

Client Intake Form
CONFIDENTIAL DIVORCE QUESTIONNAIRE

Thank you for contacting our firm. How did you hear about us?

Today's Date: _____

Please complete this intake form as completely as possible, and return it to our office in any way convenient to you, as noted above. Please use the back of these sheets or an additional sheet if you need more space for your answers. The information you provide in this form will remain confidential in your file.

1. NAMES	You	Your Spouse
First name:		
Middle name:		
Last name:		
All former married or legal names:		
2. VITAL STATISTICS	You	Your Spouse
Social Security Number:		
Date of birth and age:		
Place of birth:		
Highest level of education:		
Number of this marriage:		
3. MARRIAGE DATA		
Date of Marriage:		
Country of Marriage:		
State of Marriage:		
County of Marriage:		
If you were married in a foreign country, was there a subsequent ceremony in this country? If so, where and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Date: _____	
Did you live together before marriage? If so, for how long?		
4. CONTACT INFORMATION	You	Your Spouse
Home Address:		
City:		
State, Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
E-mail we can use to contact you:		N/A
How long continuously lived in Oregon*:		

*If you have left the state and returned, list length of time since you returned.

5. MILITARY SERVICE		You	Your Spouse
Currently in U.S. Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vested military retirement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unvested military retirement (i.e., less than 20 years in the service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. CHILDREN			
Child 1: Full Name:			
• Birth date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
• If over 18, name of school: _____			
• Joint child of this relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If nonjoint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's		
Child 2: Full Name:			
• Birth date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
• If over 18, name of school: _____			
• Joint child of this relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If nonjoint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's		
Child 3: Full Name:			
• Birth date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
• If over 18 name of school: _____			
• Joint child of this relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If nonjoint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's		
Child 4: Full Name:			
• Birth date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
• If over 18, name of school: _____			
• Joint child of this relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If nonjoint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's		
Child 5: Full Name:			
• Birth date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
• If over 18, name of school: _____			
• Joint child of this relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If nonjoint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's		
Names of any adopted children: _____			
Are you, or is spouse, pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. SUPPORT			
Are you now <i>paying</i> support?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how much? Other details? _____			
Are you now <i>receiving</i> support?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how much? Other details? _____			
Is anyone receiving any form of public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, how much? Other details? _____			
Do you <i>pay</i> support for any nonjoint children?			
If so, how much? Other details? _____			
Do you <i>receive</i> support for any nonjoint children?			
If so, how much? Other details? _____			
Other than children, do you have any dependents whom you claim on your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, how many? Other details? _____			

8. OTHER INFORMATION USEFUL TO ESTIMATE CHILD SUPPORT NEEDS		
	You	Your Spouse
Average monthly childcare costs for children under age 13:		
Children's portion of health insurance premiums paid by a parent or stepparent*:		
Recurring medical expenses paid by you and your spouse (e.g., insulin):		
Amount of Social Security received by you and your spouse on behalf of joint children:		
Number of joint children:		
Number of nonjoint children (do not include stepchildren):		
*This applies to children born of a different relationship or marriage.		
9. ANSWER ONLY IF INQUIRING ABOUT DIVORCE OR LEGAL SEPARATION		
Are you separated from your spouse? If Yes, please give date when current separation began and who moved:		
Names of any children living in your current household at the time you and your spouse separated:		
If there been prior separations, please supply the following information:		
<i>Dates of separation</i>	<i>How long</i>	<i>Who moved out</i>
10. HEALTH OF THE PARTIES		
	You	Your Spouse
Is there any mental or physical health issue regarding any party to this action (e.g., emotional problems, drinking, drugs, sex addictions)? Please describe:		
Are there any special health or dental needs of either of you? Please describe:		
Does either party have any special educational needs or problems? Please describe:		
11. PHYSICAL DESCRIPTION AND DOCUMENT SERVICE INFORMATION OF YOUR SPOUSE		
Age _____ Weight _____ Height _____ Eye color _____ Hair color _____		
Facial hair _____ Glasses _____		
Marks, tattoos, or special features: _____		
At what address should your spouse be served with papers?		
When is the best time to serve your spouse at that address?		

