

CONFIDENTIAL QUESTIONNAIRE FOR DISSOLUTION OF MARRIAGE

Please read the following information and fill out the attached questionnaire. Fill out the form as much as possible. If you do not have complete information or understand the question, just make a note on the form. This document will not be made public. Feel free to make notes on it. The questionnaire is lengthy, but filling it out as completely as possible will make your case much easier to process and will save you time and money.

General Suggestions: Your well-meaning friends and associates may offer you advice about your case. Frequently such advice is not accurate. You should be cautious in following it. The facts surrounding your case are unique and they differ from every other case. Family law proceedings are very emotional and parties sometimes use them to seek revenge or to hurt the other party.

Sometimes a parent will use the children in an attempt to punish the other party. Prepare your children properly, without poisoning their minds about your spouse. Obtain counseling for you and your children if you need it. We are committed to trying to minimize the impact of legal proceedings on children. No matter what your situation, please do not badmouth your spouse or talk about your case in front of your children.

Confidentiality: In order to properly represent you, we must have all the facts. Our questionnaire asks for information we need to know. Anything you tell anyone in this office is strictly confidential and will not be disclosed without your permission. If you have any questions about this, please ask the attorney. Some facts about your life are relevant to your case and some are not. It is better to tell the attorney too much rather than too little. If the attorney does not think it is relevant to your case, the attorney will tell you.

Keeping You Informed: We make every effort to keep you informed regarding the status of your case. You will receive copies of all documents prepared or received by us. If at any time you have questions or concerns, please call.

New Wills/Estate Planning Documents: The Oregon Probate Code invalidates certain provisions of wills which were made prior to a divorce. Following the divorce, you and your spouse will probably need new wills. If you have a will which names you spouse, you should revoke the will as it might not be revoked by law until after the divorce is final. This means that if you die while the divorce is pending, your spouse may still be entitled to inherit from you.

Additionally, if you become incapacitated while the case is pending, unless you have an advanced directive appointed someone other than your spouse to make medical and end of life decisions for you, your spouse will continue to have the ability to direct your medical care, including whether or not to continue life support. We strongly encourage our family law clients to have a new estate plan drafted.



Legal History

Have you been served with any legal papers? _____ If so, when? _____

Have you filed any papers with the court? _____ If so, when? _____

Have you entered into any agreements (written or verbal) as to child or spousal support, custody, parenting time, or property division? _____ If so, please briefly describe.

Did you sign a prenuptial agreement before getting married? _____

Have there ever been any other court cases regarding the children? (Custody, juvenile dependency or delinquency, child support, restraining orders, etc.) _____ If so, describe.

Provide copies of all paperwork filed with a court, written agreement(s), or prenuptial agreement.

General Information About You

* **Required fields to be completed prior to returning questionnaire to The Reynolds Law Firm**

Your full name:* _____

Other names you use or have used:* _____

Address:* _____
(City, County, State, Zip)

Phone numbers: _____
(Home, Work, Cell, Message #)

Social Security Number:* _____ ID/Driver's License number & state: _____

How long have you lived in this county? _____ How long in Oregon? _____

Birth date:* _____ Age: _____ Birthplace:* _____
(Month/Day/Year) (State or Foreign Country)

Race/Ethnicity:* _____ Religion: _____ Are you a veteran? _____

Number of previous marriages?* _____ How did those marriages end? (Death, divorce, dissolution or annulment)* _____ Date ended:* _____

What is your immigration status? (Are you a US citizen?) _____



Do you have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations).

Are there any criminal charges pending against you? If yes, explain. _____

Have you ever used or sold illegal drugs? _____. If so, list when and what type?

Please describe your use of alcohol. _____

General Information About Your Spouse

Your spouse's full name:* _____

Other names s/he use or have used:* _____
(Maiden, previous married, or former legal names, if any)

Address:* _____

What county, city and state does s/he live in?* _____

Phone numbers: _____
(Home, work, & cell)

Social Security #:* _____ ID/Driver's License number & State _____

Birth date*: _____ Birthplace:* _____ Age: _____
(Month/day/year) (State or foreign country)

How long has s/he lived in this county? _____ How long has s/he lived in Oregon? _____

Race/Ethnicity: _____ Religion: _____ Is s/he a veteran? _____

Number of previous marriages?* _____ How did those marriages end?* _____

What is his/her immigration status? (Is s/he a US citizen?) _____

Does s/he have close ties (i.e. friends or family) to another state or country? If so, where? _____

Does s/he have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations).



