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**GOODFELLOW LAW**

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**FAMILY LAW QUESTIONNAIRE**

Family Court cases can be challenging. It is also important that you are up-front and honest with us, as we can only serve your interests if we are fully informed of your situation. Please fill out the following information as fully as possible. If the question does not apply to you, please mark "N/A" on that line.

**I. Your Information:**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address, City, State, Zip: \_\_\_\_\_

County (where you reside): \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Fax number: \_\_\_\_\_

Preferred contact #: \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_

Is this a private email? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer and Employer Address: \_\_\_\_\_

Average monthly gross income (before taxes and payroll deductions are taken out) (income includes bonuses and commissions): \_\_\_\_\_

Average monthly net income ("bring home pay"): Any other sources of income (such as social security, social security disability income, food stamps, governmental assistance, assistance from family members/friends, dividend income, trust income, business income, independent contractor income, cash income, etc.) \_\_\_\_\_

How many times per month are you paid?  Monthly on \_\_\_\_\_ day of month  Weekly on \_\_\_\_\_ day of week  
Bi-Weekly (for example, every other Friday) \_\_\_\_\_ Semi-monthly (for example, on 1st and 15th) \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

**II. Other party's information:**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Former Names: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

County (where other party resides): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer, Employer address, and phone number: \_\_\_\_\_

Average monthly gross income (before taxes and payroll deductions are taken out) (income includes bonuses and commissions): \_\_\_\_\_

Average monthly net income ("bring home pay"): \_\_\_\_\_

Any other sources of income (such as social security, social security disability income, food stamps, governmental assistance, assistance from family members/friends, dividend income, trust income, business income, independent contractor income, cash income, etc.): \_\_\_\_\_

How many times per month is your spouse/partner paid? \_\_\_\_\_

Monthly on \_\_\_\_\_ day of month  Weekly on \_\_\_\_\_ day of week

Bi-Weekly (for example, every other Friday) \_\_\_\_\_ Semi-monthly (for example, on 1st and 15th) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**III. What are your major concerns and what do you want to learn from our meeting? Check all that apply:**

Uncontested Divorce \_\_\_\_\_ Divorce on fault grounds (adultery, habitual drunkenness, drug use or physical cruelty) \_\_\_\_\_

Separation \_\_\_\_\_ Reaching an agreement with your spouse \_\_\_\_\_ Mediation \_\_\_\_\_ Collaborative Law \_\_\_\_\_

Child Custody \_\_\_\_\_ Child Support \_\_\_\_\_ Past Due Child Support \_\_\_\_\_ Visitation \_\_\_\_\_ Division of

Assets/Property \_\_\_\_\_ Division of Debts \_\_\_\_\_ Adoption \_\_\_\_\_ Spousal Support \_\_\_\_\_ Name Change \_\_\_\_\_

Modification of Prior Order \_\_\_\_\_ Return to Maiden Name of \_\_\_\_\_ (Please include maiden name here) \_\_\_\_\_ Division of Business \_\_\_\_\_ Grandparent Custody/Guardianship \_\_\_\_\_

**IV. Information on marriage/relationship and children:**

1. Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_ What is your date of marriage? \_\_\_\_\_

2. In what state and county were you married? \_\_\_\_\_

3. If married, are you currently living apart from your partner/spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what date did you begin living separate and apart from your partner/spouse (date of separation)? \_\_\_\_\_

4. If you have children, where have they lived for the last five years and with whom? (Please provide full addresses and dates beginning and ending the locations).

LOCATION	WITH WHOM?	WHEN?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If not married, how long have you been with your partner? \_\_\_\_\_

6. Are you living separate from your former partner? \_\_\_\_\_

7. If you answered yes, a) who moved out of the marital or joint residence? and b) when did he/she move out? \_\_\_\_\_

8. Do you have any children from this marriage/relationship? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please list their names, ages and dates of birth (if you have additional children from this marriage, use reverse side of this form):

Child 1: \_\_\_\_\_ Preferred name: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Child 2: \_\_\_\_\_ Preferred name: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Child 3: \_\_\_\_\_ Preferred name: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

9. Do you pay child support or receive child support? \_\_\_\_\_

If so, how much money do you pay/receive per month? \_\_\_\_\_

10. Is/Are your child(ren) in daycare? If so, what is the name, address and telephone number of the daycare center and state the weekly cost for daycare? \_\_\_\_\_

