Expect your spouse to contest your custody position?

Do you expect your spouse to contest your desired parenting time (visitation) schedule?

Are you considering joint custody?

Have any counselors, psychologists or psychiatrists seen the children? If so, please explain?

Are there any special health or dental needs of a child?

Does any child have any special educational needs or problems?

Is there something important we should know about custody issues (i.e. drug use, alcoholism, abuse, etc.)?

If so, please fill out section 11.

Anything else we should know?

18. Violence and Abuse:

Questions

Please explain answers

Do you or your spouse own any weapon

Do you or your spouse ever carry concealed weapons?

Has there been any violence or physical abuse in this relationship by you or to you?

Specify any abuse in the past 6 months?

Have there been any threats made?

What about abuse of any of the children?

19. Briefly Summarize what you know about your current assets and Note if the asset was a Premarital Asset , the result of a Family Gift, the result of an or if there is Something Special we should know about this asset. Write on separate page (not the back) if there is not enough room. Please note if you do not have access to this information.

Real Property	Approximate Value and Mortgages	Note
Family Home	<input type="text"/>	<input type="text"/>
Rental property	<input type="text"/>	<input type="text"/>
Bare Land	<input type="text"/>	<input type="text"/>
Time Shares	<input type="text"/>	<input type="text"/>

Vehicles, Boats, Motor homes, etc.	Who drives and amount of payments	Note
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Retirement Type	Whose Account & Where Located	Approx. Value
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

**Bank Accounts,
C.D.'s & Cash**

Whose Account & Where Located

Approx. Value

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

**Stocks, Bonds and
other Investment
Accounts**

Whose Account & Where Located

Approx. Value

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Business Name

Describe business and ownership %

Who runs it?

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

Life Insurance Co.

Policy Number & Benefit

Cash Value?

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

**Unsecured Debts
(credit cards,
personal loans, etc.)**

**Creditor and list if debt is in Husband's
name, Wife's name or Joint names**

Amount owed

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Unusual Assets	Description	Value
1. Collectibles	<input type="text"/>	<input type="text"/>
2. Gun Collection	<input type="text"/>	<input type="text"/>
3. Art & Antiques	<input type="text"/>	<input type="text"/>
4. Other	<input type="text"/>	<input type="text"/>

20. Are there other issues you think we should be aware of?

Gambling

Drugs

Hiding of Income

Hiding of Assets

Tracing of Gifts or Inheritances

21. Have either of you declared Bankruptcy and if so, who and when?

22. Do you want to keep your married name? Yes No

If not, what prior legal name do you wish restored?

23. Do you wish to remain in the family residence? Yes No

If so, address of family residence.

24. Do you wish to retain a vehicle during the proceedings? Yes No

Year Make Model License #

23. List the 5 most important things, in order of priority, that you want to achieve by this legal action.

Issue (i.e. custody, spousal support, child support, keeping a house, etc.)

1.
2.
3.
4.
5.

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

FEIBLEMAN & CASE
ATTORNEYS

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