

CONFIDENTIAL CLIENT QUESTIONNAIRE
(Custody, Parenting Time, Support)

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FATHER'S NAME (FIRST) (MIDDLE)		(LAST)		
FORMER LEGAL NAMES (If any)				
RESIDENCE OR LEGAL ADDRESS:	STREET AND NUMBER	CITY	COUNTY	STATE /ZIP
SOCIAL SECURITY NUMBER	BIRTHPLACE	DATE OF BIRTH		AGE
HOME TELEPHONE	EMPLOYER	ADDRESS	WORK TELEPHONE	
RACE	EDUCATION (LAST GRADE COMPLETED)	NUMBER OF JOINT MINOR CHILDREN:		

MOTHER'S NAME (FIRST) (MIDDLE)		(LAST)		
FORMER LEGAL NAMES (If any)				
RESIDENCE OR LEGAL ADDRESS:	STREET AND NUMBER	CITY	COUNTY	STATE /ZIP
SOCIAL SECURITY NUMBER	BIRTHPLACE	DATE OF BIRTH		AGE
HOME TELEPHONE	EMPLOYER	ADDRESS	WORK TELEPHONE	
RACE	EDUCATION (LAST GRADE COMPLETED)	NUMBER OF JOINT MINOR CHILDREN:		

CHILDREN

Name of children born or adopted during this marriage:	Date of Birth	Age	Social Security Number
1.			
2.			
3.			
4.			
5.			
6.			

Since birth, the child(ren)'s residence has been as follows:

WHEN (m/d/y):	WHERE (specific address if known):	FATHER	MOTHER

Income, Deductions and Medical/Dental Insurance

You must complete and submit the following attachments. Copies of recent (1) federal and state income tax returns, (2) last four pay stubs, and (3) if self-employed, most recent profit and loss statement.

Your Monthly Gross Income:	
<p>A. From Employment. If paid weekly, multiply weekly income by 4.3 to arrive at a monthly gross income and insert below. If paid every two weeks, multiply two weeks' income by 2.15 and insert below.</p> <p>Gross Hourly Wage: \$ _____</p> <p>Average Number of Hours Worked Per Week: _____</p> <p>Gross Monthly Income: _____</p> <p>Gross Monthly Tips/Commissions/Bonuses (identify): _____</p> <p>_____</p>	<p>Monthly Amount</p> <p>\$ _____</p> <p>\$ _____</p>
SUBTOTAL: A.	\$ _____
<p>B. From Self-Employment. If you own an interest in a partnership or in a closely held corporation, attach last year's Schedule K-1, and/or corporation federal income tax return.</p> <p>Gross Receipts: _____</p> <p>Expense Reimbursements: _____</p> <p>Rental Income: _____</p> <p>Royalty Income: _____</p> <p>Less Ordinary/Necessary Expenses: _____</p> <p>Plus Monthly Portion of Accelerated Component of any Depreciation Allowance or Investment Tax Credits: _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
SUBTOTAL: B.	\$ _____
<p>C. Other Sources of Income. (Please attach verification of any income available to you as listed below.)</p> <p><u>Description:</u></p> <p>Dividends: _____</p> <p>Interest Income: _____</p> <p>Trust Income: _____</p> <p>Contract Payments (less underlying debt): _____</p> <p>Annuity Income: _____</p> <p>Retirement/Pension/IRA/Keogh Benefits (not Social Security): _____</p> <p>Social Security Income: _____</p> <p>Workers' Compensation Benefits per week multiplied by 4.3 = Monthly Amount _____</p> <p>Unemployment Benefits per week multiplied by 4.3 = Monthly Amount _____</p> <p>Disability Income: _____</p> <p>Gifts or Prizes: _____</p> <p>Spousal Support: _____</p> <p>Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above): _____</p> <p>ADC Benefits: _____</p> <p>FCAS (food stamps): _____</p> <p>Other (specify): _____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
SUBTOTAL: C.	\$ _____
<p>D. Summary of Your Gross Monthly Income.</p> <p>Income From Employment (item A. above) _____</p> <p>Self-Employment Income (item B. above) _____</p> <p>Other Income (item C. above) _____</p>	<p>Monthly Amt.</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
YOUR TOTAL MONTHLY GROSS INCOME:	D. \$ _____

Your Monthly Deductions From Gross Income:		
A. Mandatory Deductions. Number of exemptions claimed by you: _____ <u>Description:</u> State Income Taxes: _____ Federal Income Taxes: _____ Social Security (FICA): _____ Workers' Compensation Insurance Premium: _____ Wage Withholding, Wage Assignment or Garnishment (Paid to: _____) Medical Insurance for the Parties' Joint Children _____ If Additional Premiums: Total Premium (\$ _____) less cost of coverage for yourself plus other dependents = Monthly Amount _____	Monthly Amount	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
SUBTOTAL OF MANDATORY DEDUCTIONS: A.		\$ _____
B. Optional Deductions. <u>Description:</u> Retirement/Profit Sharing: _____ Savings Plan: _____ Credit Union: _____ Other: _____		\$ _____ \$ _____ \$ _____ \$ _____
SUBTOTAL OF OPTIONAL DEDUCTIONS: B.		\$ _____
C. Summary of Deductions. Mandatory - from item A. above _____ Optional - from item B. above _____		\$ _____ \$ _____
TOTAL MONTHLY DEDUCTIONS: C.		\$ _____
Information for Medical and Dental Insurance Coverage: (For children listed on Page __, item __, which is currently provided or available for the benefit of those children.)		
<input checked="" type="checkbox"/> I provide this. (Complete information below) <input type="checkbox"/> Other parent provides this. (Complete information below, if known)		
Item	Health Insurance	Dental Insurance
Name of Insurance Company: _____ Plan or Group Name: _____ Plan or Group Number: _____ Individual I.D. Number: _____ Address for Claims Submission: _____ Telephone Number for Information: _____ Amount of Annual Deductible: _____ Gross Monthly Premium Actually Paid by You (exclude amounts paid by your employer): _____ Monthly Premium to Cover Only You: _____ Dependent's Portion of Monthly Premium: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Are there dependents other than the children on Page 1, item 6, of this Affidavit enrolled with the plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES," total number of other dependents: _____		