Are there any criminal charges pending against him/her? _____ If yes, explain.

Has s/he ever used or sold illegal drugs? _____ If so, list when and what type.

Please describe his/her use of alcohol: _____

Marriage Information

Date of this marriage:* _____ Place of this marriage:* _____
(Month/Day/Year) (City, County, State or Foreign Country)

Did you live with your spouse before you got married? _____

If so, when did you move in together? _____

Are you currently living with your spouse? _____ If not, who moved out and when?

Date of separation or date couple last resided in same household:* _____
(Month/day/year)

Have either of you ever started legal proceedings before (divorce, separation, annulment) against the other? _____ Who filed? _____ When? _____

What was filed? _____

Were attorneys involved? _____ If so, who? _____

What happened to the case? _____

Did you see a marriage counselor together or separately? _____ Who? _____

Are you seeing any other kind of counselor? _____ Who? _____

Do your children have counselors? _____ Who? _____

Has there been any violence in your relationship? _____

Has your spouse ever hit, pushed, slapped, or otherwise caused you physical harm, pulled your hair, or bit you?



Has your spouse ever threatened to harm you or your children? _____

Have you ever been scared of your spouse? _____

Are you concerned for your physical safety or the safety of your children? _____

Have the police ever been called (whether or not a police report was filed or you pressed charges) or have you had any contact with police in regards to a domestic violence situation?

If so, list agency and dates. _____

Are you aware of any police reports regarding domestic violence? _____

Have you or the other party ever tried to get a restraining order? _____

If so, list when and where: _____

Do you or your spouse currently have a restraining order? _____ If so, who obtained it, when and where? _____

Provide copies of all criminal records/reports and restraining orders.

Do you have any concerns that your children have been or are at risk of being abused? _____

If so, explain. _____

Information About the Children

Please list all of your children and the children of your spouse:

<u>Full Legal Name:*</u>	<u>DOB:*</u>	<u>Age:</u>	<u>Mother:</u>	<u>Father:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where and with whom are the children living now? _____

How long have they been there? _____

Are you seeking custody? _____



What kind of parenting plan are you seeking? _____

Besides you and the other parent, are there any other people who have had physical custody of the children or who claim to have custody, parenting time, visitation, or other rights to the children, including grandparents, foster parents, step-parents, etc.?

If so, please list names and addresses and explain relationship and claim.

Have you, the other parent, or any listed child been involved with the Department of Human Services Child Welfare (DHSCW), formerly Services for Children and Families (SCF) or Child Services Division (CSD)? _____ If so, explain.

Are there any holidays or special events for which it is important that the children be with you?

Do the children have passports? _____ If so, list date of issuance and country. _____

List all the counties the children have lived in during the past five years and who (adults) were living with them. There should be a different line for each time the child moved to a different county or the adults living in the home changed.



County Child Was Living In	Beginning When?	Ending When?	Adults Living in Home

List all current addresses for adults listed under “With Whom” section above.

Are you or your spouse now pregnant? _____ If yes, what is the due date? _____

Who is the father of that child? _____

Medical Status

Do you have any medical conditions? _____ If so, list. _____

Describe your current health. _____

Are you now or have you ever been under treatment for any mental health issues. _____

Does your spouse have any medical conditions? _____ If so, list. _____

Describe his/her current health. _____

Is or has your spouse ever been treated for a mental health condition? _____ If so, explain.



Professional Advisors

	Name	Phone / E-mail
Accountant		
Stockbroker/Financial Advisor		
Insurance Agent		
Counselor		
Doctor		
Religious Advisor		

Education and Employment

	You	Spouse
Level of Education- Specify only highest grade completed: Elementary-secondary (0-12) College (1-4 or 5+)		
Current Employer		
Current Position		
Current Salary / Hourly Rate		
Current Work Hours per week		
Time with this employer		
Previous Employer		
Previous Position		
Previous Salary		
Time with Previous Employer		
Currently Enrolled in School? If so, program?		



