



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?	
<input type="checkbox"/> Yes, this will be a co-petition divorce.	<input type="checkbox"/> No, this will be a single petition divorce.*

*If single petition, your spouse must be served by a process server or sheriff.

Your Information

Complete Legal Name			
First:	Middle:	Last:	Suffix:

Gender	Phone Number	Driver's License Number	State
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Email Address (for our communication)	Former and/or maiden name(s) if any

Physical Address			Apt.
City	State	Zip Code	County

Age	Date of birth	Social Security Number

Your Spouse's Information

Complete Legal Name			
First:	Middle:	Last:	Suffix:

Gender	Phone Number	Driver's License Number	State
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Former and/or maiden name(s) if any

Physical Address			Apt.
City	State	Zip Code	County

Age	Date of birth	Social Security Number

Marriage and Separation Information

Date of marriage	City	State

Are you presently separated (living apart)?	Date of separation
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does either party wish to restore a maiden/former name?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse	Name to restore:

Family Information

Is the wife or a surrogate pregnant?	Due Date	Is the spouse also a parent?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide information for all **minor** children born to this marriage.

Name:	Date of birth:	Social Security Number:
1.		
2.		
3.		
4.		
5.		

Information in this section must be agreeable to both parents.	Preferred Custody	If sole , who has custody?
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint <input type="checkbox"/> Split	<input type="checkbox"/> Me <input type="checkbox"/> My Spouse

If joint , how will time be divided between parents?	Me	My Spouse
	%	%

If **split**, which children will live with each parent?

With me :	With my spouse :
1.	1.
2.	2.
3.	3.
4.	4.

Who have the children lived with for the last 6 months?	
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IMPORTANT INFORMATION REQUIRED IF CHILDREN ARE INVOLVED:

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

My Employment Information				
Employer:		Address:		
Gross Monthly Pay (before tax):	Monthly Net Pay (after tax):	City:	State:	Zip Code:
\$	\$			

My Spouse's Employment Information				
Employer:		Address:		
Gross Monthly Pay (before tax):	Monthly Net Pay (after tax):	City:	State:	Zip Code:
\$	\$			

Does anyone receive spousal support (alimony) from a previous marriage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?		How much? \$

Does either party wish to receive spousal maintenance as a result of this divorce?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?	How much? \$	For how long?

Note: You must provide a specific number of months and total dollar amount.

Total months of spousal maintenance:		Total amount of spousal maintenance:	\$
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Does anyone receive child support from a previous marriage or relationship?	
Who?	Monthly Amount: \$

Does anyone **pay** child support from a **previous** marriage or relationship?

Who?

Monthly Amount:

\$

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(ren)? (Provide monthly amount.)

Me My Spouse

\$

Who will pay insurance deductibles and uninsured costs?

Who will maintain life insurance with the children as beneficiaries?

Me My Spouse Split 50/50

Me My Spouse

Does either parent receive welfare? (Provide monthly amount.)

No.

Yes, I do. \$

Yes, my spouse does. \$

Please tell us how you heard about our service.

Internet

Printed advertisement

Referral

Other



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Agreement

I (we) hereby request that Legal Alternatives prepare our uncontested divorce.

I (we) understand that Legal Alternatives employees are not lawyers, they are independent paralegals.

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 fully prepare these documents for a fee.

I (we) have selected the forms and provided all the information used 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 Document Preparation\$155
- Washington Divorce Document Preparation with Children\$175

Cardholder name, exactly as printed on card:			
Credit card billing address:	<input type="checkbox"/> Same as physical address provided in questionnaire.		
	Address:		
	City:	State:	Zip Code:

Account Type	Account Number		
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover			
	Expiration Date:		CVV2 Number:

I authorize *Legal Alternatives* 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