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Referred By: Website _____ Other _____

Retainer: _____

Costs: _____

Hourly Rate: **LMT \$270/hr; CMH \$180/hr.**

Case Type: _____

CLIENT WORK SHEET

CLIENT:

Name: _____ Date: _____

PERSONAL & CONFIDENTIAL: YES ___ NO ___ Years lived in Oregon: _____

Mailing Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Fax Phone: _____

Home Address: _____ Cell Phone/Pager: _____

_____ County: _____ Other Phone: _____

E-Mail Address: _____ *Check if you prefer an electronic invoice* _____

Check if you prefer to use email for routine correspondence to and from our office _____

Maiden Name: _____ Former Legal Names: _____

DOB: _____ SS No. : _____

Birthplace: _____ Driver License: _____

No. of this Marriage (1st, 2nd, etc.): _____ Prior Marriage(s) Dissolved (m/d/y): _____

Race: _____ Condition of Health: _____

Educational Background (Highest grade completed): _____

Occupation: _____ Length of Employment: _____

Business Name: _____ (Phone)

Address: _____ (Address) (City) (State) (Zip)

Hourly Earnings: _____ Hours Per Week: _____

Monthly Gross Earnings: _____ Monthly Net Earnings: _____

Other Sources of Income: _____

Name, Address & Telephone Number of Nearest Relative: _____

SPOUSE/ADVERSE PARTY:

Name: _____

Home Address: _____ How long lived in Oregon: _____

_____ County: _____

Contact Phone Number: _____ Email: _____ Attorney Name: _____

Maiden Name: _____ Former Legal Names: _____

DOB No.: _____ SSN: _____

Birthplace: _____ Driver License : _____

No. of this Marriage (1st, 2nd, etc.) : _____ Prior Marriage(s) Dissolved (m/d/yy): _____

Race: _____ Condition of Health: _____

Educational Background (Highest grade completed): _____

Occupation: _____ Length of Employment: _____

Business Name: _____

(Phone)

Address: _____

(Address)

(City)

(State)

(Zip)

Hourly Earnings: _____ Hours Per Week: _____

Monthly Gross Earnings: _____ Monthly Net Earnings: _____

Other Sources of Income: _____

Marriage Date: _____ No. of Years Married: _____

Place of Marriage: (city/county/state): _____

Separation Date: _____ No. of Children Under 18: _____

Prenuptial Agreement: _____

Started living together: _____

ASSETS

Real Property

Family Residence Address: _____

_____ County: _____

Purchase Date: _____ Purchase Price: _____

Monthly Payment: _____ Balance Owing: _____

Present Value: _____

Recreational Property Address: _____

_____ County: _____

Purchase Date: _____ Purchase Price: _____

Monthly Payment: _____ Balance Owing: _____

Present Value: _____

Rental Property Address: _____

_____ County: _____

Purchase Date: _____ Purchase Price: _____

Monthly Payment: _____ Balance Owing: _____

Present Value: _____ Rent Received: _____

Rental Property Address: _____

_____ County: _____

Purchase Date: _____ Purchase Price: _____

Monthly Payment: _____ Balance Owing: _____

Present Value: _____ Rent Received: _____

PERSONAL PROPERTY

VEHICLES (including cars, trucks, boats, trailers, recreational)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Lic # & State</u>	<u>Used By</u>	<u>Value and how value obtained</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VALUABLES (collections, jewelry, etc.)

<u>Item</u>	<u>Value and how value obtained</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

BANK ACCOUNTS

Bank: _____ Branch: _____

Address: _____

Account Number: _____

Savings, Checking, Money Market, Time Certificate or Other:

In Whose Name: _____ Balance: _____

Bank: _____ Branch: _____

Address: _____

Account Number: _____

Savings, Checking, Money Market, Time Certificate or Other:

In Whose Name: _____ Balance: _____

Bank: _____ Branch: _____

Address: _____

Account Number: _____

Savings, Checking, Money Market, Time Certificate or Other:

In Whose Name: _____ Balance: _____

STOCKS AND BONDS

<u>Name</u>	<u>No. Shares</u>	<u>Value</u>

PENSION, PROFIT SHARING & STOCK PURCHASE PLANS

Husband: _____

Wife: _____

INSURANCE POLICIES

Life: _____ Face Amount: _____

Beneficiary: _____

Life: _____ Face Amount: _____

Beneficiary: _____

Health: _____ Auto: _____

OTHER ASSETS

DEBTS

<u>Creditor</u>	<u>Amount</u>	<u>Whose</u>

