

DIVORCE WORKSHEET/INTAKE

DATE: _____

All information on this form is necessary to start and/or complete a divorce. While some of the questions may seem unnecessary, time consuming or too detailed to answer, please take the time 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.

CLIENT INFORMATION

Name: _____ Home Phone: _____
Mailing Address: _____ Cell Phone: _____
City: _____ Work Phone: _____
State: _____ Zip _____

Preferred mailing address if different than above: _____.

Driver's License No. _____ Email: _____
State of Issue for Driver's License: _____

EMPLOYMENT INFORMATION

Occupation: _____ Length of Employment _____
Business Name: _____ Job Title _____
Monthly Gross Earnings: _____ Monthly Net earnings _____
Business Address: _____
Other sources of income: _____

INFORMATION REQUIRED FOR OREGON VITAL RECORDS FORM

Your birthdate: _____ Age: _____
Race: _____ Social Security No. _____
Maiden name: _____ Place of Birth _____
Former legal names: _____ Number of this Marriage _____
Date last marriage ended: _____ How did it end: _____
Education: _____ College: _____
(Highest grade completed)

SPOUSE INFORMATION

Name: _____ Home Phone: _____
Mailing Address: _____ Cell Phone: _____
City: _____ Work Phone: _____
State: _____ Zip _____

Driver's License No. _____ Email: _____
State of issue for Driver's License: _____

SPOUSE'S EMPLOYMENT INFORMATION

Occupation: _____ Length of Employment _____
Business Name: _____ Job Title _____
Monthly Gross Earnings: _____ Monthly Net earnings _____
Business Address: _____
Other sources of income: _____

***SPOUSE'S INFORMATION REQUIRED FOR OREGON VITAL RECORDS
FORM***

Spouse's birthdate: _____ Age: _____
Race: _____ Social Security No. _____
Maiden name: _____ Place of Birth _____
Former legal names: _____ Number of this Marriage _____
Date last marriage ended: _____ How did it end: _____
Education: _____ College: _____
(Highest grade completed)

MARRIAGE INFORMATION

Date of marriage: _____ Place of marriage: _____
(City, county, state)
Date of separation: _____ Cohabitation? _____

INFORMATION ABOUT CHILDREN

CHILD 1:

Name: _____ Birthdate: _____
Age: _____ Social Security No. _____
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: _____ Social Security No. _____
If over 18 is the child attending school? _____

***If more children, please attach a separate piece of paper with information.

*** HEALTH INFORMATION***

Client:

Brief description of any current health issues:

Current medications:

Spouse:

Brief description of any current health issues:

Current medications:

*****CASH & BANK ACCOUNTS*****

Account No. 1:

Bank/Branch: _____ Type of acct: _____
(i.e. checking, savings etc.)

In whose name(s): _____

Balance: _____ Date of Balance: _____

Account No. 2:

Bank/Branch: _____ Type of acct: _____
(i.e. checking, savings etc.)

In whose name(s): _____

Balance: _____ Date of Balance: _____

Account No. 3:

Bank/Branch: _____ Type of acct: _____
(i.e. checking, savings etc.)

In whose name(s): _____

Balance: _____ Date of Balance: _____

Account No. 4:

Bank/Branch: _____ Type of acct: _____
(i.e. checking, savings etc.)

In whose name(s): _____

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: _____

ANY CASH OUTSIDE OF ACCOUNTS? _____ Yes _____ No

Amount: _____ Where located: _____

*****INVESTMENTS*****

(Stocks, Bonds, Mutual Funds & Securities not in Retirement Accounts)

Broker/Mutual Fund _____

Type of Investment: _____

How Titled: _____ Value: _____

(Husband/Wife/Both)

Broker/Mutual Fund _____

Type of Investment: _____

How Titled: _____ Value: _____

(Husband/Wife/Both)

Broker/Mutual Fund _____

Type of Investment: _____

How Titled: _____ Value: _____

(Husband/Wife/Both)

