

**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 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 (State):		
Highest level of education:		
Number of this marriage:		
3. Marriage Data		
Date of Marriage:		
County of Marriage:		
State of Marriage:		
Country of Marriage:		
If you were married in a foreign country, was there a subsequent ceremony in this country? If so, where and when?		
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:		
Email we can use for contact:		
How long continuously lived in Oregon*:		
* If you have left the state and returned, list length of time since you returned.		
5. Military Service		
Currently in U.S. Armed Forces:	<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
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
6. Children		
<b>Child 1:</b> Full Name:		
Birthdate: _____	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 non joint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	
<b>Child 2:</b> Full Name:		
Birthdate: _____	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 non joint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	
<b>Child 3:</b> Full Name:		
Birthdate: _____	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 non joint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	
<b>Child 4:</b> Full Name:		
Birthdate: _____	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 non joint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	

<b>Child 5:</b>	Full Name:	
Birthdate: _____	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 non joint, indicate:	<input type="checkbox"/> Mine <input type="checkbox"/> My spouse's	
<b>7. Support</b>		
Are you now <i>paying</i> support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, how much? Other details?		
Are you <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?		
<b>8. Other Information Useful to Estimate Child Support Needs</b>		
	<b>You</b>	<b>Your Spouse</b>
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 or your spouse on behalf of joint children:		
Number of joint children:		
Number of nonjoint children (do not include step children)		
* This applies to children born of a different relationship or marriage.		
<b>9. Answer Only if Inquiring About Divorce or Legal Separation</b>		
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 have been prior separations, please supply the following information:		
<i>Dates of Separation</i>	<i>How long?</i>	<i>Who moved out?</i>
<b>10. Health of the Parties</b>	<b>You</b>	<b>Your Spouse</b>
Is there any mental or physical health issues 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:		
<b>11. Physical Description and Document Service Information of Your Spouse</b>		
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?		
<b>12. Other Issues</b>	<b>You</b>	<b>Your Spouse</b>
Gambling:		
Drugs:		
Hiding of Income:		
Hiding of Assets:		
<b>13. Your Wishes</b>		
Do you want to keep your married name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, what prior legal name do you wish to restore?		
Do you wish to remain in the family residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If so, address of family residence:			
Do you wish to retain a vehicle during the proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, Year:	Make:	Model:	License No.
<b>14. Additional Information</b>			
Is there anything else you think we should know?			

Please return this completed form to:

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