Describe your employment skills, job training, and work experience. _____

Describe your spouse's employment skills, job training, and work experience. _____

Do you or your spouse receive any income from any sources other than your primary employment? (Family loans or gifts, trust funds, investments, undeclared income, or income from illegal activities, etc.) If so, please explain.

Do you or your spouse receive any government benefits (TANF, child care assistance, Oregon Health Plan, Medicaid, Medicare, SSI, SSDI, General Relief, General Assistance, food stamps, etc.) _____ Please list.

Medical, Casualty (homeowners), Disability, and Other Insurance

- If you or your spouse have medical, casualty, disability, or other insurance, please complete the following section and provide us with copies or the face sheet for all insurance policies.
- If there is *casualty insurance* covering personal property, be sure to provide us with schedules or riders, including the value of the covered property.
- If there is *health or medical insurance*, obtain a statement from the company as to what the policy's provisions are as to conversion after the divorce and provide that statement to us. You or your spouse may be able to continue coverage upon payment of premiums. You need to look into this promptly.

Name of company: _____ Type of Insurance: _____

If issued through employment, list name and address of employer: _____

Policy number _____ Group number _____ Date policy issued _____

Individual subscriber number _____ Premium amount \$ _____

Name of company: _____ Type of Insurance: _____

If issued through employment, list name and address of employer: _____

Policy number _____ Group number _____ Date policy issued _____



Individual subscriber number _____ Premium amount \$ _____

Name of company: _____ Type of Insurance: _____

If issued through employment, list name and address of employer: _____

Policy number _____ Group number _____ Date policy issued _____

Individual subscriber number _____ Premium amount \$ _____

If you have other insurance policies, use an additional sheet of paper to provide the above information.

Profit Sharing, Pension Plans, and Retirement Accounts

Do you or your spouse have any interest (whether or not it is vested) in profit sharing plans, pension plans, Keogh plans, annuity plans, employment stock option plans, Individual Retirement Accounts (IRAs)? _____ For each plan, provide the following information:

Name of company and plan _____ Whose plan (you or spouse)? _____

Administrator's name and address: _____

Value: \$ _____ Date of Value: _____ Percent vested: _____

Name of company and plan: _____ Whose plan (you or spouse)? _____

Administrator's name and address: _____

Value: \$ _____ Date of Value: _____ Percent vested: _____

If you have other plans, use an additional sheet of paper to provide the above information. Please provide us with copies of statements for these plans and other supporting documents.

Stocks and Bonds

Do either you or your spouse own any stocks or bonds? _____ If yes, complete the following information.

Stocks: Name of company: _____ Number of shares: _____

Common or preferred: _____ Date issued: _____ Owner: _____

Value: _____ Date of Valuation: _____



Bonds: Name of Issuer _____ Owner: _____

Face value: _____ Series: _____ Date issued: _____ Number: _____

Current value: _____ Date of valuation: _____

Shares: Name of issuer: _____ Owner: _____

Face value: _____ Series: _____ Date issued: _____ Number: _____

Current value: _____ Date of valuation: _____

US Savings Bonds: Name of issuer _____ Owner: _____

Face value: _____ Series: _____ Date issued: _____ Number: _____

Current value: _____ Date of valuation: _____

If you have other stocks or bonds, please use an additional sheet of paper to provide the above information.

Provide statements from your broker regarding all current transactions and copies of all stock certificates and bonds, and proof of individual contributions by you or your spouse toward the purchase.

Business Interests

Do either you or your spouse have an interest in any business or partnership? _____ If so, list the name of each business entity and percentage of ownership?

Do you or your spouse own any stock in any closely held corporation? _____ If so, list the following information for each corporation:

Name of company: _____ Number of shares _____

Percentage of ownership _____ Current value _____ Date of valuation _____

Provide us with copies of the returns, profit and loss statements, and balance sheets for the last three years and any partnership or other written agreements pertaining to the same.



Real Property and Mortgages

Do you or your spouse have any interest in real property? _____ If so, list address or location(s) and current market value:

- Provide us with a copy of the deed, any appraisals, land contracts, leases, and other pertinent documents for each parcel of real estate.
- Provide us with the most recent tax bill.

