

**NEW MEDIATION CLIENT QUESTIONNAIRE**

Please fill out this questionnaire as fully and accurately as possible. Your mediator will need this information to be prepared for mediation sessions and to assist you in finalizing your divorce. Also much of this information on this form will be required when you, your attorney or the mediator assist you in preparing your final documents.

This form is also designed to alert us to items to which we should give attention. Because we do not know the facts of your case as well as you do, it is hard for us to know ahead of time what issues might suddenly appear in the future. Telling us as much as you know will help us do a better job for you.

**1. What is Wife's full name?**

- a. First: \_\_\_\_\_
- b. Middle: \_\_\_\_\_
- c. Last: \_\_\_\_\_
- d. Maiden: \_\_\_\_\_
- e. Former Married Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the Husband's full name?**

- a. First: \_\_\_\_\_
- b. Middle: \_\_\_\_\_
- c. Last: \_\_\_\_\_
- d. Maiden: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Please give the following vital statistics about Wife:**

- a. Soc. Sec. No.: \_\_\_\_\_
- b. Driver's License No.: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_
- d. Place of Birth: \_\_\_\_\_
- e. Current Age: \_\_\_\_\_
- f. Race: \_\_\_\_\_
- g. Education: \_\_\_\_\_
- h. This marriage is/was my \_\_\_\_\_  
(specify 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)
- i. How long have you lived in Oregon?  
\_\_\_\_\_

**Please give the following vital statistics about Husband:**

- a. Soc. Sec. No.: \_\_\_\_\_
- b. Driver's License No: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_
- d. Place of Birth: \_\_\_\_\_
- e. Current Age: \_\_\_\_\_
- f. Race: \_\_\_\_\_
- g. Education: \_\_\_\_\_
- h. This marriage is/was their \_\_\_\_\_  
(specify 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)
- i. How long has he/she lived in Oregon?  
\_\_\_\_\_

**3. Marriage with Party:** Date: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_

**4. What is Wife's current address and contact information?**

- a. Street Address: \_\_\_\_\_
- b. City, State, Zip: \_\_\_\_\_
- c. Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_
- d. E-mail Address (only if secure and private) \_\_\_\_\_
- e. How long have you lived in Oregon: \_\_\_\_\_
- f. If you want mail from this office sent to a different address, please provide that address:  
\_\_\_\_\_

**5. What is Wife's employment information:**

- a. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:
- b. Name of Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_
- c. Employer's Street Address: \_\_\_\_\_
- d. City, State, Zip: \_\_\_\_\_
- e. What is Wife's monthly *gross* salary? \$ \_\_\_\_\_ Take Home (Net) Pay? \$ \_\_\_\_\_
- f. What is Wife's job title/description? \_\_\_\_\_
- g. Does Wife receive other sources of income? Specify the source and amount:  
\_\_\_\_\_
- h. Does Wife contribute to a 401(k) plan? If so, specify how much per month:  
\_\_\_\_\_
- i. Does Wife receive stock options, life insurance, or any other benefits provided by Wife's employer?  
\_\_\_\_\_
- j. Does Wife receive reimbursement for employment related expenses? Specify the expenses that are reimbursed:  
\_\_\_\_\_
- k. Is Wife a shareholder, partner or sole proprietor of a business? \_\_\_\_\_
- l. Does Wife receive bonuses from work? Specify: \_\_\_\_\_
- m. Does Wife receive disability benefits? Specify: \_\_\_\_\_

**6. What is the Husband's address and contact information?**

- a. Street Address: \_\_\_\_\_
- b. City, State, Zip: \_\_\_\_\_
- c. Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_
- d. How long living in Oregon: \_\_\_\_\_
- e. Mailing Address (if different from residence): \_\_\_\_\_  
\_\_\_\_\_

**7. Husband's employment information:**

- a. Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:
- b. Name of Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_
- c. Employer's Street Address: \_\_\_\_\_
- d. City, State, Zip: \_\_\_\_\_
- e. What is Husband's monthly *gross* salary? \$ \_\_\_\_\_ Take Home (Net) Pay? \$ \_\_\_\_\_
- f. What is Husband's job title/description? \_\_\_\_\_
- g. Does Husband receive stock options, life insurance, or any other benefits provided by his or her employer? \_\_\_\_\_
- h. Does Husband receive other sources of income? Specify the source and amount:  
\_\_\_\_\_
- i. Does Husband contribute to a 401(k) plan? If so, specify how much per month:  
\_\_\_\_\_
- j. Does Husband receive stock options, life insurance, or any other benefits provided by Husband's employer? \_\_\_\_\_
- k. Does Husband receive reimbursement for employment related expenses? Specify the expenses that are reimbursed: \_\_\_\_\_
- l. Is Husband a shareholder, partner or sole proprietor of a business? \_\_\_\_\_
- m. Does Husband receive bonuses from work? Specify: \_\_\_\_\_
- n. Does Husband receive disability benefits? Specify: \_\_\_\_\_

**8. Do you have any minor children?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give the full name of each child, their birth date, sex, and whether the opposing party is the other parent of the child or if the other parent is someone else.

Full Name of Child	Sex (M/F)	Birth Date	Age	Name of Other Parent
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Is Wife pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

**9. Five-year Residential History of Children:** For the children listed above, please provide the county and state where the children lived for the past five years, the name of the parent/guardian the children lived with at each location, and the current address of the parent/guardian.

Date Range	County, State	Name of Parent/Guardian, current address
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**10. If you are seeking a divorce please let me know the following information:**

- a. Are you currently separated? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Separation: \_\_\_\_\_
- b. Were any of the children living in your household at the time you separated? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Have there been prior separations? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many prior separations have there been, and for how long did they last? \_\_\_\_\_
- d. Would you like your prior name (if any) restored? Yes \_\_\_\_\_ No \_\_\_\_\_

**11. Legal Custody of your minor children:**

- a. Who currently has, or which parents will have physical custody of the children? \_\_\_\_\_
- b. What type of custody do you want? Sole to me \_\_\_\_\_ Sole to Other \_\_\_\_\_ Joint Custody \_\_\_\_\_
- c. Are any of the children adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Child \_\_\_\_\_
- d. Are there any restraining orders or any other type of custody orders currently in effect or pending? Yes \_\_\_\_\_ No \_\_\_\_\_ *Please attach a copy of any such orders.*
- e. Has there been any other legal action concerning the children? Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Is there any person, other than you and your spouse, who might assert some right to custody or time with the child(ren)? Yes \_\_\_\_\_ No \_\_\_\_\_
- g. Give a detailed explanation of the child(ren)'s schedule, activities, and parenting time with you and your spouse and any other caretakers for the last three months. (A clear description of the child(ren)'s lives specifying each party's contact with them for the last three months.) Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. What do you want your plan for each parenting time to be after the divorce. Even if you agree you will

be flexible, the court requires you submit your ideal plan.

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**12. Support:**

- a. Are either of you now *paying* any support to the opposing party? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_
- b. Are either of you *receiving* any support from opposing party? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- c. List case numbers, including Child Support cases: \_\_\_\_\_
- d. Are either of you receiving any form of public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_
- e. Other than your children, do you have any other dependents in your care? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

**13. Health of the Parties:**

- a. Are there any physical or mental health issues or concerns affecting anyone that is a party to this action, including your children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Domestic Violence:**

Has domestic violence or abuse ever been a problem between you and your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. Attach additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. Are either if you now in the U. S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:**

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**16. Do you have an attorney who will review your mediated agreement or have you consulted with an attorney for legal advice this or a different matter? Yes \_\_\_\_\_ No \_\_\_\_\_**

**17. Please let us know how you were referred to this office: Mark all that apply:**

- Individual Referral - Please give name: \_\_\_\_\_
- Telephone Book
- Oregon State Bar Referral
- Internet - Please give address/description of website: \_\_\_\_\_
- Other - Please describe: \_\_\_\_\_

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