

**THOMPSON LAW GROUP, LLC**

Attorneys at Law

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Referred By: Website \_\_\_\_\_ Other \_\_\_\_\_

Retainer: \_\_\_\_\_

Costs: \_\_\_\_\_

Hourly Rate: LMT \$305/hr. EWH \$195/hr.

Case Type: \_\_\_\_\_

**CLIENT WORK SHEET**

**CLIENT:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL & CONFIDENTIAL:** YES \_\_\_\_ NO \_\_\_\_ Years lived in Oregon: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Fax : \_\_\_\_\_

\_\_\_\_\_ 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 (1<sup>st</sup>, 2<sup>nd</sup>, 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 (1<sup>st</sup>, 2<sup>nd</sup>, 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 Owning: \_\_\_\_\_

Present Value: \_\_\_\_\_

**Recreational Property Address:** \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Balance Owning: \_\_\_\_\_

Present Value: \_\_\_\_\_

**Rental Property Address:** \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Balance Owning: \_\_\_\_\_

Present Value: \_\_\_\_\_ Rent Received: \_\_\_\_\_

**Rental Property Address:** \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Balance Owning: \_\_\_\_\_

Present Value: \_\_\_\_\_ Rent Received: \_\_\_\_\_

**PERSONAL PROPERTY**

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

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Lic # &amp; 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>
_____		
_____		
_____		
_____		