



**SCHULTE ANDERSON DOWNES ARONSON & BITTNER, P.C.**  
**CONFIDENTIAL FAMILY LAW QUESTIONNAIRE**

Welcome to Schulte Anderson! It is important to complete 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.

The information you provide on this form will help us do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

*The term "opposing party" means your spouse, your former spouse, former partner, or the other parent of your children.*

**1. Please give us full names.**

<u>YOURSELF</u>	<u>OPPOSING PARTY</u>
FIRST: _____	FIRST: _____
MIDDLE: _____	MIDDLE: _____
LAST: _____	LAST: _____
FORMER: _____	FORMER: _____

**2. Please give us the following information:**

<u>YOURSELF</u>	<u>OPPOSING PARTY</u>
SOC. SEC. NO.: _____	SOC. SEC. NO.: _____
DRIVER'S LICENSE/STATE: _____	DRIVER'S LICENSE/STATE: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
PLACE OF BIRTH: _____	PLACE OF BIRTH: _____
HOW LONG IN OREGON? _____	HOW LONG IN OREGON? _____

**3. Please tell us when and where you were married.**

DATE: _____	CITY: _____
COUNTY: _____	STATE: _____

**4. Please provide your current address and contact information:**

a. ADDRESS: \_\_\_\_\_

b. CITY, STATE, ZIP: \_\_\_\_\_

c. RESIDENCE TELEPHONE NUMBER: \_\_\_\_\_

d. CELL/MOBILE NUMBER: \_\_\_\_\_

e. FAX NUMBER: \_\_\_\_\_

f. PREFERRED E-MAIL ADDRESS: \_\_\_\_\_

g. LIST ANY OTHER E-MAIL ACCOUNTS YOU USE IN ADDITION TO YOUR PREFERRED E-MAIL:

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h. IF YOU WANT MAIL FROM THIS OFFICE SENT TO A DIFFERENT ADDRESS, PLEASE FURNISH IT HERE:

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i. PLEASE GIVE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF AT LEAST ONE PERSON WE CAN CONTACT IN CASE WE ARE UNABLE TO REACH YOU.

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**5. What is the opposing party's contact information?**

- a. ADDRESS: \_\_\_\_\_  
b. CITY, STATE, ZIP: \_\_\_\_\_  
c. RESIDENCE TELEPHONE NUMBER: \_\_\_\_\_

**6. Are you currently employed?** Yes  No  If yes, please provide:

- a. NAME OF EMPLOYER: \_\_\_\_\_  
b. STREET ADDRESS: \_\_\_\_\_  
c. CITY, STATE, ZIP: \_\_\_\_\_  
d. TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
e. WHAT IS YOUR JOB TITLE? \_\_\_\_\_  
f. LENGTH OF EMPLOYMENT: \_\_\_\_\_  
g. WHAT IS YOUR MONTHLY GROSS SALARY? \$ \_\_\_\_\_  
h. WHAT IS YOUR MONTHLY NET (TAKE HOME) SALARY? \$ \_\_\_\_\_  
i. DO YOU RECEIVE OTHER SOURCES OF INCOME? Yes  No  If yes, please describe: \_\_\_\_\_  
j. DO YOU CONTRIBUTE TO A 401(K) PLAN OR OTHER RETIREMENT PLAN?  
Yes  No  If yes, please describe: \_\_\_\_\_  
k. DO YOU RECEIVE STOCK OPTIONS, LIFE INSURANCE, OR ANY OTHER BENEFITS PROVIDED BY YOUR EMPLOYER?  
Yes  No  If yes, please describe: \_\_\_\_\_  
l. DO YOU RECEIVE REIMBURSEMENT FOR EMPLOYMENT-RELATED EXPENSES?  
Yes  No  If yes, please describe: \_\_\_\_\_  
m. ARE YOU CURRENTLY COVERED UNDER AN EMPLOYER PROVIDED HEALTH CARE PLAN?  
Yes  No  If yes, who is covered? \_\_\_\_\_  
Monthly premium: \$ \_\_\_\_\_  
n. ARE YOU A SHAREHOLDER, PARTNER, OR A SOLE PROPRIETOR OF A BUSINESS?  
Yes  No  If yes, name of business: \_\_\_\_\_