Do you or your spouse/partner pay the daycare? \_\_\_\_\_

11. Are your children in any after-school care? \_\_\_\_\_ If so, how much does it cost per week? \_\_\_\_\_

12. Are your children in private school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much is the tuition per month? \_\_\_\_\_ Who pays the tuition? \_\_\_\_\_

13. If living apart, briefly describe who has custody of the child(ren) and the visitation schedule: \_\_\_\_\_

14. Are there any existing court orders for custody, visitation or support? \_\_\_\_\_
15. Have any recent court actions been filed by you or your former spouse/partner? If so, please explain and attach Court documents to this form. \_\_\_\_\_
16. Have you and your spouse/partner made any agreements (as to custody, child support, division of assets, payment of bills, etc.)? If so, please briefly explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Have you ever been married before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please state your former spouse's name, when you were married and when you were divorced.  
 \_\_\_\_\_
18. Do you have any children from prior marriages/relationships? \_\_\_\_\_ If so, please list their names, ages and dates of birth (if you have additional children from a previous marriage, use the reverse side of this form):  
 Child 1: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Child 2: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Child 3: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Child 4: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
 AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Do you pay or receive child support for these children? \_\_\_\_\_  
 If so, how much do you pay/receive per month? \_\_\_\_\_
19. Do you pay or receive any spousal support from your ex-husband or ex-wife? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain. \_\_\_\_\_
20. If you have children from a previous marriage/relationship, briefly describe the custody and visitation arrangement. \_\_\_\_\_
21. Have you or your partner/spouse ever been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain.  
 \_\_\_\_\_

22. Have you or your partner/spouse ever been investigated by DSS for abuse or neglect of a child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

23. Are either you or your partner/spouse not U.S. citizens? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

24. Have you or your partner/spouse ever applied for social security disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

25. Have either you or your partner/spouse filed for bankruptcy? \_\_\_\_\_

If so, when did you file and is the case resolved? \_\_\_\_\_

Who was your bankruptcy attorney? \_\_\_\_\_

26. Credit Score: is your credit score: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

**V. Information on Property, Assets, and Debts:**

27. Do you own a home with your spouse/partner? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes,

a. Is the deed in your name or your spouse's name? \_\_\_\_\_

b. Is the mortgage in your name or your spouse's name? \_\_\_\_\_

c. Is there a second mortgage/equity line on the home? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Is the second mortgage/equity line in your name or your spouse's name? \_\_\_\_\_

e. What year did you purchase the home? \_\_\_\_\_

f. How much is your mortgage(s) per month? 1st Mortgage \$ \_\_\_\_\_

2nd Mortgage/Equity Line \$ \_\_\_\_\_

g. Who is currently paying the mortgage? (you, your spouse or both) \_\_\_\_\_

h. What is the principal balance (total amount owed to pay off mortgage) on: 1st Mortgage \$ \_\_\_\_\_

2nd Mortgage/Equity Line \$ \_\_\_\_\_

i. What do you estimate is the fair market value of the home (i.e., what it would sell for in today's market)?

\_\_\_\_\_

j. Are you behind on any mortgage payments? If yes, how many months or how much money are you behind? \_\_\_\_\_

28. Do you rent your home? \_\_\_\_\_

If you answered yes,

a. Is the lease in your name or your spouse's name? \_\_\_\_\_

b. What is the monthly lease payment? \_\_\_\_\_

c. Who pays the lease? (your or your partner or spouse) \_\_\_\_\_

d. How much do you each pay towards the lease? \_\_\_\_\_

e. When does the lease expire? \_\_\_\_\_

f. Are you behind on any rental payments and if yes, how much? \_\_\_\_\_

29. Please list any other properties you own, either jointly (with partner/spouse), individually or with another person:

Property 1: \_\_\_\_\_

Property 2: \_\_\_\_\_

Property 3: \_\_\_\_\_

30. How many vehicles (cars, trucks, motorcycles) do you and your spouse/partner own?  1  2  3  4

a. Describe your primary vehicle (make, model, year): \_\_\_\_\_

b. How is the vehicle titled? \_\_\_\_\_

c. How much are the monthly payments or is this vehicle paid for? \_\_\_\_\_

d. Who pays for the car insurance and what is the cost of the insurance (monthly)? \_\_\_\_\_

e. Describe your spouse/partner's primary vehicle (make, model, year): \_\_\_\_\_

f. How is the vehicle titled? \_\_\_\_\_

g. How much are the payments or is this vehicle paid for? \_\_\_\_\_

h. How often do you pay insurance? (monthly, quarterly, every 6 mos., once a year) \_\_\_\_\_

i. Does this policy cover all vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

j. Who pays for the car insurance and what is the cost of the insurance (monthly)? \_\_\_\_\_

31. Describe your additional cars, trucks, motorcycles, and campers in accordance with the questions above.

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

32. Do you have any boats/recreational vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please state the year, make, model, date of purchase, and debt/amount owed on the boat. Also state how the boat is titled.

