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A Mother Daughter Partnership

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CONFIDENTIAL DOMESTIC RELATIONS QUESTIONNAIRE

Please fill out this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information.

If you are already divorced and seeking a modification of your decree, all references to spouse mean your former spouse.

PART 1

1. FULL names of both parties: (Parties means you and your spouse.)

Wife	Husband
Wife's maiden name:	Husband's former names
Former married names:	

2. Your address: _____
- Your mailing address (if different) _____
- email address: _____
- Your home telephone no.: _____
- Your work telephone no.: _____
- Your cell/mobile number: _____

Your fax number at home
Your fax number at work, if available

Your spouse's address: _____

Your spouse's mailing address (if different) _____

Your spouse's home telephone no.: _____

Your spouse's work telephone no.: _____

Your spouse's cell/mobile number: _____

Additional address where your spouse can be found: (friends, etc.)

3. How long have you lived in Oregon? _____

How long has your spouse lived in Oregon? _____

4. Are you currently employed? Yes _____ No _____

Name of employer

Length of employment

Street address

Mailing address if different

City, State, Zip

Telephone number

What is your gross monthly salary: _____ Take home ?

What is your job title?

Is your spouse currently employed? Yes _____ No _____

Name of employer

Length of employment

Street address

Mailing address if different

City, State, Zip

Telephone number

What is your gross monthly salary: _____ Take home ?

What is your job title?

5. Your birth date: _____ Your age: _____

Your place of birth: _____

Your spouse's birth date: _____ Spouse's age: _____

Your spouse's place of birth: _____

Number of this marriage _____ Number of this marriage _____

6. Your Social Security number: _____

Your spouse's Social Security number: _____

7. Date of your marriage: _____

Place (city, county, state) of your marriage: _____

8. Date and place of your separation: _____

9. Are you presently receiving public assistance benefits?

_____ No: Have you received them in the past?

_____ No _____ Yes: What form?

10. Is your spouse presently receiving public assistance benefits?

_____ No: Have they received them in the past?

_____ No _____ Yes: What form? _____

_____ Yes: What form? _____

11. Are there any children of this marriage?
____ No: Go to #12 ____ Yes: Go to #12 (also fill out Part II)

PART III

12. Is there any real property owned by you or your spouse or by the two of you?
____ No, please go to question 13.

____ Yes, please provide all of the following information:

- a. In what state is the property? _____
- b. In what county? _____
- c. Who is to receive this property? ____ You ____ Your spouse
- d. What is its legal description? ____ Please attach this information.

(Please note that you will most commonly find this on the deed or in the copy of the title insurance policy you were furnished on purchase of this property. The tax form may or may not have it; the tax form is usually not okay.)

13. Please list all of your personal property on the attached form.
Be sure to indicate how you want it divided.
14. Vehicles or Motor Homes: for each vehicle, please list the following information:

Year/Make/Model: _____

Who is to receive it: ____ You ____ Your spouse

License plate number: _____

Vehicle identification number: _____

Title number: _____

Year/Make/Model: _____

Who is to receive it: ____ You ____ Your spouse

License plate number: _____

Vehicle identification number: _____

Title number: _____

Year/Make/Model: _____

Who is to receive it: ___ You ___ Your spouse

License plate number: _____

Vehicle identification number: _____

Title number: _____

15. Which of the following are or potentially may be available to you and your spouse?

	<u>You</u>	<u>Your Spouse</u>
Pension	_____	_____
Retirement	_____	_____
Profit Sharing	_____	_____
Bequest	_____	_____
Gifts	_____	_____

PART IV

16. Do you need spousal support?

___ No ___ Yes: You must provide the following information, so please attached them to this questionnaire.

___ 1. Uniform Support Affidavit

___ 2. State and Federal tax returns for last 2 years.

___ 3. Pay check stubs for the last 2 months.

Will this be in addition to child support? ___ No ___ Yes

For how long do you foresee the need for support? _____

17. Do you feel your spouse needs support?

____ No ____ Yes: You must provide the following information, so please attach them to this questionnaire.

____ 1. Uniform Support Affidavit

____ 2. State and Federal tax returns for last 2 years.

____ 3. Pay check stubs for the last 2 months.

Will this be in addition to child support? ____ No ____ Yes

For how long do you foresee the need for support? _____

How would you describe:

	<u>You</u>	<u>Your Spouse</u>
Physical health:	_____	_____
Mental health:	_____	_____

Did you contribute to the education, training and earning power of your spouse?

____ No ____ Yes: Give details: _____

Did your spouse contribute to your education, training and earning power?

____ No ____ Yes: Give details: _____

Education background:

	<u>You</u>	<u>Your Spouse</u>
Highest grade (year) completed:	_____	_____
Other training:	_____	_____
Employment skills:	_____	_____
Work experience:	_____	_____

Do you have any need for further education, training or retraining?

_____ No _____ Yes: Specify: _____

How long would this take? _____

What do you estimate the costs to be? _____

Does your spouse have any need for further education, training or retraining?

_____ No _____ Yes: Specify: _____

How long would this take? _____

What do you estimate the costs to be? _____

Are you currently employed?

_____ Yes _____ No: How long has it been since you last worked? _____

What was your last job? _____

What do you estimate your costs of future health care will be? _____

How much are your life insurance premiums? _____

PART V

18. Do you want your former name restored to you?

_____ No _____ Yes: What is it? _____

PART VI

19. Please list all of your debts on the attached form. Be sure to show who you think should pay for each of these.

Have you or your spouse ever filed bankruptcy?

_____ No _____ Yes: When was this? _____

PART VII

20. Do you want to ask for reimbursement for attorney fees and court costs?

_____ Yes _____ No

PART VIII

21. Do you have a will? _____ Yes _____ No

22. Is your spouse incapacitated, under 18 years old, or in the military service?
_____ No _____ Yes: Provide details: _____

PART IX

23. Do you anticipate any future costs attributable to e.g. the sale of assets, taxes or other costs?

_____ No _____ Yes: Provide details: _____

24. Do you anticipate receiving pension, social security or other entitlement payments in the future?

_____ No _____ Yes: Provide details _____

25. Do you anticipate taking an early retirement?

_____ No _____ Yes

Will there be a reduction of entitlement from your pension, retirement or other funds available to you by taking an early retirement?

_____ No _____ Yes: Provide details _____

Available to your spouse by taking an early retirement?

_____ No _____ Yes: Provide details _____

26. What is your monthly gross income? _____

Thank you.