

**CONFIDENTIAL DIVORCE QUESTIONNAIRE FOR PARTIES WITH NO CHILDREN
UNDER THE AGE OF 21**

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.

This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

If you are already divorced and are seeking a modification of your divorce decree (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.

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|---|--|
| <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>_____</p> | <p>What is your spouse'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>_____</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 your spouse:</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>3. Marriage: Date _____ City _____ County _____ State _____</p> | |
| <p>4. Where are you living and what is your telephone number?</p> <p>a. Address _____</p> <p>b. City, State, Zip _____</p> <p>c. Home telephone number _____</p> <p>d. E-mail address (secure and private) _____</p> <p>e. Cellular/mobile number _____ How long in Oregon? _____</p> <p>f. If you want mail from this office sent to a different address, please furnish the desired address here: _____</p> | |

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 your spouse living and what is your spouse's telephone number?**
- a. Address _____
 - b. City, State, Zip _____
 - c. Home 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. **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 spouse? Yes _____ No _____ Date of separation: _____
- b. Have there been prior separations? Yes _____ No _____ If so, how many? _____
Approximately when and for how long? _____

10. **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 _____

11. **Health of Parties**

a. Is there anything we should know about the mental or physical health of any party to this action? Yes _____ No _____

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

13. **Does your spouse have an attorney?** Yes _____ No _____ Who? _____

14. **Description of spouse:**

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? _____

15. Do you or your spouse ever carry concealed weapons? Yes _____ No _____

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

17. Are there any previous court cases regarding you and/or your spouse; such as Restraining Orders, Stalking Orders, Criminal Cases, etc...(if yes please include the case number and county if known)_____

18. Are you afraid of your spouse? If so, do you want your address protected?_____

19. What is the address of your employer?_____

20. Does your spouse know where you work? If so, can we put that address in your paperwork as a contact address? _____
