



Ireland & Ireland PC
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Today's Date: _____

Confidential Divorce Information Form

This information is designed to keep us informed and alert us to any specific information that may need attention, and allows us to provide information that is required by the court in various filings.

Please fill out this form as accurately and completely as possible. By providing us with complete information, you are saving time and money and avoiding any unnecessary questioning or discovery to locate it in the future.

Client:

Full Name: _____

Maiden Name: _____ Former Legal Name: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____ Fax #: _____

Preferred Method(s) of Contact: _____

Address: _____ State: _____

Zip Code: _____ County: _____

Mailing Address (if different): _____

State: _____ Zip Code: _____ Age: _____

Date of Birth: _____ City/State of birth: _____

Please list any ongoing health conditions: _____

SSN: _____ Divers' License State/Number: _____

Highest Grade of Education Completed: _____ Are you currently employed? Yes No

Employer: _____ Occupation: _____

Business Address: _____ State: _____ City/Zip Code: _____

Length of Employment: _____ Weekly Hours: _____ Hourly Wage Monthly Wage

Gross Income: _____ Net Income: _____

Race/Ethnicity: _____ Any other sources of income? Yes No

If yes, please describe

This marriage is number: _____ (Ex. first, second, etc.) Date of prior marriage dissolution: _____

Spouse:

Full Name: _____

Maiden Name: _____ Former Legal Name: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____ Fax #: _____

Address: _____ State: _____

Zip Code: _____ County: _____

Mailing Address (if different): _____

State: _____ Zip Code: _____ Age: _____

Date of Birth: _____ City/State of birth: _____

Please list any ongoing health conditions: _____

SSN: _____ Divers' License State/Number: _____

Highest Grade of Education Completed: _____ Is your spouse currently employed? Yes No

Employer: _____ Occupation: _____

Business Address: _____ State: _____ City/Zip Code: _____

Length of Employment: _____ Weekly Hours: _____ Hourly Wage Monthly Wage

Gross Income: _____ Net Income: _____

Race/Ethnicity: _____

This marriage is number: _____ (Ex. first, second, etc.) Date of prior marriage dissolution: _____

Does your spouse have legal representation? Yes No

Attorney's Name: _____

Marital Information:

Date of This Marriage: _____ State: _____

County: _____ Separation Date: _____

Children:

Of This Marriage:

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Full Name: _____

Age: _____ Date of Birth: _____ SSN: _____

Not of This Marriage:

Full Name: _____

Age: _____ Date of Birth: _____

Full Name: _____

Age: _____ Date of Birth: _____

Full Name: _____

Age: _____ Date of Birth: _____

Please list where each child has lived for the past 5 years and with whom:

Child Name:	Dates:	With Whom:	State & County:

Who are the kids currently with? _____ Are you seeking custody? Yes No

Terms of parenting time: _____

Support paid? Yes No To Whom: _____ By Whom: _____

Amount: _____

Have any orders been entered in court? Yes No
(*If yes, please attach a copy of your divorce decree and/or any modification orders)

Are any of your children adopted? Yes No

If so, which child(ren)?: _____

Are you or your spouse receiving any public assistance? Yes No

Are there currently any restraining orders or custody orders in effect? Yes No

Other than child, do you have any dependents? Yes No

Are there any physical or mental health issues for any parties? Yes No

If so, please list: _____

Please list any exceptional health or dental needs of you or your child(ren), along with any special education needs or problems: _____

Are you or your spouse a member of the U.S Armed Forces? Yes No

Assets:

Real Property:

Family Home

Address: _____ State/Zip: _____

Purchase Date: _____ Purchase Price: _____

Present Value: _____ Value Owing: _____

Monthly Payment: _____

Other property

Address: _____ State/Zip: _____

Purchase Date: _____ Purchase Price: _____

Present Value: _____ Value Owing: _____

Monthly Payment: _____

Personal Property:

Year	Make & Model	State & License #	Used by:	Value:	Value obtained how:

Valuables (collections, jewelry, etc.)

Description:	Value:	Obtained how:

Bank Accounts:

Primary Checking

Bank: _____ In Whose Name: _____

Approximate Balance: _____

Primary Savings

Bank: _____ In Whose Name: _____

Approximate Balance: _____

Other

Bank: _____ In Whose Name: _____

Approximate Balance: _____

Stocks & Bonds:

Name of Stock: _____ Value: _____ Broker Name/Company: _____

Name of Stock: _____ Value: _____ Broker Name/Company: _____

Name of Stock: _____ Value: _____ Broker Name/Company: _____

Insurance Policies:

Life Insurance

Company: _____ Face Amount: _____

Beneficiaries: _____

Health Insurance

Company: _____ Premium Amount: _____

Automotive Insurance

Company: _____

Debts:

Creditor: _____ Total Owed: _____

Monthly Payment: _____ In Whose Name: _____

Creditor: _____ Total Owed: _____

Monthly Payment: _____ In Whose Name: _____

Creditor: _____ Total Owed: _____

Monthly Payment: _____ In Whose Name: _____

Creditor: _____ Total Owed: _____

Monthly Payment: _____ In Whose Name: _____

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