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DIVORCE MEDIATOR AND COLLABORATIVE ATTORNEY
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--CONFIDENTIAL DIVORCE QUESTIONNAIRE--

It is important to complete this questionnaire as fully and accurately as possible. **All of this information is requested for a reason.** You will be paying for the time we spend on your case. The more complete you can make this form, the more money you will save. It is fine to leave an answer blank if you do not know the answer or if something does not apply to you. You only need to fill out one confidential divorce questionnaire between the two of 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.

1. **What is your full name?**

First: _____

Middle: _____

Last: _____

Maiden: _____

Former married names:

What is your spouse's full name?

First: _____

Middle: _____

Last: _____

Maiden: _____

Former married names:

2. **Please list your contact information:**

Street: _____

City: _____

State: _____

Zip: _____

Cell Phone: _____

Email: _____

Please list your spouse's information:

Street: _____

City: _____

State: _____

Zip: _____

Cell Phone: _____

Email: _____

3. **Please give the following vital statistics about yourself:**

Soc. Sec. No. (**last 4 only**): _____

Driver's License State: _____

Driver's License No. (**last 4 only**): _____

Please give the following vital statistics about your spouse:

Soc. Sec. No. (**last 4 only**): _____

Driver's License State: _____

Driver's License No. (**last 4 only**): _____

Age and Date of Birth: _____
 City and State of Birth: _____
 How long in Oregon: _____
 Race: _____
 Number of this marriage: _____
 (specify 1st, 2nd, etc.)
 Level of Education Completed:

Age and Date of Birth: _____
 City and State of Birth: _____
 How long in Oregon: _____
 Race: _____
 Number of this marriage: _____
 (specify 1st, 2nd, etc.)
 Level of Education Completed:

4. **Your employment information:**

Stay at home parent Unemployed
 Employer: _____
 Street: _____
 City: _____
 State: _____
 Zip: _____
 Phone No.: _____

Your spouse's employment information:

Stay at home parent Unemployed
 Employer: _____
 Street: _____
 City: _____
 State: _____
 Zip: _____
 Phone No.: _____

5. **Marriage information:**

Date: _____ City: _____ County: _____ State: _____
 What was the last date you resided in the same household? _____

6. **Children:**

Do you have any children? Yes ___ No ___ If so, please give full name, date of birth and sex of each child, and indicate whether the child was born of this marriage or of a former marriage of your spouse or yourself.

First	Middle	Last	SSN	Sex	Date of Birth	Age
			<i>Provide in Person</i>	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			
			<i>Provide in Person</i>	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			
			<i>Provide in Person</i>	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			
			<i>Provide in Person</i>	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			

Are you or is your spouse now pregnant? Yes _____ No _____

7. **Which counties has the child(ren) lived in now and in the past?**

Has the child(ren) lived in the same county for the past 5 years? Yes_____ No_____

If **yes**, which County? _____

If **no**, please list the dates and counties that the child(ren) has lived in for the past 5 years:

Dates	County, State	Caretaker(s)

7. **Answer only if you are already divorced and seeking a modification:**

What is the date of your divorce decree? _____

In what county did your divorce occur? _____

Have any orders been entered modifying the original decree? Yes_____ No _____

Please bring your most recent judgment if you are seeking a modification.

8. **Are you or your spouse now in the U. S. Armed Forces?** Yes_____ No_____

9. **Are you, your spouse or your children currently receiving government benefits, including being on the Oregon Health Plan? If so, please list all benefits received:**

10. **How were you referred to this office?**

Please note that the firm has not accepted your case until a retainer agreement has been signed and a payment arrangement has been made. You can obtain a retainer agreement from the firm's website at www.mediatingattorney.com. It is helpful to us to receive these forms before your first meeting. These forms can be emailed to forrest@mediatingattorney.com or faxed to 866-399-3093. We look forward to working with you.