

WENDELL L. BELKNAP
ATTORNEY AT LAW

411 FIFTH STREET
OREGON CITY, OREGON 97045

PHONE: (503) 657-8946
FAX: (503) 655-2775

**NEW CLIENT INFORMATION SHEET
(DIVORCE)**

HUSBAND:

Full Name: _____
First Middle Last

Address: _____
Street\Number City County State Zip Code

Phone: _____
Home Work Cell

E-Mail: _____

Social Security Number: _____

Driver's License Info: _____
Number Issuing State

Date of Birth: _____
Month Day Year

Birth Place: _____
Name of State or Foreign Country

Number of Prior Marriages: _____ How most-recent marriage ended: _____
(Divorce, Death, or Separation)

Race: _____ Highest Level of Education Completed: _____
(List highest level only, such as grade in high school, number of years in college, or 5+ if advanced degree)

WIFE:

Full Name: _____
First Middle Last

Maiden Name: _____

Prior Legal Names
Used by Wife: _____
(Generally these will be prior married names)

Address: _____
Street\Number City County State Zip Code

Phone: _____
Home Work Cell

E-Mail: _____

Social Security Number: _____

Driver's License Info: _____
Number Issuing State

Date of Birth: _____
Month Day Year

Birth Place: _____
Name of State or Foreign Country

Number of Prior Marriages: _____ How most-recent marriage ended: _____
(Divorce, Death, or Separation)

Race: _____ Highest Level of Education Completed: _____
(List highest level only, such as grade in high school, number of years in college, or 5+ if advanced degree)

JOINT INFORMATION:

Place Of This Marriage: _____
City County State

Date Of This Marriage: _____
Month Day Year

Date Parties Last Lived Together: _____
Month Day Year

Live Together Before Marriage: No: _____ Yes: _____ If Yes, how long: _____

Parties Have A Pre-nuptial Agreement: Yes: _____ No: _____

CHILDREN OF THIS MARRIAGE:

Oldest Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

HUSBAND'S "OTHER" CHILDREN:

Oldest Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Who has custody of these children?

Husband: _____ Children's Mother: _____

Child Support:

Who is ordered to pay child support to the other (Husband or Children's Mother)?

Amount of Support:

_____ Support Current: _____
(Yes or No)

WIFE'S "OTHER" CHILDREN:

Oldest Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Next Child's Full Name Month, Day, and Year of Birth SSN

Who has custody of these children?

Wife: _____ Children's Father: _____

Child Support:

Who is ordered to pay child support to the other (Wife or Children's Father)?

Amount of Support:

_____ Support Current: _____
(Yes or No)

Please provide the following information for the past five years for the children you have together:

Name(s) of Child(ren)	Residing with which parent? (one or both)	Dates (from/to)	Place (city/state)