Do you or your spouse have any mortgages? _____ If so, list property and amount of mortgage:

- Provide us with a photocopy of the mortgage or note, addresses of the debtors, due date, present balance, and the monthly payments, if any.

Life Insurance

Name of insurance company	Name of insured	Beneficiary	Policy number	Face amount	Type of policy (whole, life, term, annuity)

- Provide face sheets of all life insurance policies.

Are you aware of any loans outstanding against any of the above policies? _____

Amount of loan? _____ Date obtained? _____

- Provide documents regarding the loan.



Cash and Deposit Accounts

Type of account (checking, saving, money market, CDs, etc.)	Name(s) on account	Institution	Balance at time of separation	Current balance

For each account, provide us a copy of the most recent statement.



Statement of Income

Gross monthly income from:	You	Spouse
Salary and wages, include commissions, allowances, overtime (to arrive at monthly income figure weekly income by multiplying by 4.3 and bi-weekly income by 2.15)		
Pensions and retirement		
Social security		
Disability and unemployment		
Public assistance (welfare, TANF)		
Child support from someone other than current spouse		
Dividends and interest		
Rents		
Bonuses (annual, semi-annual, quarterly, averaged per month)		
All other sources (list source)		
Itemize monthly deductions from gross income:		
Number of exemptions claimed		
State income taxes		
Federal income taxes		
Social security		
Medical or other insurance		
Union or other dues		
Retirement or pension fund		
Savings plan		
Credit union		
Income assignment paid to		
TOTAL:		



Statement of Expenses

Item	Amount	Item	Amount
Rent or mortgage		Real Estate Taxes	
Household Repair and Maintenance		Household Supplies	
Food		Electricity	
Heat		Water	
Telephone		Laundry and Cleaning	
Clothing & Shoes (adults and kids)		Medical and drug expenses not covered by insurance	
Dental expenses not covered by insurance insurance premiums (not deducted from payroll)		Child support payments (other than to spouse)	
Child care		School tuition	
Entertainment		Incidentals	
Transportation (other than auto)		Auto expenses (gas, oil, repairs, parking)	
Pet expenses		Payments for dependents not living at home (and not already listed)	
Hobbies		Payments on debts	
Row Totals:			
Grand Total:			

Vehicles

Please include all cars, vans, boats, off-road vehicles, motorcycles, etc.

Make	Model	Year	Primary Driver	Approximate Value	Outstanding Loan Amount



Debts and Obligations

Complete the following information for all debts, including charge accounts, automobile loans, student loans, personal loans, notes, bills, etc. Use an additional sheet of paper if necessary.

Creditor's Name	What debt is for	Date incurred	Date payable	Original amount	Current balance	Monthly payment

Provide a copy of the relevant documents, including a current statement and a statement from the time of separation.

Additional Data

If there is any additional information we should be aware of not referred to above or contained in your answers, please check the box and provide the details on the back on this page.

Have either you or your spouse disposed (sold, donated, or given away) of any assets within the last year? _____

If so, describe each item and its disposition, including the nature of property, value, amount received, to whom transferred or sold, and any other pertinent information.

Estate and Death Planning

Have you ever executed a will or trust instrument? _____ If yes, please provide a copy. You need to be aware that in Oregon, marriage and divorce often impact the validity of these documents. However, if you die before your divorce is final, your estate is likely to pass to whomever is named in the documents even if you are in the process of separating or divorcing.

Have you executed a power of attorney for your spouse? _____ If so, you need to immediately revoke it.

Have you executed an Advanced Directive for Health Care? _____ If so, who is your named representative? _____ If it is your spouse, you probably need to execute a new one.

You should discuss these issues with your attorney at the beginning of your case so as to provide the best protection for you, your assets, and your children.



List of Witnesses

Provide us with a list of anyone with information that could help or hurt your case, whether or not you think they will be able to testify or talk with us. This includes:

- People who have seen you parent your children
- People who have seen the other parent take care of the children
- Witnesses to abuse or the injuries or emotional state after the abuse
- Medical providers, counselors, therapists
- Day care providers, teachers, or others who interact directly with the children
- Family members

Name of Witness	Phone number	What information they have

The information in this questionnaire is true and correct. If I find errors later, I agree to immediately let The Reynolds Law Firm know.

Client Signature

Date