Position: \_\_\_\_\_ How long? \_\_\_\_\_

Address of business and/or website address: \_\_\_\_\_

- o. DO YOU RECEIVE BONUSES FROM WORK? Yes  No  If yes, please describe: \_\_\_\_\_
- p. DOES THE OPPOSING PARTY RECEIVE DISABILITY Yes  No  If yes, please describe: \_\_\_\_\_  
Yes  No  If yes, please describe: \_\_\_\_\_
- q. DOES THE OPPOSING PARTY RECEIVE UNEMPLOYMENT COMPENSATION?  
Yes  No  If yes, how much per week? \$ \_\_\_\_\_
- r. DO YOU RECEIVE REGULAR INCOME FROM A FAMILY TRUST OR OTHER ENTITY?  
Yes  No  If yes, please describe: \_\_\_\_\_

7. **Is the opposing party currently employed?** Yes  No  If yes, please provide:

- a. NAME OF EMPLOYER: \_\_\_\_\_
- b. STREET ADDRESS: \_\_\_\_\_
- c. CITY, STATE, ZIP: \_\_\_\_\_
- d. TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
- e. WHAT IS THE OPPOSING PARTY'S JOB TITLE? \_\_\_\_\_
- f. LENGTH OF EMPLOYMENT: \_\_\_\_\_
- g. WHAT IS THE OPPOSING PARTY'S MONTHLY GROSS SALARY? \$ \_\_\_\_\_
- h. WHAT IS THE OPPOSING PARTY'S MONTHLY NET (TAKE HOME) SALARY? \$ \_\_\_\_\_
- i. DOES THE OPPOSING PARTY RECEIVE OTHER SOURCES OF INCOME? Yes  No   
If yes, please describe: \_\_\_\_\_
- j. DOES THE OPPOSING PARTY CONTRIBUTE TO A 401(K) PLAN OR OTHER RETIREMENT PLAN?  
Yes  No  If yes, please describe: \_\_\_\_\_
- k. DOES THE OPPOSING PARTY RECEIVE STOCK OPTIONS, LIFE INSURANCE, OR ANY OTHER BENEFITS PROVIDED BY HIS OR HER EMPLOYER? Yes  No  If yes, please describe: \_\_\_\_\_
- l. DOES THE OPPOSING PARTY RECEIVE REIMBURSEMENT FOR EMPLOYMENT-RELATED EXPENSES? Yes  No  If yes, please describe: \_\_\_\_\_
- m. IS THE OPPOSING PARTY CURRENTLY COVERED UNDER AN EMPLOYER PROVIDED HEALTH CARE PLAN? Yes  No  If yes, who is covered? \_\_\_\_\_  
Monthly premium: \$ \_\_\_\_\_
- n. IS THE OPPOSING PARTY A SHAREHOLDER, PARTNER, OR A SOLE PROPRIETOR OF A BUSINESS? Yes  No  If yes, name of business: \_\_\_\_\_  
\_\_\_\_\_  
Position: \_\_\_\_\_ How long? \_\_\_\_\_  
Address of business and/or website address: \_\_\_\_\_
- o. DOES THE OPPOSING PARTY RECEIVE BONUSES FROM WORK? Yes  No   
If yes, please describe: \_\_\_\_\_
- p. DOES THE OPPOSING PARTY RECEIVE DISABILITY BENEFITS? Yes  No   
If yes, please describe: \_\_\_\_\_

- q. DOES THE OPPOSING PARTY RECEIVE UNEMPLOYMENT COMPENSATION?  
 Yes  No  If yes, how much per week? \$ \_\_\_\_\_
- r. DOES THE OPPOSING PARTY RECEIVE REGULAR INCOME FROM A FAMILY TRUST OR OTHER ENTITY?  
 Yes  No  If yes, please describe: \_\_\_\_\_

**8. List the opposing party's e-mail accounts.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. List your social networking accounts: (Facebook, Twitter, Instagram, Other).**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. List the opposing party's social networking accounts: (Facebook, Twitter, Instagram, Other).**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Ownership of cell phone, smart phone, tablet, desktop, or laptop computer.**

- a. I OWN ONE OR MORE OF THE ABOVE.  
 Yes  No  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

- b. THE OPPOSING PARTY OWNS ONE OR MORE OF THE ABOVE.

