

## CONFIDENTIAL PREMARTIAL/PRE-PARTNERSHIP QUESTIONNAIRE

Please read the following information and fill out the attached questionnaire. Fill out the form as much as possible. If you do not have complete information or understand the question, just make a note on the form. This document will not be made public. Feel free to make notes on it. The questionnaire is lengthy, but filling it out as completely as possible will make your case much easier to process and will save you time and money.

**General Suggestions:** Your well-meaning friends and associates may offer you advice about your case. Frequently such advice is not accurate. You should be cautious in following it. The facts surrounding your case are unique and they differ from every other case. Family law proceedings are very emotional and parties sometimes use them to seek revenge or to hurt the other party.

Sometimes a parent will use the children in an attempt to punish the other party. Prepare your children properly, without poisoning their minds about your partner. Obtain counseling for you and your children if you need it. We are committed to trying to minimize the impact of legal proceedings on children. No matter what your situation, please do not badmouth your partner or talk about your case in front of your children.

**Confidentiality:** In order to properly represent you, we must have all the facts. Our questionnaire asks for information we need to know. Anything you tell anyone in this office is strictly confidential and will not be disclosed without your permission. If you have any questions about this, please ask the attorney. Some facts about your life are relevant to your case and some are not. It is better to tell the attorney too much rather than too little. If the attorney does not think it is relevant to your case, the attorney will tell you.

**Keeping You Informed:** We make every effort to keep you informed regarding the status of your case. You will receive copies of all documents prepared or received by us. If at any time you have questions or concerns, please call.

**New Wills/Estate Planning Documents:** The Oregon Probate Code invalidates certain provisions of wills which were made prior to a divorce. Following the divorce, you and your partner will probably need new wills. If you have a will which names your partner, you should revoke the will as it might not be revoked by law until after the divorce is final. This means that if you die while the divorce is pending, your partner may still be entitled to inherit from you.

Additionally, if you become incapacitated while the case is pending, unless you have an advanced directive appointed someone other than your partner to make medical and end of life decisions for you, your partner will continue to have the ability to direct your medical care, including whether or not to continue life support. We strongly encourage our family law clients to have a new estate plan draft.



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## General Information About You

\* **Required fields to be completed prior to returning questionnaire to The Reynolds Law Firm**

Your full name:\* \_\_\_\_\_

Other names you use or have used:\* \_\_\_\_\_

Address:\* \_\_\_\_\_  
(City, County, State, Zip)

Phone numbers: \_\_\_\_\_  
(Home, Work, Cell, Message #)

Social Security Number:\* \_\_\_\_\_ ID/Driver's License number & state: \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_ How long in Oregon? \_\_\_\_\_

Birth date:\* \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace:\* \_\_\_\_\_  
(Month/Day/Year) (State or Foreign Country)

Race/Ethnicity:\* \_\_\_\_\_ Religion: \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

Number of previous marriages? \* \_\_\_\_\_ How did those marriages end? (Death, divorce, dissolution or annulment) \* \_\_\_\_\_ Date ended: \* \_\_\_\_\_

What is your immigration status? (Are you a US citizen?) \_\_\_\_\_

Do you have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations).

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

Are there any criminal charges pending against you? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

## General Information About Your Partner

Your partner's full name:\* \_\_\_\_\_

Other names s/he use or have used:\* \_\_\_\_\_  
(Maiden, previous married, or former legal names, if any)

Address:\* \_\_\_\_\_

What county, city and state does s/he live in? \* \_\_\_\_\_



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Phone numbers: \_\_\_\_\_

(Home, work, & cell)

Social Security #:\* \_\_\_\_\_ ID/Driver's License number & State \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Birthplace\*: \_\_\_\_\_ Age: \_\_\_\_\_

(Month/day/year)

(State or foreign country)

How long has s/he lived in this county? \_\_\_\_\_ How long has s/he lived in Oregon? \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_ Is s/he a veteran? \_\_\_\_\_

Number of previous marriages?\* \_\_\_\_\_ How did those marriages end?\* \_\_\_\_\_

What is his/her immigration status? (Is s/he a US citizen?) \_\_\_\_\_

Does s/he have close ties (i.e. friends or family) to another state or country? If so, where?

