

PART II CHILDREN

1. Are there any children of this marriage? No: Ignore this section.

Yes, give full name and date of birth for each child:

FULL NAME/ ADDRESS/ SOCIAL SECURITY NO./ DATE OF BIRTH

Are you or your spouse pregnant?

No

Yes, give expected date of birth of any child conceived during the marriage but not yet born? _____

Do you or your spouse have children from another marriage or relationship?

No

Yes, give full name and date of birth for each child:

FULL NAME/ ADDRESS/ SOCIAL SECURITY NO./ DATE OF BIRTH

Unless there is an exception noted, in the following questions, “children” means one child or more, and refers to only the children between yourself and your spouse, no matter when those children were born.

Did you have any children with this spouse before you were married?

No Yes, give full name and date of birth:

Do you know of any other domestic relations suit, or any petition for support involving children of this marriage, in this state or in any other state?

____ No ____ Yes, give details: _____

If there are children of this marriage, have they resided in Oregon for at least six consecutive months?

____ Yes

____ No

When did these children begin residing in Oregon?

Do you have any knowledge of any custody proceedings concerning these children in the State of Oregon or any other state?

____ No ____ Yes, give details: _____

List from the present backwards, the addresses where the children have lived within the last five years. Include the dates for each address.

DATES

ADDRESS(ES)

With whom have the children lived within the last five years? Give dates.

DATES

PERSON(S)

With whom have the children lived since you and your spouse separated?

How long have the children lived there? _____

Have you participated, as a party, witness or in any other capacity, in any other litigation concerning the custody of these children in the State of Oregon or in any other state?

____ No ____ Yes, give details: _____

Do you know of any person, other than your spouse, or an agency, who has physical custody of the children or claims to have custody or visitation rights with respect to the children? (For example, would the grandparents like to have visitation rights?)

____ No ____ Yes, give details: _____

Does SCF (formerly CSD) have legal custody?

Do your children have any unusual physical needs?

____ No ____ Yes, describe: _____

Do your children have any unusual emotional needs?

____ No ____ Yes, describe: _____

Do your children have any unusual educational needs?

____ No ____ Yes, describe: _____

Are there extra expenses associated with these needs?

____ No ____ Yes, describe: _____

Who do you want to have custody of the children? _____

Why do you want this person to have custody of these children? _____

Would you describe yourself as an alcoholic? _____

Would you describe your spouse as an alcoholic? _____

Would you describe yourself as a moderate to heavy drinker? _____

Would you describe your spouse as a moderate to heavy drinker? _____

Describe the relationship that each of your children have with you. _____

Describe the relationship each of your children have with your spouse. _____

How would you describe your interest in the children? _____

How would you describe your spouse's interest in the children? _____

To what degree do you think your children benefit from their relationship with you?

To what degree do you think your children benefit from their relationship with your spouse?

In what ways do you think that your conduct, marital status, income, social environment or life style is unusual?

Is this unusualness causing emotional or physical damage to your children?

No Yes, in what way? _____

In what ways do you think that your spouse's conduct, marital status, income, social environment or life style is unusual?

Is your spouse's unusualness causing emotional or physical damage to your children?

No Yes, in what way? _____

Have you been physically or sexually abused by your spouse?

No Yes, in what way? _____

Has your child(ren) been physically or sexually abused by your spouse?

No Yes, in what way? _____

How much child support do you need? _____

What is your net monthly income? _____

There are three additional items needed for this.

- 1. Uniform Support Affidavit
- 2. State and Federal tax returns for last 2 years
- 3. Your pay check stubs for the last 2 months

What is your estimate of your spouse's net monthly income? _____

Do you foresee any trouble with visitation?

No Yes, describe: _____

Attached is a copy of the visitation guidelines which you can expect to have made a part of your Decree, if you and your spouse do not agree.

Where do you work? _____

Where does your spouse work? _____

Do either of you intend to remain at home as a full-time parent and homemaker?

Do either you or your spouse need day care for the child(ren)?

_____ No _____ Yes, who? _____

How many hours a week? _____

What is the cost? _____

Who do you want to be able to claim the children as dependents on his or her taxes?

_____ Father _____ Mother

Do you have any children 16 - 21 years of age?

_____ No

_____ Yes, please state whether you think he or she will be attending school,
whether at a university or a vocational school?

CHILD

ATTEND: YES/NO

TYPE OF SCHOOL
