

## NEW CLIENT QUESTIONNAIRE

Please fill out this questionnaire as fully and accurately as possible. During the course of your case it will be necessary to prepare a variety of legal documents, and providing the information requested will help to prepare these documents much more quickly. This form is also designed to highlight items that may require special attention. Because no one knows the facts of your case as well as you do, it is hard for us to know ahead of time what issues might suddenly appear in the future. Telling us as much as you know will help us do a better job for you.

Throughout this form, information will be asked about the opposing party, which will often be abbreviated as "OP" for convenience and to avoid using "him/her" and other gender-related pronouns.

### 1. What is your full name?

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Maiden: \_\_\_\_\_

Other Former Names: \_\_\_\_\_

### What is the Opposing Party's name?

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Maiden: \_\_\_\_\_

Other Former Names: \_\_\_\_\_

### 1. Please give the following vital statistics about yourself:

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Education: \_\_\_\_\_

This marriage is my  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  \_\_\_\_\_

How long have you lived in Oregon? \_\_\_\_\_

### Opposing Party's Vital statistics:

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Education: \_\_\_\_\_

This marriage is OP's  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  \_\_\_\_\_

How long has OP lived in Oregon? \_\_\_\_\_

1. **Marriage with Opposing Party:** Date: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

### 2. What is your current address and contact information?

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers:

Preferred Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

E-mail Address (only if secure and private): \_\_\_\_\_

If you want mail from this office sent to a different address, please provide it here:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Your employment information:** Are you currently employed?  Yes  No.

If yes, please provide the following information:

Name of Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your gross income each paycheck? \$ \_\_\_\_\_ Take Home (Net) Pay? \$ \_\_\_\_\_

How often do you receive a paycheck?  Weekly  Bi-Weekly  2x a Month  Monthly  \_\_\_\_\_

What is your job title/description? \_\_\_\_\_

**4. What is the Opposing Party's address and contact information?**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers:

Preferred Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Type:  Home  Cell  Work  \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If you believe mail should be sent to this person at a different address, please provide it here:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**5. Opposing Party's employment information:** Is the OP currently employed?  Yes  No.

If yes, please provide the following information:

Name of Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is OP's gross income each paycheck? \$ \_\_\_\_\_ Take Home (Net) Pay? \$ \_\_\_\_\_

How often does OP receive a paycheck?  Weekly  Bi-Weekly  2x a Month  Monthly  \_\_\_\_\_

What is OP's job title/description? \_\_\_\_\_

6. Do you have any children?  Yes  No. If yes, please provide all of the information listed below. List all of your children, even if the Opposing Party is not the other parent.

Full Name of Child - Sex (M/F) - Birth Date - Age - Social Security Number - Name of Other Parent

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Are you or the opposing party now pregnant?  Yes  No.

7. **Five-year Residential History of Children:** For the joint children with the Opposing Party, please provide the county and state where the children lived for the past five years, the name of the parent/guardian the children lived with at each location, and the current address of the parent/guardian if different from the addresses already given.

Date Range                      County, State                      Name of Parent/Guardian and current address

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8. **Complete this item only if you are currently married and are seeking a divorce:**

Are you currently living with your spouse?  Yes  No. If no, date of separation: \_\_\_\_\_

Have there been prior separations?  Yes  No. If yes, how many prior separations have there been, and for how long did they last? \_\_\_\_\_

Would you like your prior name (if any) restored?  Yes  No.

9. **Complete this item only if you are already divorced and are seeking a modification of that divorce:**

What was the date of your divorce decree? \_\_\_\_\_

In what State and County was the divorce? \_\_\_\_\_

Have any orders been entered modifying the original divorce decree?  Yes  No.

*Please attach a copy of your original divorce decree and any modification orders.*

**10. Legal Custody and Primary Physical Custody:**

Who currently has physical custody of the children? \_\_\_\_\_

What type of custody do you want?  Sole to me  Sole to Opposing Party  Joint Custody

Are any of the children adopted?  Yes  No. Name(s) of adopted child(ren): \_\_\_\_\_

Are there any restraining orders or any other custody orders currently in effect or pending?  Yes  No.

*Please attach a copy of any such orders.*

**11. Support:**

Are you now *paying* any support to the opposing party?  Yes  No. Amount: \$ \_\_\_\_\_

Are you now *receiving* any support from opposing party?  Yes  No. Amount: \$ \_\_\_\_\_

List all case numbers, including Child Support cases: \_\_\_\_\_

Are you or the opposing party now receiving any form of public assistance?  Yes  No.

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

**12. Health of the Parties:** Are there any physical or mental health issues or concerns affecting anyone that is a party to this action, including your children?  Yes  No.

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

**13. Are you or the Opposing Party on active duty with the U. S. Armed Forces?**  Yes  No.

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

**14. Does the Opposing Party currently have an attorney or had one in the past?**  Yes  No.

If yes, name of attorney and contact information if known: \_\_\_\_\_

**15. Description of Opposing Party:** Age: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Glasses: \_\_\_\_\_

Marks/Tattoos: \_\_\_\_\_

**16. Service on the Opposing Party:** If legal papers need to be served, what address is the Opposing Party most easily found at? Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When is the best time to serve at that address? \_\_\_\_\_

**17. Do you or opposing party ever carry concealed weapons?**  Yes  No.

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

I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNLESS OR UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_