

DIVORCE WORKSHEET

PLEASE COMPLETE AND RETURN TO: Independent Paralegal Services,
420 SW Washington #200, Portland, OR 97204. Phone: (503)228-0316 or
(800)266-0316 Fax: 503-228-3394 email: katekindred@aol.com



PLEASE INCLUDE FEE OF \$125.00 PAYABLE TO: INDEPENDENT PARALEGAL SERVICES WHEN RETURNING THIS FORM

Information Regarding Your Marriage:

Date of your marriage _____
City, State and County of marriage _____

Do you believe your divorce will be uncontested? _____ Is your spouse serving in the military? _____ Is your spouse legally incapacitated? _____
Are there actions pending regarding this marriage or the children of this marriage? _____ Are there any support petitions pending or currently in effect? _____ If yes, give details on back of page

Information about You:

Your full name _____
Your complete contact address (home address not required) _____

Your county of residence: _____
Your date of birth _____
Your maiden and/or former names _____
Length of time you have been a continuous Oregon resident _____

Information about Your Spouse:

Your spouse's full name _____
Your spouse's complete contact address (home address no required) _____

Your spouse's county of residence _____
Spouse's date of birth _____
Spouse's maiden and/or former names _____
Length of time spouse has been a continuous Oregon resident _____

Information about Your Children:

Name and dates of birth for children born to or adopted by you and your spouse (from this relationship only) _____

Is the wife of this marriage pregnant? _____ Due date _____

Are there children from this marriage between ages 18 and age 21 who are unmarried?
 yes no (If yes, please give names and birthdates)_____

For each minor child listed above list county and state where child has resided during the past five years, give dates and name of person child resided with _____

Petitioner(s): (If you answer yes to any of the three questions below give details on back of page.)

A. ___Has ___(Has not) participated as a party, witness, or in any other capacity, in any other litigation concerning the custody of the child(ren) in a court of this or any other state.

B. ___Has ___(Has no) information on any proceeding concerning the child(ren) pending in a court of this or any other state.

C _____ Does ___ (Does not) know of any person, not a party to this proceeding, who has physical custody of the child(ren) or claims to have custody or visitation rights with the above-named child(ren)

Custody:

Who will have custody of the children? _____ Who will pay child support? _____

Child Support:

Select one of the following:

1. My spouse and I agree on child support in the amount of \$_____ for all children listed. (We still must complete a child support worksheet for you and the court can still order support according to the guidelines).

OR,

2. Please compute child support based on the state guidelines and contact me prior to completing the paperwork.

When will support begin? _____
Which day of the month will support be due? _____

Medical and Life Insurance for Children:

Who will provide medical insurance for the children? _____ Dental? _____
Vision? _____ For uncovered medical, dental and vision expenses husband will pay _____% and wife will pay _____% Is this insurance available through union or employment?

Will the person paying child support be required to maintain life insurance? _____ If yes, how much? _____

Tax Matters: please check one

1. Mother will claim the children as dependents.
 2. Father will claim the children as dependents.
 3. We will alternate claiming the children. Father will have odd even years and mother will have odd even years
 4. We will each claim one or more children every year. Mother will claim the following children every year _____ and father will claim the following children every year _____
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Parenting Plan:

You are required to file a Parenting Plan with your divorce decree. A parenting plan can be either General or Detailed. See attached Parenting Plan form.

