

CONFIDENTIAL CLIENT DIVORCE/LEGAL SEPARATION QUESTIONNAIRE

Good, Bucy, Elson & Drescher
Attorneys at Law
823 Siskiyou Blvd, Ashland, OR 97520

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

HUSBAND'S/PARTNER'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	
DRIVERS LICENSE NO.		STATE WHERE ISSUED		
RACE	EDUCATION (LAST GRADE COMPLETED)	NUMBER OF THIS MARRIAGE (First, Second, etc.)		
IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED:				
By Death, Divorce, Dissolution or Annulment (please specify)		DATE (Month, Day, Year)		

WIFE'S/PARTNER'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	
DRIVERS LICENSE NO.		STATE WHERE ISSUED		
RACE	EDUCATION (LAST GRADE COMPLETED)	NUMBER OF THIS MARRIAGE (First, Second, etc.)		
IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED:				
By Death, Divorce, Dissolution or Annulment (please specify)		DATE (Month, Day, Year)		

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

SUMMARY OF ASSETS
(Please give approximate present values)

Type of Asset	Jointly Owned*	Owned by Husband	Owned by Wife
Bank Accounts – Checking/Savings/CDs: 1. 2. 3.			
Stocks and Bonds or Mutual Funds: 1. 2. 3.			
Closely-Held Businesses: 1.			
Real Estate – Your Home(s): 1. 2.			
Real Estate – Other: 1. 2. 3.			
Vehicles: (list VIN numbers): 1. 2. 3. 4.			
Life Insurance ***: 1. 2.			
Pension, Profit Sharing or IRA Benefits: 1. 2.			
Expectancies (Inheritances or Gifts): 1.			
Other Assets (Please itemize): 1. 2.			
TOTALS:			

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:		
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. Gross Hourly Wage: \$ _____ Average Number of Hours Worked Per Week: _____ Gross Monthly Income: _____ Gross Monthly Tips/Commissions/Bonuses (identify): _____ _____	Monthly Amount \$ _____ \$ _____	
SUBTOTAL: A.		\$ _____
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. Gross Receipts: _____ Expense Reimbursements: _____ Rental Income: _____ Royalty Income: _____ Less Ordinary/Necessary Expenses: _____ Plus Monthly Portion of Accelerated Component of any Depreciation Allowance or Investment Tax Credits: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
SUBTOTAL: B.		\$ _____
C. Other Sources of Income. (Please attach verification of any income available to you as listed below.) <u>Description:</u> Dividends: _____ Interest Income: _____ Trust Income: _____ Contract Payments (less underlying debt): _____ Annuity Income: _____ Retirement/Pension/IRA/Keogh Benefits (not Social Security): _____ Social Security Income: _____ Workers' Compensation Benefits per week multiplied by 4.3 = Monthly Amount _____ Unemployment Benefits per week multiplied by 4.3 = Monthly Amount _____ Disability Income: _____ Gifts or Prizes: _____ Spousal Support: _____ Expense Reimbursements and/or Per Diem Allowance (not listed in item B. above): _____ ADC Benefits: _____ FCAS (food stamps): _____ Other (specify): _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	
SUBTOTAL: C.		\$ _____
D. Summary of Your Gross Monthly Income. Income From Employment (item A. above) _____ Self-Employment Income (item B. above) _____ Other Income (item C. above) _____	Monthly Amt. \$ _____ \$ _____ \$ _____	
YOUR TOTAL MONTHLY GROSS INCOME:		\$ _____

Monthly Expenses

You must complete this schedule and prepare and submit the attachments requested in this schedule if either party seeks spousal support or any change from the Uniform Child Support Guidelines. These are the total household expenses you must pay each month. Utility bills should be averaged over the year. Any other annual, quarterly, or other periodic payments should be converted to a monthly average. **DO NOT LIST ANY EXPENSE IF IT IS DEDUCTED FROM YOUR WAGES. ONLY INCLUDE DIRECT EXPENSES FOR JOINT CHILDREN IN SECTION 1.**

1. Direct <u>monthly</u> expenses <u>for children of this relationship</u> which you pay:	
A. School Expenses.	Monthly Amount
1. School Lunches:	\$ _____
2. Books, Tuition:	\$ _____
3. Activities:	\$ _____
4. Other (specify): _____	\$ _____
B. Food (other than school lunches):	\$ _____
C. Day-care:	\$ _____
D. Clothing:	\$ _____
E. Medical Insurance--Premium Payments:	\$ _____
F. Unreimbursed Health Costs:	\$ _____
G. Unreimbursed Dental Costs:	\$ _____
H. Child-care (not work-related):	\$ _____
I. Lessons:	\$ _____
J. Grooming Needs:	\$ _____
K. Hobbies, Recreation:	\$ _____
L. Entertainment:	\$ _____
M. Allowances:	\$ _____
N. Transportation:	
1. Gasoline, Oil:	\$ _____
2. Insurance for Driving-Age Child:	\$ _____
O. Miscellaneous (specify): _____	\$ _____
TOTAL DIRECT EXPENSES OF CHILDREN: (Add 1.A. through 1.O.)	1. \$ _____

Average Monthly Amount of Child's Income:	SOURCE	AMOUNT	NAME

3. Discretionary Expenses:	
A. Entertainment:	\$ _____
B. Vacations:	\$ _____
C. Gifts:	\$ _____
D. Religious Contributions:	\$ _____
E. Dues and Subscriptions:	\$ _____
F. Club Memberships and Dues:	\$ _____
TOTAL DISCRETIONARY EXPENSES: 3.	
4. Additional Expenses:	
A. T.V. Cable:	\$ _____
B. Bus Fare:	\$ _____
C. Parking Costs:	\$ _____
D. Disability Insurance:	\$ _____
E. Home Repairs:	\$ _____
F. Laundry and Dry Cleaning:	\$ _____
G. Pet Expenses:	\$ _____
H. Attorney Fees:	\$ _____
I. Other (Specify):	\$ _____
TOTAL ADDITIONAL EXPENSES: 4.	
5. TOTAL EXPENSES EXCLUDING DIRECT EXPENSES OF CHILD: (Add 1, 2, 3 and 4) 5.	\$ _____
6. Other Factors: Other factors that affect my income and expenses or that should be considered to rebut the presumptive child support calculations. Attach supporting documentation whenever possible: 6.	\$ _____