Yes  No  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. Do you have any children? Yes  No**

IF YES, PLEASE GIVE *FULL NAME*, DATE OF BIRTH, AND GENDER OF EACH CHILD, AND INDICATE WHETHER THE CHILD WAS BORN OR ADOPTED BY YOU AND THIS PERSON, OR ONLY ONE OF YOU.

FIRST	MIDDLE	LAST	GENDER	BIRTH DATE	AGE	OURS	MINE	OPPOSING PARTY'S

13. Are you or is the opposing party now pregnant? Yes  No   
 If yes, expected due date: \_\_\_\_\_

14. **Answer only if you have children.**

PLEASE LIST THE ADDRESSES WHERE YOUR CHILDREN HAVE LIVED AND WITH WHOM FOR THE LAST FIVE YEARS.

CHILD	RESIDED WITH	ADDRESS	DATES

15. **Answer only if you are inquiring about a divorce. If you are already divorced and are now seeking a modification, skip this question, and answer question #16.**

- a. ARE YOU SEPARATED FROM YOUR SPOUSE? Yes  No   
 DATE OF SEPARATION: \_\_\_\_\_
- b. WERE ANY OF THE CHILDREN LIVING IN YOUR HOUSEHOLD AT THE TIME YOU AND YOUR SPOUSE SEPARATED? Yes  No
- c. HAVE THERE BEEN PRIOR SEPARATIONS? Yes  No   
 If yes, how many separations? \_\_\_\_\_  
 Approximately when, and for how long? \_\_\_\_\_
- d. WHAT NUMBER MARRIAGE IS THIS FOR YOU (FIRST, SECOND, ETC.)? \_\_\_\_\_
- e. WHAT NUMBER MARRIAGE IS THIS FOR YOUR SPOUSE (FIRST, SECOND, ETC.)?  
 Please specify: \_\_\_\_\_
- f. IF YOU HAVE BEEN MARRIED PREVIOUSLY, PLEASE SPECIFY THE DATE(S) YOUR PRIOR MARRIAGE(S) WERE DISSOLVED (MM/DD/YYYY): \_\_\_\_\_
- g. IF YOUR SPOUSE HAS BEEN MARRIED PREVIOUSLY, PLEASE SPECIFY THE DATE(S) YOUR SPOUSE'S PRIOR MARRIAGE(S) WERE DISSOLVED (MM/DD/YYYY): \_\_\_\_\_
- h. WHAT IS YOUR EDUCATION (HIGHEST GRADE COMPLETED)? \_\_\_\_\_
- i. WHAT IS YOUR SPOUSE'S EDUCATION (HIGHEST GRADE COMPLETED)? \_\_\_\_\_

16. **Answer only if you are already divorced and seeking a modification.**

- a. WHAT IS THE DATE OF YOUR DIVORCE JUDGMENT? \_\_\_\_\_
- b. IN WHAT COUNTY DID YOUR DIVORCE OCCUR? \_\_\_\_\_
- c. HAVE ANY ORDERS BEEN ENTERED MODIFYING THE ORIGINAL JUDGMENT? Yes  No
- d. **PLEASE ATTACH A COPY OF YOUR DIVORCE JUDGMENT OR DECREE AND ANY SUPPLEMENTAL JUDGMENTS, OR MODIFICATION ORDERS**

17. **Custody.**

- a. IS THERE A JUDGMENT ESTABLISHING CUSTODY? Yes  No   
**If yes, Case Number:** \_\_\_\_\_, **and please attach a copy of the judgment.**
- b. WHO NOW HAS PHYSICAL CUSTODY OF THE CHILD(REN)? You  Opposing Party

- c. ARE YOU SEEKING CUSTODY OF THE CHILD(REN)? Yes  No
- c. ARE ANY OF THE CHILDREN ADOPTED? Yes  No
- d. ARE THERE ANY RESTRAINING ORDERS OR ANY OTHER TYPE OF CUSTODY ORDER CURRENTLY IN EFFECT OR PENDING? Yes  No   
If so, provide a copy of the petition and the order.
- e. HAS THERE BEEN ANY OTHER LEGAL ACTION CONCERNING THE CHILD(REN)? Yes  No   
If so, what? \_\_\_\_\_
- f. IS THERE ANY PERSON, OTHER THAN YOU AND THE OPPOSING PARTY, WHO MIGHT ASSERT SOME RIGHT TO CUSTODY OR TIME WITH THE CHILD(REN)? Yes  No   
If yes, who and why? \_\_\_\_\_
- g. GIVE A DETAILED EXPLANATION OF THE CHILD(REN)'S SCHEDULE, ACTIVITIES, AND PARENTING TIME WITH YOU AND THE OPPOSING PARTY AND ANY OTHER CARETAKERS FOR THE LAST THREE MONTHS. (A CLEAR DESCRIPTION OF THE CHILD(REN)'S LIVES SPECIFYING EACH PARTY'S CONTACT WITH THEM FOR THE LAST THREE MONTHS.) ATTACH ADDITIONAL SHEETS IF NECESSARY. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. Support.**

- a. ARE YOU NOW PAYING CHILD OR SPOUSAL SUPPORT? Yes  No   
If so, how much? \$ \_\_\_\_\_
- b. ARE YOU NOW RECEIVING CHILD OR SPOUSAL SUPPORT? Yes  No   
If so, how much? \$ \_\_\_\_\_
- c. ARE SUPPORT ORDERS NOW IN EFFECT? Yes  No
- d. IS THERE ANY PROCEEDING WITH THE STATE NOW UNDERWAY TO ESTABLISH A SUPPORT ORDER? Yes  No
- e. **PLEASE ATTACH A COPY OF ANY SUPPORT ORDERS WHICH ARE NOW IN EFFECT, OR PAPERS RELATING TO ANY ONGOING ACTION TO ESTABLISH A SUPPORT ORDER.**
- f. ARE YOU OR IS THE OPPOSING PARTY NOW RECEIVING ANY FORM OF PUBLIC ASSISTANCE? Yes  No
- g. OTHER THAN CHILDREN, DO YOU HAVE ANY DEPENDENTS? Yes  No

**19. Health of Parties.**

- a. IS THERE ANYTHING WE SHOULD KNOW ABOUT THE MENTAL OR PHYSICAL HEALTH OF ANY PARTY TO THIS ACTION? Yes  No   
Describe: \_\_\_\_\_  
\_\_\_\_\_

b. DO ANY OF YOUR CHILDREN HAVE EXCEPTIONAL HEALTH OR DENTAL NEEDS? Yes  No   
Describe: \_\_\_\_\_

c. DOES ANY CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS OR CONCERNS? Yes  No   
Describe: \_\_\_\_\_

20. **Domestic Violence.**

HAS DOMESTIC VIOLENCE OR ABUSE EVER OCCURRED BETWEEN YOU AND THE OPPOSING PARTY?  
Yes  No

If yes, please explain. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. **Do you own or have an interest in any real estate?** Yes  No

If yes, list the address for each property.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

22. **Are you or the opposing party now in the U.S. Armed Forces?** Yes  No

If yes, please describe. \_\_\_\_\_

Deployed? Yes  No  Details: \_\_\_\_\_

\_\_\_\_\_

23. **Does the opposing party have an attorney?** Yes  No

Who? \_\_\_\_\_

24. **Description of opposing party.**

AGE \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

FACIAL HAIR: \_\_\_\_\_ GLASSES: \_\_\_\_\_

MARKS/TATTOOS: \_\_\_\_\_

25. **The opposing party may have to be personally served with papers.** At what address should the opposing party be served? \_\_\_\_\_

When is the best time to serve at that address? \_\_\_\_\_

NOTE: PLEASE PROVIDE A PHOTOGRAPH OF THE OPPOSING PARTY. WE PREFER A PHOTOGRAPH IN WHICH BOTH YOU AND THE OPPOSING PARTY APPEAR.

26. Is there anything else you would like us to know?

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27. Have you consulted us for legal advice before? Yes  No   
If yes, when? \_\_\_\_\_

28. Please let us know how you were referred to this office.  
a. Individual referral (please give name): \_\_\_\_\_  
b. Internet: \_\_\_\_\_  
c. Other: \_\_\_\_\_

*If you have any questions about this form, please contact your consulting attorney. We look forward to working with you.*

***I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.***

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE