DIVORCE WORKSHEET/INTAKE

DATE: _____

	s necessary to start and/or complete a divorce.
<u> </u>	em unnecessary, time consuming or too
detailed to answer, please take the ti	me to complete this form as fully as possible.
This will make your time with your	attorney more productive. This information is
necessary for the preparation of the	legal documents in your case.
* * *	Γ INFORMATION***
Name:Mailing Address:	Cell Phone:
City:	Work Phone:
City: Zip	WORK I HORE.
Σπε	
Preferred mailing address if different than	
above:	
	
Driver's License No.	Email:
State of Issue for Driver's License:	
EMPLOYM	ENT INFORMATION
Occupation:	Length of Employment
Business Name:	Job Title
Business Name: Monthly Gross Earnings:	Job Title Monthly Net earnings
Business Address:	
Other sources of income:	
INFORMATION REQUIRED I	FOR OREGON VITAL RECORDS FORM
Your birthdate:	Age:
Race:	Social Security No
Maiden name:	
Former legal names:	Number of this Marriage
Date last marriage ended:	
Education:	College:
(Highest grade completed)	

FEIBLEMAN
ATTORNEYS
The Geer House
1815 Commercial St. S · Salem, OR 97302
503-399-9218 · Fox 503-589-0159
www.sfelbergene.gee.ge.

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SPOUSE INFORMATION

Name:	Home Phone:	_
Mailing Address:	Cell Phone:	
City:	Work Phone:	_
City: Zip		
Driver's License No	Email:	
State of issue for Driver's License:		
SPOUSE'S EM	PLOYMENT INFORMATION	
Occupation:	Length of Employment	
Business Name: Monthly Gross Earnings:	Job Title Monthly Net earnings	<u> </u>
Monthly Gross Earnings:	Monthly Net earnings	_
Business Address:		
Other sources of income:		
Spouse's birthdate:	REQUIRED FOR OREGON VITAL FORM*** Age:	
Race:	Social Security No.	
Maiden name:	Place of Birth	
Former legal names:	Number of this Marriage	_
Date last marriage ended:	Social Security No. Place of Birth Number of this Marriage How did it end: College:	
Education:	College:	
(Highest grade completed)		
MARR	IAGE INFORMATION	
Date of marriage:		
	(City, county, state)	
Date of separation:	Cohabitation?	
FEIBLEMAN CASE		

INFORMATION ABOUT CHILDREN

CHILD 1:	
Name:	Birthdate:
Age:	Social Security No
Age: If over 18 is the child attending school?	
CHILD 2:	
Name:	Birthdate:
Age:	Social Security No
If over 18 is the child attending school?	
CHILD 3:	
Name:	Birthdate:
Age:	Social Security No
If over 18 is the child attending school?	
CHILD 4:	
Name:	Birthdate:
Age:	Social Security No
If over 18 is the child attending school?	
CHILD 5:	
Name:	Birthdate:
Age: If over 18 is the child attending school?	Social Security No
If over 18 is the child attending school?	
If more children, please attach a separat	te piece of paper with information. TH INFORMATION
<u>Client:</u> Brief description of any current health issue	es:
Current medications:	



Spouse: Brief description of any current health issues:		
brief description of any current	nearm issues.	
Current medications:		
Current medications.		
***	CASH & BANK ACCOUNTS***	
Account No. 1:	ASH & BANK ACCOUNTS.	
Bank/Branch:	Type of acct:	
Burne Brunen.	(i.e. checking, savings etc.)	
In whose name(s):		
Balance:	Date of Balance:	
Account No. 2:	True of agets	
Bank/Branch:	Type of acct: (i.e. checking, savings etc.)	
In whose name(s):		
Balance:	Date of Balance:	
Account No. 3:	T	
Bank/Branch:		
In whose name(s):	(i.e. checking, savings etc.)	
Balance:	Date of Balance:	
		
Account No. 4:		
Bank/Branch:	Type of acct: (i.e. checking, savings etc.)	
	(i.e. checking, savings etc.)	
In whose name(s):	Data of Balanca	
Balance:	Date of Balance:	
Account No. 5:		
Bank/Branch:	Type of acct:	
	(i.e. checking, savings etc.)	
In whose name(s):		



Balance:	Date of Balance:		ce:
ANY CASH OUTSIDE OF ACCOU Amount: Where			
		STMENTS Securities not in	*** n Retirement Accounts)
Broker/Mutual Fund			
Type of Investment:		Value	
How Titled:(Husband/Wife/Both)		value	·
Broker/Mutual Fund			
Type of Investment:			
How littled:		Value	:
(Husband/Wife/Both)			
Broker/Mutual Fund			
Type of Investment:			
How littled:		Value	<u> </u>
(Husband/Wife/Both)			
Broker/Mutual Fund			
Type of Investment:			
How Titled:		Value	
(Husband/Wife/Both)			
ناد باد باد	komo on	CONTION	7 4 4 4
ጥጥብ	STOCK	COPTIONS	5***
Do you or your spouse have stock op	tions: If y	es, where	
Number of options:			
		ANCE POI	
Company:		Insure	d:
Beneficiary:		Face V	/alue:
<i>-</i>			
Company:		Insure	d:
Beneficiary:		Face V	Value:
Company:		Insure	d:



