

**DISSOLUTION/DIVORCE
NEW CLIENT INFORMATION SHEET**

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Retainer: _____
Costs: _____
Hourly Rate: _____
Type of Case: _____

Personal Information - Client

Name _____ Date: _____

Maiden name _____ Former legal names _____

Home phone: _____ Work phone: _____ Message phone: _____

Pager/Cell phone numbers: _____ Email _____ Fax _____

O.K. to call you at home? _____ O.K. to call you at work? _____ Best time to call? _____

Address _____

City _____ State _____ Zip _____ County _____

Mailing address (if different than above) _____

City _____ State _____ Zip _____ County _____

Date of birth _____ Age _____ Place of birth _____

(City, county, and state if known)

Do you want your mail addressed "Personal and Confidential"? YES () NO ()

Condition of health _____ Explanation _____

Social Security #: _____ Drivers License # _____ Race: _____

Educational background (highest grade completed) _____

Employer _____ Occupation _____

Business address _____

Length of employment _____ # of hours/week _____

Gross Wage: Hourly _____ Monthly _____ Net _____

Other sources of income _____ Amount _____

Name of nearest relative _____ Phone _____

Address _____

Personal Information - Spouse

Name _____ Date: _____

Maiden name _____ Former legal names _____

Home phone: _____ Work phone: _____ Attorney Name: _____

Address _____

City _____ State _____ Zip _____ County _____

Date of birth _____ Age _____ Place of birth _____
(City, county, and state if known)

Condition of health _____ Explanation _____

Social Security #: _____ Drivers License # _____ Race: _____

Educational background (highest grade completed) _____

Employer _____ Occupation _____

Business address _____

Length of employment _____ # of hours/week _____

Gross Wage: Hourly _____ Monthly _____ Net _____

Other sources of income _____ Amount _____

Marital Information

Client

Number of this marriage _____ (1st, 2nd, etc.)

Prior Marriage(s) Dissolved on _____
(month, day, and year)

Spouse

Number of this marriage _____ (1st, 2nd, etc.)

Prior Marriage(s) Dissolved on _____
(month, day, and year)

Date of this marriage _____ Separation date _____

Place of this marriage _____
(city, county, and 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 Marriage(s):

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

Address

Lived with

Assets

Real Property

Family home

Address _____

Located in what county _____

Purchase date _____ Purchase price \$ _____

Present value \$ _____ Balance owing \$ _____

Monthly payment \$ _____

Recreational property

Address _____

Located in what county _____

Purchase date _____ Purchase price \$ _____

Present value \$ _____ Balance owing \$ _____

Monthly payment \$ _____

Rental property

Address _____

Located in what county _____

Purchase date _____ Purchase price \$ _____

Present value \$ _____ Balance owing \$ _____

Monthly payment \$ _____

Personal Property

Address _____

Account # _____

In whose name _____ Balance _____

Primary Savings

Bank _____ Branch _____

Address _____

Account # _____

In whose name _____ Balance _____

Other

Bank _____ Branch _____

Address _____

Account # _____ Type _____
(checking, savings, money market, etc.)

In whose name _____ Balance _____

Other Assets

Stocks and Bonds

Name of Stock	# of Shares	\$ Value	Name of Broker
_____	_____	_____	_____
_____	_____	_____	_____

Pension, Profit-Sharing & Stock Purchase Plans

Husband _____

Wife _____

Insurance Policies

Life Insurance

Company _____ Face Amount \$ _____

Beneficiaries _____

Company _____ Face Amount \$ _____

Beneficiaries _____

Company _____ Face Amount \$ _____

Beneficiaries _____

Health Insurance

Company _____

Named insured _____

Auto Insurance

Company _____

Named Insured _____

Debts

Creditor Date Incurred Total Owed Monthly Payment In Whose Name?

