

DIVORCE WORKSHEET

PLEASE COMPLETE AND RETURN TO:

Independent Paralegal Services, P.O. Box 15329, Portland, OR 97293. Phone: (503)228-0316 or (800)266-0316 Fax: 503-228-3394 email: katekindred@divorce-me.com

To return form via secure, encrypted email:

<https://dropbox.yousendit.com/IndependentDocPrep>

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 year of birth _____ Age: _____
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 year of birth _____ Age: _____
Spouse's maiden and/or former names _____
Length of time spouse has been a continuous Oregon resident _____

Information about Your Children:

Name, age and year 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 _____

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 _____

List the number of children under age 21 from other marriages or relationships that mother has a duty to support: _____

List the number of children under age 21 from other marriages or relationships that father has a duty to support: _____

Amount paid for medical insurance for children (indicate amount paid for children only and which parent pays) \$_____paid by: _____. If this parent is required to maintain his/her own health insurance in order to insure the child, what is the amount paid for this parent's insurance? _____

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 pr previously been 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?

FORM SELECTION AND FEE AGREEMENT

By using this service I acknowledge that I am aware that Independent Paralegal Services are not attorneys and cannot advise me.

I understand that this service is not representing either or both of us, and that we may have sought a larger or different settlement through attorney-assisted negotiation/litigation. I have been encouraged to consult with private attorneys to understand my legal rights and obligations,

Please select the forms you wish us to prepare for you and print your name below

I select the following forms and request that Independent Paralegal Services prepare them specifically as I have directed. All documents shall be prepared for a flat fee of \$125.00. Requested amendments and changes after the preparation of the documents may require additional fees. 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 consistent with the guidelines even if we agree to a different amount.

Checks returned due to insufficient funds, 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: _____

Print Name: _____

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. The court filing fee is \$260.00.

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 _____