



New Client Information Sheet

1000 SW Broadway, Suite 1250
Portland, OR 97205
Voice: (503) 546-6374
Fax: (503) 546-6376
TF: (503) 336-9346

OFFICE USE ONLY
Retainer:
Costs:
Type of Case:

Personal Information - Client

Name: Date:

Maiden Name Former Legal Names

Home Phone: Work Phone Message Phone

Cell/Pager Email Fax

O.K. to call you at home? Yes No O.K. to call you at work? Yes No

Address: City:

State: Zipcode County

Mailing Address: (if different than above)

City State Zipcode

Date of Birth Age Place of Birth

Do you want your mail addressed "Personal and Confidential"? Yes No

Condition of Health Explanation

Social Security Number Drivers License Number ODL

Educational Background (highest grade completed)

Employer Occupation

Business Address City

State Zipcode Length of Employment

Hours per Week Gross Wage Hourly Wage Monthly

Net Other Sources of Income Amount

Name of Nearest Relative Phone

Personal Information – Spouse

Name: \_\_\_\_\_

Maiden Name \_\_\_\_\_ Former Legal Names \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Attorney \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Condition of Health \_\_\_\_\_ Explanation \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Educational Background (*highest grade completed*) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Hours per Week \_\_\_\_\_ Gross Wage \_\_\_\_\_ Hourly Wage  Monthly

Net \_\_\_\_\_ Other Sources of Income \_\_\_\_\_ Amount \_\_\_\_\_

Marital Information

Client

Number of this Marriage \_\_\_\_\_ (1st, 2nd, etc....)

Date Prior Marriages Dissolved \_\_\_\_\_

Spouse

Number of this Marriage \_\_\_\_\_ (1st, 2nd, etc....)

Date Prior Marriages Dissolved \_\_\_\_\_

Date of this Marriage \_\_\_\_\_ Separation Date \_\_\_\_\_

Place of this Marriage \_\_\_\_\_ (City, County, State)

**Children**

**This Marriage**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who Has Custody? \_\_\_\_\_

Terms of Parenting Time \_\_\_\_\_

Support Paid? \_\_\_\_\_ Support Amount \_\_\_\_\_

**Prior Marriages**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who Has Custody? \_\_\_\_\_

Terms of Parenting Time \_\_\_\_\_

Support Paid? \_\_\_\_\_ Support Amount \_\_\_\_\_

Where have the children lived over the past five years and with whom?

**Dates**

**Addresses**

**Lived With**

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