

CONFIDENTIAL QUESTIONNAIRE FOR CONSULTATION

It is important to complete this questionnaire as fully and accurately as possible. If you retain us to represent you, 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.

Please remember that your consultation is a one-time-only meeting, and after the consultation, we will not provide you with further advice or services, act as your attorney, prepare or represent you on any court documents, or appear on your behalf at any hearing or trial until you sign a written fee agreement and pay a retainer.

1. **What is your full name?**  
a. First \_\_\_\_\_  
b. Middle \_\_\_\_\_  
c. Last \_\_\_\_\_  
d. Maiden \_\_\_\_\_  
e. Former married names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the opposing party's full name?**  
a. First \_\_\_\_\_  
b. Middle \_\_\_\_\_  
c. Last \_\_\_\_\_  
d. Maiden \_\_\_\_\_  
e. Former married names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. **Please give the following vital statistics about yourself:**  
a. Soc. Sec. No. \_\_\_\_\_  
b. Driver's License No. \_\_\_\_\_  
c. Date of Birth \_\_\_\_\_  
d. Place of Birth \_\_\_\_\_  
e. Current Age \_\_\_\_\_  
f. Number of this marriage \_\_\_\_\_  
(specify 1st, 2nd, etc.)
- Please give the following vital statistics about the opposing party:**  
a. Soc. Sec. No. \_\_\_\_\_  
b. Driver's License No. \_\_\_\_\_  
c. Date of Birth \_\_\_\_\_  
d. Place of Birth \_\_\_\_\_  
e. Current Age \_\_\_\_\_  
f. 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. **Do you want mail from this office at the above address:** No: \_\_\_\_\_ Yes: \_\_\_\_\_  
d. Home telephone number \_\_\_\_\_  
e. E-mail address (secure and private) \_\_\_\_\_  
f. Cellular/mobile number \_\_\_\_\_ How long in Oregon? \_\_\_\_\_  
g. **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? \_\_\_\_\_

6. **Where is the opposing party living and what is the opposing party's telephone number?**
- a. Address \_\_\_\_\_
  - b. City, State, Zip \_\_\_\_\_
  - c. Home telephone number \_\_\_\_\_
  - d. How long in Oregon? \_\_\_\_\_

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

First	Middle	Last	Sex	Birthdate	Age	Ours	Mine	Other Party's	SS#
_____			M/F	_____	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____	_____	_____

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

- b. Please list the locations (e.g. city & state) where your minor children have lived for the past five years and the adults with whom they lived at each location.

Location	Dates	Adults at that location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present address for each adult listed above other than you and the other party:

Name	Present Address
_____	_____
_____	_____
_____	_____

9. **Answer only if you are inquiring about a divorce or dissolution of registered domestic partnership. If your marriage or RDP has already been dissolved 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. 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? \_\_\_\_\_

10. **Answer only if you are already divorced and seeking a modification of the support or child custody provisions of an existing judgment:**
- What is the date of your dissolution judgment? \_\_\_\_\_
  - In what county did your dissolution judgment occur? \_\_\_\_\_
  - Have any orders been entered modifying the original judgment? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Please attach a copy of your divorce decree and any modification orders.**
11. **Custody**
- Who now has physical custody of the child(ren)? You \_\_\_\_\_ Other Party \_\_\_\_\_
  - Are you seeking custody of the child(ren) of this relationship? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Are any of the children adopted? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Are there any restraining orders or any other type of custody order currently in effect or pending?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. **Support**
- Are you now paying support? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much \$ \_\_\_\_\_
  - Are you now receiving support? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much \$ \_\_\_\_\_
  - Are you or is your spouse now receiving any form of public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Other than children, do you have any dependents? Yes \_\_\_\_\_ No \_\_\_\_\_
13. **Health of Parties**
- Is there anything we should know about the mental or physical health of any party?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe: \_\_\_\_\_
  - Do any of your children have exceptional health or dental needs? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Does any child have any special educational needs or problems? Yes \_\_\_\_\_ No \_\_\_\_\_
14. **Are you or the other party now in the military, including the reserves or National Guard?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
15. **Does the other party have an attorney?** Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_
16. **Description of spouse:**
- Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_
- Hair Color \_\_\_\_\_ Facial Hair \_\_\_\_\_ Glasses \_\_\_\_\_ Marks, Tattoos \_\_\_\_\_
- The other party may have to be personally served with papers. At what address should he or she be served?  
\_\_\_\_\_
- When is the best time to serve at that address? \_\_\_\_\_
17. **Do you or the other party ever carry concealed weapons?** Yes \_\_\_\_\_ No \_\_\_\_\_
18. **Please give the name, address and telephone number of an individual to contact in case we are unable to reach you.**  
\_\_\_\_\_  
\_\_\_\_\_
19. **Have you consulted us for legal advice before?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

- a. Individual referral (please give name) \_\_\_\_\_
- b. Other \_\_\_\_\_

21. **Please list any social media accounts you have or had, such as Facebook, Instagram, Google+ etc., where you have posted pictures or information within the last two years.**

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***I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT PROVIDE FURTHER ADVICE OR SERVICES TO ME, ACT AS MY ATTORNEY, OR REPRESENT ME ON ANY COURT DOCUMENTS OR APPEAR ON MY BEHALF AT ANY COURT PROCEEDING UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature