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CONFIDENTIAL QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible.

All references to "spouse" mean your current spouse (or, if you are not married, the other parent), not the person to whom you may now be married.

Information About You

1. **Full name:**

First: _____ Middle: _____ Last: _____

Maiden name: _____ Former married name(s): _____

2. **Please give the following statistical information about yourself:**

Soc. Sec. No.: _____ Driver's License No.: _____

Date of Birth: _____ Place of Birth: _____

Current Age: _____

Race: _____ Number of this marriage (1st, 2nd, etc.): _____

Level of Education Completed: _____

Which County do you reside in? _____

3. **Contact Information:**

Address: _____

Cell phone number: _____ Alternate phone number: _____

E-mail address (secure and private): _____

4. **Employment:**

Are you currently employed? Yes _____ No _____ If yes, please provide the following:

Name of employer: _____

Employer's address: _____

Employer's main telephone number: _____

How much do you make per hour or what is your salary? _____

What is your job title? _____

Information About Your Spouse

5. **Full name:**

First: _____ Middle: _____ Last: _____

Maiden name: _____ Former married name(s): _____

6. **Please give the following statistical information about your spouse:**

Soc. Sec. No.: _____ Driver's License No.: _____

Date of Birth: _____ Place of Birth: _____

Current Age: _____

Race: _____ Number of this marriage (1st, 2nd, etc.): _____

Level of Education Completed: _____

Which County does your spouse reside in? _____

7. **Spouse's Contact Information:**

Address: _____

Cell phone number: _____ Alternate phone number: _____

E-mail address: _____

8. **Employment:**

Is your spouse currently employed? Yes _____ No _____ If yes, please provide the following:

Name of employer: _____

Employer's address: _____

Employer's main telephone number: _____

How much does your spouse make per hour or what is his/her salary? _____

What is your spouse's job title? _____

Marriage and Children

9. **Marriage:** Date: _____ City: _____ County: _____ State: _____

What was the last date you resided in the same household? _____

10. **Children:**

Do you have any children? Yes _____ No _____ If so, please give full name, date of birth and sex of each child, and indicate whether the child was born of this marriage or of a former marriage of your spouse or yourself:

First	Middle	Last	SSN	Sex	Birthday	Age
_____			_____	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			
_____			_____	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			
_____			_____	M / F	_____	_____
	Ours <input type="checkbox"/>	Mine <input type="checkbox"/>	Spouse's <input type="checkbox"/>			

Are you or is your spouse now pregnant? Yes _____ No _____

Has the child(ren) lived in the same county for the past 5 years? Yes _____ No _____

If yes, which County? _____

If no, please list the dates and counties that the child(ren) has lived in for the past 5 years:

Dates	County, State	Caretaker(s)

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

What is the date of your divorce decree? _____

In what county did your divorce occur? _____

Have any orders been entered modifying the original decree? Yes _____ No _____

12. **How were you referred to this office?**
