

www.paralegalalternatives.com

6442 SE 91st Ave. Portland, OR 97266

(503) 772-5295

legalalt@msn.com

Questionnaire

Instructions: Please be certain to complete all the information. This information is all very important. After completing this form, please return signed questionnaire and our fee to:

Legal Alternatives 6442 SE 91st Ave. Portland, Or 97266

Please include payment or make arrangements by phone!

Petition Will both parties sign the divorce papers voluntarily? ☐ No, this will be a single petition divorce.* ☐ Yes, this will be a co-petition divorce. *If single petition, your spouse must be served by a process server or sheriff. **Your Information** Complete Legal Name First: Middle: Suffix: Last: Driver's License Number Gender **Phone Number** State ☐ Male ☐ Female Former and/or maiden name(s) if any Email Address (for our communication) **Physical Address** Apt. City State Zip Code County

Age	Date of bi	rth			Social Se	curity Num	ber	
Your Spouse's II	nformatio	on						
Complete Legal Na	1				T			
First:		Middle:			Last:			Suffix:
Gender		Phone Nu	umber		Driver's License Number			State
☐ Male ☐ Fen	nale							
Former and/or mai	iden name(s) if any						
	,							
Physical Address								Apt.
1 Trysteat 7 tauress								, tpc.
City			State	Zip (Code	County		
Age	Date of bi	rth			Social Se	curity Num	ıber	
Marriage and Se	naration	Inform	ation		ı			
Date of marriage	cparation		City				St	ate
			•					
Are you presently separated (living apart)?			Date of separation					
☐ Yes ☐ No								
Does either party wish to restore a maiden/former name?								
Does either party v	V1311 LO 1 E 3 L	ore a male	acii, ioiiile	Name to	restore:			
☐ Yes ☐ No	□ме	□ My S	Spouse		 			

Family Information					
Is the wife or a surrogate pregnant?	Due	Date		Is the spouse also a parent?	
☐ Yes ☐ No					Yes 🗆 No
Please provide information for all mi	nor children	horn to t	his marriag	ī A	
Name:	nor enharer	Date of			urity Number:
1.					
2.					
3.					
4.					
5.					
	Dro	forred Cu	ctody	If solo w	the has sustedy?
Information in this section must be	Pie	Preferred Custody		If sole , who has custody?	
agreeable to both parents.	☐ Sole	☐ Sole ☐ Joint ☐ Split		☐ Me ☐ My Spouse	
If joint , how will time be divided		Me		My Spouse	
between parents?			%		%
If split , which children will live with e	ach parent?				
With me:		with m y	y spouse:		
1.		1.			
2.		2.			
۲.	۷.				

3.	3.
4.	4.
	1
Who have the children lived with for the last 6 months?	

Parenting Time and Visitation Please be specific with days, times, and holidays. Insert additional page(s) as needed. Please give details regarding summer vacation or other extended visitation.

Property Information

Has all of the property been divided?	
☐ Yes , all property is in the correct owner's	☐ No. (Please provide a listing below of what
possession.	property should be awarded to each spouse.)
Note: Be sure to include addresses of any real es	tate.
My Property	My Spouse's Property

You may continue on another piece of paper if needed.

Debt Information

Have all of the debts been divided?					
☐ Yes , our debts have been divided, a	and each	☐ No. (Please provide a listing below o	f what		
person's debts are in their own names.		debts each spouse should be responsible	e for.)		
I will pay the following bills:		My spouse will pay the following bi	lls:		
- Vou mou continue en en ette en eiser e	nana::£	a dad			
You may continue on another piece of paper if needed.					
How long have you been a resident of	your	How long have you lived in your current			
state?		county?			
Years I	Months	Years M	onths		

IMPORTANT INFORMATION REQUIRED IF CHILDREN ARE INVOLVED:

This section must be completed if there are children born or adopted into this marriage.

	ormation	re erman	en som or adopted		narriage.		
My Employment Information			Address				
Employer:		Address:					
				<u> </u>			
Gross Monthly Pay	Monthly Net Pay	City:		State:	Zip Code:		
(before tax):	(after tax):						
\$	\$						
My Spouse's Employ	ment Information						
Employer:		Addres	ss:				
Gross Monthly Pay	Monthly Net Pay	City:		State:	Zip Code:		
(before tax):	(after tax):				-		
\$	\$						
•							
Does anyone receive	spousal support (alir	mony) fr	om a previous marri	iage?	□ Yes □ No		
If yes, who?				How mud	in r		
				,			
\$			\$				
Does either party wi	sh to receive spousal	mainter	nance as a result of t	his			
divorce?	on to receive speasar	manneer	idilice do directale or e		☐ Yes ☐ No		
If yes, who?			How much?	For how	long?		
, co,							
			\$				
			Y				
Note: You must prov	vide a specific numbe	er of moi	nths and total dollar	amount.			
Total months of spousal			Total amount of spe				
maintenance:			maintenance:		\$		
Does anyone receive	child support from a	nrevio	ıs marriage or relati	onshin?			
Who?	. Gilla Sapport Holli d	PIEVIO	as marnage or relati	Monthly	Amount:		
VVIIU:				iviolitilly	Amount.		
				ے ا			

Does anyone pay child support from a previous marriage or relationship?						
Who?				nly Amount:		
			\$			
			۶			
Are there out-of-pocket daycare costs for children of this marriage?	How	much?	Who pays daycare costs?			
☐ Yes ☐ No	\$					
	•					
Who will provide health insurance for	the child(re	en)? (Prov	ide monthly amo	unt.)		
☐ Me ☐ My Spouse		\$				
		I				
Who will pay insurance deductibles au uninsured costs?	nd	Who will maintain life insurance with the children as beneficiaries?				
☐ Me ☐ My Spouse ☐ Split		☐ Me ☐ My Spouse				
Does either parent receive welfare? (Provide mo	nthly amo	unt.)			
□ No. □ Yes, I do. \$			☐ Yes, my spo	use does. \$		
Please tell us how you heard about ou	ır service.					
☐ Internet ☐ Printed advertisement ☐ Referral ☐ Other						



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Agreement

I (we) hereby request that Legal Alternatives prepare our unconto	ested divorce.
I (we) understand that Legal Alternatives employees are not lawy paralegals.	vers, they are independent
I (we) agree and attest that no legal advice has been given to us.	
I (we) have chosen of our own free will to have Legal Alternatives for a fee.	s fully prepare these documents
I (we) have selected the forms and provided all the information u	ised in our divorce documents.
Signed:	
Date:	
Signed:	
Date:	



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Credit Card Payment Authorization

(Prices effective 11/2012. Prices subject to change. Please call for current pricing.)

☐ Oregon Divorce Document Preparation						\$155
☐ Oregon Divorce Document Preparation with Children					\$155	
☐ Washington Divorce Doc	ument Prepa	aration				\$155
☐ Washington Divorce Document Preparation with Children					\$175	
Cardholder name, exactly as printed on card:						
	☐ Same a	s physical add	lress provid	ed in ques	tionnaire.	
	Address:					
Credit card billing address:						
	City:			State:	Zip Code:	
Account Type			Acco	ount Numb	oer	
☐ Visa ☐ America	n Express					
☐ Mastercard ☐	Discover	Expiration Date:			CVV2 Number:	
I authorize <i>Legal Alternatives</i> to make a one-time charge to my credit card account indicated above for the document preparation fee appropriate for my state and parental status (checked above) immediately upon submission of my questionnaire form.						
Signature Date						