

OFFICE USE ONLY
Attorney _____
Date _____

How did you learn of our office?

_____ Internet

_____ Yellow Pages: Please check if known:

_____ The Phone Source

_____ Yellow Book

_____ Other local phone book

_____ Referred by _____

_____ Other _____

Have you visited our website? Yes _____ No _____

If yes, please comment:

CONFIDENTIAL THIRD PARTY QUESTIONNAIRE

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.

This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

1. What is your full name?

First: _____
Middle: _____
Last: _____
Maiden: _____
Former married names:

What is your spouse's full name?

First: _____
Middle: _____
Last: _____
Maiden: _____
Former married names:

2. Please give the following information about yourself:

SSN: _____
DL No: _____
Date of Birth: _____
Place of Birth: _____
Current Age: _____
Race: _____

Please give the following information about your spouse:

SSN: _____
DL No: _____
Date of Birth: _____
Place of Birth: _____
Current Age: _____
Race: _____

3. What pronouns do you prefer that we use when talking about you?

- a. She/her/hers
- b. He/him/his
- c. They/them/them
- d. Other: Please specify _____

4. Have you consulted us for legal advice before? Yes ___ No ___

5. In the event of an emergency or we are unable to contact you, who should we contact?

Name: _____ Relationship: _____
Home Phone: _____ Work Phone : _____

6. Your Current Contact Information:

- a. Physical address _____
- b. Mailing address _____
- c. City, State, Zip _____
- d. Home phone number _____
- e. Cell/mobile _____
- f. Email (if you want to be contacted by email) _____
- g. How long in Oregon? _____

7. Are you currently employed? Yes ____ No ____ If yes, please provide information:

- a. Job title _____
- b. Name of employer _____
- c. Employer address _____
- d. City, State, Zip _____
- e. Telephone number _____ Fax number _____

8. Spouse's Current Contact Information:

- a. Physical address _____
- b. Mailing address _____
- c. City, State, Zip _____
- d. Home phone number _____
- e. Cell/mobile _____
- f. Email _____
- g. How long in Oregon? _____

9. Is your spouse currently employed? Yes ____ No ____ If yes, please provide information:

- a. Job title _____
- b. Name of employer _____
- c. Employer address _____
- d. City, State, Zip _____
- e. Telephone number _____ Fax number _____

10. Who else lives in the home? (required for petition)

- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____
- Name _____ Age _____ Relationship to child(ren) _____

11. Please provide the following information for each child:

First	Middle	Last	Sex	Birthdate	Age	Social Security Number

12. Please provide birth location for each child(ren).

Child	Location	Hospital

13. What is your relationship to the child(ren)? _____

14. Does the child(ren) live with you? _____ **If so, how long?** _____

15. Please fill out information for the legal/birth parents of child(ren)

Mother

First: _____

SSN: _____

Middle: _____

DL No: _____

Last: _____

Date of Birth: _____

Maiden: _____

Place of Birth: _____

Former married names:

Current Age: _____

Race: _____

Step-parent/Significant Other:

Height _____ Weight _____ Eye color _____ Hair color _____

Facial hair _____ Glasses _____ Marks, tattoos _____

Physical address _____

Mailing address _____

City, State, Zip _____

Home phone number _____

Cell/mobile _____

Email _____

How long in Oregon? _____

Name of employer _____

Job title _____

Employer address _____

City, State, Zip _____

Telephone number _____ Fax number _____

Now in the US Armed Forces or Reserves? Yes _____ No _____

Does the mother have an attorney? Yes _____ No _____ If so, who? _____

Father

First: _____

SSN: _____

Middle: _____

DL No: _____

Last: _____

Date of Birth: _____

Step-Parent/Significant other:

Place of Birth: _____

Current Age: _____

Race: _____

Height _____ Weight _____ Eye color _____ Hair color _____

Facial hair _____ Glasses _____ Marks, tattoos _____

Physical address _____

Mailing address _____

City, State, Zip _____

Home phone number _____

Cell/mobile _____

Email _____

How long in Oregon? _____

Name of employer _____

Job title _____

Employer address _____

City, State, Zip _____

Telephone number _____ Fax number _____

Now in the US Armed Forces or Reserves? Yes _____ No _____

Does the father have an attorney? Yes _____ No _____ If so, who? _____

16. Health of Parties:

a. Is there anything we should know about the mental or physical health of any party to this action? Yes _____ No _____

If yes, please explain _____

b. Does the child(ren) have significant health or dental needs? Yes _____ No _____

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 TRUST BALANCE.

Signature

Date