Income Information Needed to Compute Child Support:

Gross income for each party: mother \$ _____ father \$ _____
Mandatory union dues deducted from paycheck: mother \$ _____ father \$ _____
Home phone no.: mother _____ father _____
Name, address, phone no. of each party's employer (if not employed, give income source TANF, unemployment, etc.) mother _____
_____ father _____

Child care costs (this means day care costs needed while a parent works or seeks employment). Indicate amount and which parent pays \$ _____ paid by _____

Give names and dates of birth of children from other marriages or relationships that will be supported by or reside with mother _____

Give names and dates of birth of children from other marriages or relationships that will be supported by or reside with father _____

Amount paid for medical insurance (indicate amount paid for children ONLY and which parent pays) \$ _____ paid by _____

Amount of spousal support (formerly known as alimony) either of you are paying or receiving \$ _____ paid by _____ received by _____

Amount of Social Security or Veterans Benefits, if any, received on behalf of the children \$ _____

Out of a 365 day year, how many overnights will be spent with mother? _____ with father? _____ (Use a two year average)

Select ONE of the following: 1. _____ My spouse and I will agree in writing to a direct payment of support from one parent to the other AND there are no support arrears or money owed to the state for support AND the person paying support has not been previously granted an exception from withholding. 2. _____ Support will be paid through the state and will be subject to income withholding.

Real Property, Personal Property, Retirement Assets and Marital Debts
(Please include copy of legal description if real estate is involved)

List property awarded to wife _____

List property awarded to husband _____

List debts wife will pay _____

List debts husband will pay _____

Former Name Restored:

Does wife wish to return to maiden or former name? _____ If yes, which name?

Waiting Period:

Do you wish to waive the 90 day waiting period? _____ If yes select ONE of the following: 1. ___ The following emergency or necessity exists _____
_____ 2. ___ we agree to sign a co-petition.

FORM SELECTION

By using this service you acknowledge that you are aware that we are not attorneys and cannot advise you. You acknowledge that you must select the forms you wish us to prepare by selecting from one of the kits below or by providing forms to us.

Please select the forms you wish us to prepare for you and sign below.

I select the following forms and request that Independent Paralegal Services prepare them specifically as I have directed. I further specifically request that if Independent Paralegal Services is aware of any changes or modifications that must be made to the forms in order to make them acceptable for filing that such modifications be made by Independent Paralegal Svcs.

If there are minor children from my marriage I understand that the court requires me and my spouse to attend the court's Parenting Classes. I understand that there are state guidelines on child support. I understand that the court can order child support that is consistent with the state guidelines even if my spouse and I agree to a different amount.

We are happy to accept your personal check. How ever, *if your check is returned by your bank due to insufficient funds*, your check will be immediately forwarded to a collection agency. Collection efforts will include re-depositing the check electronically at which time processing fees, bank fees and all state authorized fees shall also be debited from your account.

Select ONE of the following:

- _____ Co-Petition kit of standard forms (both parties agree to sign)
- _____ Sole-Petition kit of standard forms (one party signs, the other party is served)

Dated

Signed

When we have completed your document we will give you filing instructions. You must file for divorce in the county where you or your spouse now reside. If you are unable to pay the fees below, the court may allow you to defer the fees or set up a payment arrangement. If you do not see your county on the list below, contact us by calling 503-228-0316 and we will check for you.

Benton	\$266.00	Clackamas	\$405.00
Clatsop	\$299.00	Columbia	\$262.00
Gilliam	\$281.00	Crook	\$281.00
Jefferson	\$281.00	Hood River	\$281.00
Lincoln	\$256.00	Lane	\$381.00
Marion	\$296.00	Linn	\$268.00
Polk	\$256.00	Multnomah	\$418.00
Tillamook	\$267.00	Sherman	\$281.00
Washington	\$331.00	Wasco	\$281.00
Yamhill	\$271.00	Wheeler	\$281.00

In addition to the above filing fees, there is an additional “judgment fee” when the court signs your documents.

BILLING INFORMATION:

You may mail a check or money order or supply credit card information as payment for our fee of \$125.00 (we do not collect the court filing fee from you, you will pay that directly to the court). Payment of our \$125.00 fee must be provided before we begin work on your divorce. We accept debit cards, Visa and MasterCard. You may call and give us the info over the phone or provide below:

Account No. _____
 Name of account holder _____
 Expiration date _____
 Billing address _____