\_\_\_\_\_

Does s/he have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations).

\_\_\_\_\_

### Medical Status

Do you have any medical conditions? \_\_\_\_\_ If so, list. \_\_\_\_\_

Describe your current health. \_\_\_\_\_

Are you now or have you ever been under treatment for any mental health issues. \_\_\_\_\_

Does your partner have any medical conditions? \_\_\_\_\_ If so, list. \_\_\_\_\_

Describe his/her current health. \_\_\_\_\_

Is or has your partner ever been treated for a mental health condition? \_\_\_\_\_ If so, explain.

\_\_\_\_\_

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### Professional Advisors

	Name	Phone / E-mail
<b>Accountant</b>		
<b>Stockbroker/Financial Advisor</b>		
<b>Insurance Agent</b>		
<b>Counselor</b>		
<b>Doctor</b>		
<b>Religious Advisor</b>		

### Education and Employment

	You	Partner
<b>Level of Education- Specify only highest grade completed:</b> Elementary-secondary (0-12) College (1-4 or 5+)		
<b>Current Employer</b>		
<b>Current Position</b>		
<b>Current Salary / Hourly Rate</b>		
<b>Current Work Hours per week</b>		
<b>Time with this employer</b>		
<b>Previous Employer</b>		
<b>Previous Position</b>		
<b>Previous Salary</b>		
<b>Time with Previous Employer</b>		



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<b>Currently Enrolled in School? If so, program?</b>		
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Do you or your partner receive any income from any sources other than your primary employment? (Family loans or gifts, trust funds, investments, undeclared income, or income from illegal activities, etc.) If so, please explain.

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Do you or your partner receive any government benefits (TANF, child care assistance, Oregon Health Plan, Medicaid, Medicare, SSI, SSDI, General Relief, General Assistance, food stamps, etc.) \_\_\_\_\_ Please list.

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**Medical, Casualty (homeowners), Disability, and Other Insurance**

- If you or your partner have medical, casualty, disability, or other insurance, please complete the following section and provide us with copies or the face sheet for all insurance policies.
- If there is *casualty insurance* covering personal property, be sure to provide us with schedules or riders, including the value of the covered property.
- If there is *health or medical insurance*, obtain a statement from the company as to what the policy's provisions are as to conversion after the divorce and provide that statement to us. You or your partner may be able to continue coverage upon payment of premiums. You need to look into this promptly.

Name of company: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

If issued through employment, list name and address of employer: \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_ Date policy issued \_\_\_\_\_

Individual subscriber number \_\_\_\_\_ Premium amount \$ \_\_\_\_\_

Name of company: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

If issued through employment, list name and address of employer: \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_ Date policy issued \_\_\_\_\_

Individual subscriber number \_\_\_\_\_ Premium amount \$ \_\_\_\_\_

Name of company: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

If issued through employment, list name and address of employer: \_\_\_\_\_

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Policy number \_\_\_\_\_ Group number \_\_\_\_\_ Date policy issued \_\_\_\_\_

Individual subscriber number \_\_\_\_\_ Premium amount \$ \_\_\_\_\_

- If you have other insurance policies, use an additional sheet of paper to provide the above information.*

### **Profit Sharing, Pension Plans, and Retirement Accounts**

Do you or your partner have any interest (whether or not it is vested) in profit sharing plans, pension plans, Keogh plans, annuity plans, employment stock option plans, Individual Retirement Accounts (IRAs)? \_\_\_\_\_ For each plan, provide the following information:

Name of company and plan \_\_\_\_\_ Whose plan (you or partner)? \_\_\_\_\_

Administrator's name and address: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date of Value: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Name of company and plan: \_\_\_\_\_ Whose plan (you or partner)? \_\_\_\_\_

Administrator's name and address: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date of Value: \_\_\_\_\_ Percent vested: \_\_\_\_\_

- If you have other plans, use an additional sheet of paper to provide the above information. Please provide us with copies of statements for these plans and other supporting documents.*

### **Stocks and Bonds**

Do either you or your partner own any stocks or bonds? \_\_\_\_\_ If yes, complete the following information.