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

33. Please list all credit cards and state who the primary cardholder is and who is an authorized user, when the card was opened, the balance on the card, and the minimum monthly payment on the card (i.e. Citibank Visa, opened 1/2005, in both names but husband is primary, balance \$5000, minimum monthly payment \$250.00):

Card #1: \_\_\_\_\_

Card #2: \_\_\_\_\_

Card #3: \_\_\_\_\_

Card #4: \_\_\_\_\_

Card #5: \_\_\_\_\_

34. Do you have any joint savings, checking, money market/stock accounts, or investment accounts with your spouse/partner? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

35. Do you have any individual savings, checking, money market, or investment accounts (not with your partner or spouse)? If so, please describe. \_\_\_\_\_

36. Do you have any type of retirement account (401k, IRA, pension, military retirement, etc.)? If so, please state when the account was started/opened and the amount of money (or anticipated annuity) in the account currently (if you have additional accounts, use the back of this form):

IRA: \_\_\_\_\_

Pension: \_\_\_\_\_

401K: \_\_\_\_\_

Other retirement account: \_\_\_\_\_

37. Does your spouse/partner have any type of retirement account (401k, IRA, pension, military retirement, etc.)? \_\_\_\_\_  
If so, please state when the account was started/opened and the amount of money (or anticipated annuity) in the account currently (if your spouse has additional accounts, use the back of this form):

IRA: \_\_\_\_\_

Pension: \_\_\_\_\_

401K: \_\_\_\_\_

Other retirement account: \_\_\_\_\_

38. Do you and your spouse own any businesses together? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

39. Do you currently have medical/dental/vision insurance?

Medical: Yes \_\_\_\_\_ No \_\_\_\_\_ Vision: Yes \_\_\_\_\_ No \_\_\_\_\_ Dental: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a family plan? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you and your spouse on the plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the child(ren) on the insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this plan provided by you or your spouse? \_\_\_\_\_

Is the plan through your employer or your spouse's employer? \_\_\_\_\_

What is the monthly premium for all individuals on the plan? \_\_\_\_\_

What is the monthly premium for the children only? \_\_\_\_\_

If you pay for a monthly family plan, how much does it cost for your spouse only? \_\_\_\_\_

40. Are you or your partner/spouse behind on any bills? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

41. Have you ever had an attorney represent you in this action? \_\_\_\_\_  
 If so, what is his/her name? \_\_\_\_\_  
 Is the attorney still involved in your case? \_\_\_\_\_  
 Is there a balance owed to that attorney? \_\_\_\_\_
42. If yes, please describe: \_\_\_\_\_
43. Do you or your partner/spouse have any medical conditions that could affect your case? If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
44. Do you or your partner/spouse take any prescription medication which could affect your case? If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
45. Are either you or your partner/spouse at fault (or arguably at fault)? \_\_\_\_\_ If so, please explain (adultery, habitual drunkenness, drug use or abuse (prescription drugs or illegal drugs or physical cruelty)?  
 \_\_\_\_\_  
 \_\_\_\_\_
46. Do you think your partner/spouse will allege that you are at fault (even if you aren't)? \_\_\_\_\_  
 If so, what will he/she possibly say? \_\_\_\_\_
47. Is there anything else the attorney should know to help answer your questions?  
 \_\_\_\_\_  
 \_\_\_\_\_
48. How did you hear about us? (check one):  
 Yellow Pages: \_\_\_\_\_ Television Appearance: \_\_\_\_\_  
 Web site: *www.gocolaw.com* \_\_\_\_\_  
 Referral from friend/client. If so, who: \_\_\_\_\_  
 Referral from other professional (attorney, psychologist, therapist, accountant, etc.). If so, who:  
 \_\_\_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_