Beneficiary:	Face Value:	
Company:	Insured:	
Beneficiary:	Face Value:	
HEAL	TH INSURANCE	
Company:		
Who is		
covered?		
Who provides the health insurance?		
Monthly cost for health insurance:		
AUT	O INSURANCE	
Company:		
Vehicles		
insured:		
	MENT ACCOUNTS***	
Plan Name: Type of Plan:	Value:	
(i.e. IRA, 401(k), 403(b), pension etc)		
Plan Name:	Owner:	
Type of Plan:	Value:	
(i.e. IRA, 401(k), 403(b), pension etc)	value	
Plan Name:	Owner:	
Type of Plan:	Value:	
(i.e. IRA, 401(k), 403(b), pension etc)		
Plan Name:	Owner:	
Type of Plan:	Value:	
(i.e. IRA, 401(k), 403(b), pension etc)		
Plan Name:	Owner:	
Type of Plan:	Value:	
(i.e. IRA, 401(k), 403(b), pension etc)		



REAL PROPERTY

Property address:	
Date Purchased:	Purchase Price:
Present Value:	
1st mortgage creditor:	Amount owing:
2 nd mortgage creditor:	Amount owing:
Other encumbrances?	
How is the property titled: _	
Property address:	
Date Purchased:	Purchase Price:
Present Value:	
1 st mortgage creditor:	Amount owing:
2 nd mortgage creditor:	Amount owing:
Other encumbrances?	
How is the property titled: _	
Property address:	
Date Purchased:	Purchase Price:
Present Value:	
1 st mortgage creditor :	Amount owing:
2 nd mortgage creditor:	Amount owing:
Other encumbrances?	
How is the property titled: _	
Property address:	
Property address:	Purchase Price:
Date Purchased:	I dichase i fice.
Present Value:	
2 nd mortgage creditor:	Amount owing:
Other engumbrances?	Amount owing:
How is the property titled:	
now is the property fitted: _	
***AUT	OMOBILES, BOATS, ATV, RVs ETC. ***
Voor	Moko: Modal:
Year:	Make: Model: Amount Owing:
Creditor:	Amount Owing:
Fair Market Value:	How Titled:
wno primarily drives and/or	r uses this vehicle?



Year:	Make:	Model:
Creditor:		Amount Owing:
Fair Market Value:		How Titled:
Who primarily drives a	and/or uses this vel	hicle?
Year:	Make:	Model:
		Amount Owing:
		How Titled:
Who primarily drives a	and/or uses this vel	hicle?
Year:	Make:	Model:
Creditor:		Amount Owing:
Fair Market Value:		How Titled:
Who primarily drives a	and/or uses this vel	nicle?
***If additional vehicles, p	lease attach separate p	iece of paper.
Type of asset:	(Guns, A	THER ASSETS*** Antiques, Collectibles etc.) Owned before marriage?
Type of asset: Where located:	(Guns, A	Antiques, Collectibles etc.) Owned before marriage?
Where located:	(Guns, A	Antiques, Collectibles etc.) Owned before marriage? Value:
Where located: Type of asset:	(Guns, A	Antiques, Collectibles etc.) Owned before marriage? Value: Owned before marriage?
Where located: Type of asset:	(Guns, A	Antiques, Collectibles etc.) Owned before marriage? Value: Owned before marriage?
Where located: Type of asset: Where located:	(Guns, A	Antiques, Collectibles etc.) Owned before marriage? Value: Owned before marriage? Value:
Where located: Type of asset: Where located: Type of asset:	(Guns, A	Owned before marriage? Value: Owned before marriage? Value: Owned before marriage? Value: Owned before marriage?
Where located: Type of asset: Where located: Type of asset: Where located:	(Guns, A	Owned before marriage? Value: Owned before marriage? Value: Value: Value: Value: Value:
Where located: Type of asset: Where located: Type of asset: Where located: Type of asset:	(Guns, A	Owned before marriage? Value: Owned before marriage? Value: Owned before marriage? Value: Owned before marriage? Value: Owned before marriage?
Where located: Type of asset: Where located: Type of asset: Where located: Type of asset: Where located:	(Guns, A	Owned before marriage? Owned before marriage? Value: Owned before marriage? Value: Owned before marriage? Value: Owned before marriage? Value: Owned before marriage?
Where located: Type of asset: Where located: Type of asset: Where located: Type of asset: Type of asset: Type of asset:	(Guns, A	Owned before marriage? Value:
Type of asset: Where located:	(Guns, A	Owned before marriage? Value:

CONSUMER DEBT



Lender Name:	Who pays:
Current Balance:	Balance as of date:
I an dan Nama	Who access
Lender Name:	Who pays:
Current Balance:	Balance as of date:
Lender Name:	Who pays:
Current Balance:	Balance as of date:
I ander Name	Who pave
Lender Name:	Who pays:
Current Balance:	Balance as of date:
Lender Name:	Who pays:
Current Balance:	Balance as of date:
Lender Name:	Who pays:
Current Balance:	Balance as of date:
(If additional, please attach separate piece of paper)	
BUSINESS INT	ERESTS
Name of Business:	Type of Business:
01 1 11	
How long have you owned this business?	
(Please bring tax returns with you if possible to appointment)	
INHERITA	NCE
Have you or your spouse received an inheritance? If	yes, who received it and when:
Where did the inheritance come from?	
Amount received:	
*** If you can bring with you copies of tax returns, V	W-2's nay stubs etc it is helnful to have at
the initial consultation.	23, pay stubs etc. It is neithful to have at
*** T .1 C	1
*** In the future we will be requesting copies of ban	
retirement statements etc. You may want to begin ga	athering this information for the future.