Stocks: Name of company: \_\_\_\_\_ Number of shares: \_\_\_\_\_

Common or preferred: \_\_\_\_\_ Date issued: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Bonds: Name of Issuer \_\_\_\_\_ Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Series: \_\_\_\_\_ Date issued: \_\_\_\_\_ Number: \_\_\_\_\_

Current value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_



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Shares: Name of issuer: \_\_\_\_\_ Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Series: \_\_\_\_\_ Date issued: \_\_\_\_\_ Number: \_\_\_\_\_

Current value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

US Savings Bonds: Name of issuer \_\_\_\_\_ Owner: \_\_\_\_\_

Face value: \_\_\_\_\_ Series: \_\_\_\_\_ Date issued: \_\_\_\_\_ Number: \_\_\_\_\_

Current value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

- If you have other stocks or bonds, please use an additional sheet of paper to provide the above information.*
- Provide statements from your broker regarding all current transactions and copies of all stock certificates and bonds, and proof of individual contributions by you or your partner toward the purchase.*

### **Business Interests**

Do either you or your partner have an interest in any business or partnership? \_\_\_\_\_ If so, list the name of each business entity and percentage of ownership?

\_\_\_\_\_

Do you or your partner own any stock in any closely held corporation? \_\_\_\_\_ If so, list the following information for each corporation:

Name of company: \_\_\_\_\_ Number of shares \_\_\_\_\_

Percentage of ownership \_\_\_\_\_ Current value \_\_\_\_\_ Date of valuation \_\_\_\_\_

- Provide us with copies of the returns, profit and loss statements, and balance sheets for the last three years and any partnership or other written agreements pertaining to the same.*

### **Real Property and Mortgages**

Do you or your partner have any interest in real property? \_\_\_\_\_ If so, list address or location(s) and current market value:

\_\_\_\_\_

- Provide us with a copy of the deed, any appraisals, land contracts, leases, and other*



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*pertinent documents for each parcel of real estate.*

- Provide us with the most recent tax bill.*

Do you or your partner have any mortgages? \_\_\_\_\_ If so, list property and amount of mortgage:

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- Provide us with a photocopy of the mortgage or note, addresses of the debtors, due date, present balance, and the monthly payments, if any.*

### **Life Insurance**

<b>Name of insurance company</b>	<b>Name of insured</b>	<b>Beneficiary</b>	<b>Policy number</b>	<b>Face amount</b>	<b>Type of policy (whole, life, term, annuity)</b>

- Provide face sheets of all life insurance policies.*

Are you aware of any loans outstanding against any of the above policies? \_\_\_\_\_

Amount of loan? \_\_\_\_\_ Date obtained? \_\_\_\_\_

- Provide documents regarding the loan.*

### **Cash and Deposit Accounts**

<b>Type of account (checking, saving, money market, CDs, etc.)</b>	<b>Name(s) on account</b>	<b>Institution</b>	<b>Balance at time of separation</b>	<b>Current balance</b>



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For each account, provide us a copy of the most recent statement.

