

DOMESTIC RELATIONS QUESTIONNAIRE

Appt Date: _____

Appt Time: _____

Attorney: _____

1. Personal Info:

	YOU	SPOUSE
First Name:		
Middle Name:		
Last Name:		
Maiden:		
Former married names:		
Street Address:		
City, State, Zip:		
Home Phone:		
Cell Phone:		
How long have you lived in Oregon?		
Mailing Address (if different)		

2. Employment Info:

	YOU	SPOUSE
Primary Employer:		
Employer Address:		
Employer Phone Number:		
How long employed:		
Gross Monthly Salary:		
Hours worked per week:		
Job title:		

3. Marriage Info:

Date: _____ City: _____ County: _____ State: _____
 Date of Separation : _____ Date Last Lived In Same House: _____

4. Vital Stats:

	YOU	SPOUSE
SS#:		
Driver License #:		
Date of Birth:		
Place of Birth:		
Race: (check all that apply)	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
Education Level:	<input type="checkbox"/> (0-12) Elementary/HS <input type="checkbox"/> (1-4 or 5+) College	<input type="checkbox"/> (0-12) Elementary/HS <input type="checkbox"/> (1-4 or 5+) College
Number of this marriage:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd (check one)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd (check one)
Previous Marriage Ended:	(mm/dd/yy) _____	(mm/dd/yy) _____
Ended by:	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other	<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other

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5. Information regarding children (minors and adults attending school):

FIRST MIDDLE LAST (NAME)	SEX	DATE OF BIRTH	SS#	ADOPTED?
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> YES

Where have your minor children lived the past five years?

CHILD	DATES	ADDRESS	RESIDED WITH
<input type="checkbox"/> All <input type="checkbox"/> _____ (name)	From: To:		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> All <input type="checkbox"/> _____ (name)	From: To:		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> All <input type="checkbox"/> _____ (name)	From: To:		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> All <input type="checkbox"/> _____ (name)	From: To:		<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father

6. What is your relationship with the opposing party:

- Living together
 Never lived together
 Separated _____(date)
 Divorced: Date _____
 Other _____ (describe)

7. Custody status:

Who currently has physical custody of the children?

- Client
 Both Parents
 Other: _____

Time with Father: _____

Time with Mother: _____

8. Real Property:

House Address: _____

Monthly payment: \$ _____ Balance Owning: \$ _____

Current Fair Market Value: \$ _____ Proposed Distribution: Husband Wife

Legal Description (if known): _____

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9. Personal Property:

Vehicles (including cars, trucks, boats, trailers, recreational, etc):

YEAR	MAKE	MODEL	PROPOSED DISTRIBUTION	PRESENT VALUE	BALANCE OWING
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$	\$
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$	\$
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$	\$
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$	\$

10. Other Property:

(Second homes, time shares, family heirlooms, jewelry, etc), use additional sheets if necessary.

ITEM	PROPOSED DISTRIBUTION	PRESENT VALUE
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife	\$

11. Bank Accounts:

Bank: Checking Savings

Address:

Account No: Balance: \$ _____

In Whose Name: Joint Husband Wife

Bank: Checking Savings

Address:

Account No: Balance: \$ _____

In Whose Name: Joint Husband Wife

Bank: Checking Savings

Address:

Account No: Balance: \$ _____

In Whose Name: Joint Husband Wife