Broker/Mutual Fund _____

Type of Investment: _____

How Titled: _____ Value: _____

(Husband/Wife/Both)

*****STOCK OPTIONS*****

Do you or your spouse have stock options: If yes, where _____

Number of options: _____ Current value _____

*****LIFE INSURANCE POLICIES*****

Company: _____ Insured: _____

Beneficiary: _____ Face Value: _____

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Beneficiary: _____ Face Value: _____

Company: _____ Insured: _____

Beneficiary: _____ Face Value: _____

Company: _____ Insured: _____

Beneficiary: _____ Face Value: _____

*****HEALTH INSURANCE*****

Company: _____

Who is covered? _____

Who provides the health insurance? _____

Monthly cost for health insurance: _____

*****AUTO INSURANCE*****

Company: _____

Vehicles insured: _____

*****RETIREMENT ACCOUNTS*****

Plan Name: _____ Owner: _____

Type of Plan: _____ Value: _____

(i.e. IRA, 401(k), 403(b), pension etc)

Plan Name: _____ Owner: _____

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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: _____
2nd mortgage creditor: _____ Amount owing: _____
Other encumbrances? _____
How is the property titled: _____

Property address: _____
Date Purchased: _____ Purchase Price: _____
Present Value: _____
1st mortgage creditor : _____ Amount owing: _____
2nd mortgage creditor: _____ Amount owing: _____
Other encumbrances? _____
How is the property titled: _____

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Date Purchased: _____ Purchase Price: _____
Present Value: _____
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Property address: _____
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Present Value: _____
1st mortgage creditor : _____ Amount owing: _____
2nd mortgage creditor: _____ Amount owing: _____
Other encumbrances? _____
How is the property titled: _____

***AUTOMOBILES, BOATS, ATV, RVs ETC. ***

Year: _____ Make: _____ Model: _____
Creditor: _____ Amount Owning: _____
Fair Market Value: _____ How Titled: _____
Who primarily drives and/or uses this vehicle? _____

Year: _____ Make: _____ Model: _____
Creditor: _____ Amount Owing: _____
Fair Market Value: _____ How Titled: _____
Who primarily drives and/or uses this vehicle? _____

Year: _____ Make: _____ Model: _____
Creditor: _____ Amount Owing: _____
Fair Market Value: _____ How Titled: _____
Who primarily drives and/or uses this vehicle? _____

Year: _____ Make: _____ Model: _____
Creditor: _____ Amount Owing: _____
Fair Market Value: _____ How Titled: _____
Who primarily drives and/or uses this vehicle? _____

***If additional vehicles, please attach separate piece of paper.

*****OTHER ASSETS*****

(Guns, Antiques, Collectibles etc.)

Type of asset: _____ Owned before marriage? _____
Where located: _____ Value: _____

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Where located: _____ Value: _____

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Where located: _____ Value: _____

(If additional, please attach separate piece of paper)

*****CONSUMER DEBT*****

Lender Name: _____
Current Balance: _____

Who pays: _____
Balance as of date: _____

Lender Name: _____
Current Balance: _____

Who pays: _____
Balance as of date: _____

Lender Name: _____
Current Balance: _____

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Current Balance: _____

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Lender Name: _____
Current Balance: _____

Who pays: _____
Balance as of date: _____

Lender Name: _____
Current Balance: _____

Who pays: _____
Balance as of date: _____

(If additional, please attach separate piece of paper)

*****BUSINESS INTERESTS*****

Name of Business: _____
Shareholders: _____

Type of Business: _____

How long have you owned this business? _____

(Please bring tax returns with you if possible to appointment)

*****INHERITANCE*****

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, W-2's, pay stubs etc. it is helpful to have at the initial consultation.

*** In the future we will be requesting copies of bank statements, life insurance policies, retirement statements etc. You may want to begin gathering this information for the future.