**Statement of Income**

<b>Gross monthly income from:</b>	<b>You</b>	<b>Partner</b>
<b>Salary and wages, include commissions, allowances, overtime</b> (to arrive at monthly income figure weekly income by multiplying by 4.3 and bi-weekly income by 2.15)		
<b>Pensions and retirement</b>		
<b>Social security</b>		
<b>Disability and unemployment</b>		
<b>Public assistance (welfare, TANF)</b>		
<b>Child support from someone other than current partner</b>		



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<b>Dividends and interest</b>		
<b>Rents</b>		
<b>Bonuses (annual, semi-annual, quarterly, averaged per month)</b>		
<b>All other sources (list source)</b>		
<b>Itemize monthly deductions from gross income:</b>		
<b>Number of exemptions claimed</b>		
<b>State income taxes</b>		
<b>Federal income taxes</b>		
<b>Social security</b>		
<b>Medical or other insurance</b>		
<b>Union or other dues</b>		
<b>Retirement or pension fund</b>		
<b>Savings plan</b>		
<b>Credit union</b>		
<b>Income assignment paid to</b>		
<b>TOTAL:</b>		

**Statement of Expenses**

<b>Item</b>	<b>Amount</b>	<b>Item</b>	<b>Amount</b>
<b>Rent or mortgage</b>		<b>Real Estate Taxes</b>	
<b>Household Repair and Maintenance</b>		<b>Household Supplies</b>	
<b>Food</b>		<b>Electricity</b>	
<b>Heat</b>		<b>Water</b>	
<b>Telephone</b>		<b>Laundry and Cleaning</b>	



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<b>Clothing &amp; Shoes (adults and kids)</b>		<b>Medical and drug expenses not covered by insurance</b>	
<b>Dental expenses not covered by insurance insurance premiums (not deducted from payroll)</b>		<b>Child support payments (other than to partner)</b>	
<b>Child care</b>		<b>School tuition</b>	
<b>Entertainment</b>		<b>Incidentals</b>	
<b>Transportation (other than auto)</b>		<b>Auto expenses (gas, oil, repairs, parking)</b>	
<b>Pet expenses</b>		<b>Payments for dependents not living at home (and not already listed)</b>	
<b>Hobbies</b>		<b>Payments on debts</b>	
<b>Row Totals:</b>			
<b>Grand Total:</b>			

**Vehicles**

Please include all cars, vans, boats, off-road vehicles, motorcycles, etc.

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Primary Driver</b>	<b>Approximate Value</b>	<b>Outstanding Loan Amount</b>



parties involved, and the date of the contract.

- If you have an interest in any trust, provide us with a copy of the trust instrument and trust tax returns and accounts for the past three years. Provide us with the name of the trust, type of interest in the trust, date of trust instrument, whether the interest in the trust is future or present.
- If you or your partner has any interest in a judgment, provide us with the name of the judgment debtor, date of the judgment, docket number, principal amount of judgment, and accrued interest to date.

### Debts and Obligations

Complete the following information for all debts, including charge accounts, automobile loans, student loans, personal loans, notes, bills, etc. Use an additional sheet of paper if necessary.

Creditor's Name	What debt is for	Date incurred	Date payable	Original amount	Current balance	Monthly payment

- Provide a copy of the relevant documents, including a current statement and a statement from the time of separation.

### Additional Data

If there is any additional information we should be aware of not referred to above or contained in your answers, please check the box and provide the details on the back on this page.

Have either you or your partner disposed (sold, donated, or given away) of any assets within the last year? \_\_\_\_\_

If so, describe each item and its disposition, including the nature of property, value, amount received, to whom transferred or sold, and any other pertinent information.

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### Estate and Death Planning

Have you ever executed a will or trust instrument? \_\_\_\_\_ If yes, please provide a copy. You need to be aware that in Oregon, marriage and divorce often impact the validity of these documents. **However, if you die before your divorce is final, your estate is likely to pass to**



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whomever is named in the documents even if you are in the process of separating or divorcing.

Have you executed a power of attorney for your partner? \_\_\_\_\_ If so, you need to immediately revoke it.

Have you executed an Advanced Directive for Health Care? \_\_\_\_\_ If so, who is your named representative? \_\_\_\_\_ If it is your partner, you probably need to execute a new one.

*You should discuss these issues with your attorney at the beginning of your case so as to provide the best protection for you, your assets, and your children.*

The information in this questionnaire is true and correct. If I find errors later, I agree to immediately let The Reynolds Law Firm know.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date