

**THOMPSON LAW GROUP, LLC**

Attorneys at Law  
111 SW Columbia St., Suite 710  
Portland, OR 97201  
Telephone: (503) 954-2557  
Fax: (971) 302-6119

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

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

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

Hourly Rate: LMT \$270/hr; CMH \$180/hr.  
Case Type: \_\_\_\_\_

**CLIENT WORK SHEET FOR MODIFICATION CASES**

**CLIENT:**

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

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

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

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

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

SS No.: \_\_\_\_\_ Driver License: \_\_\_\_\_

Birthplace: \_\_\_\_\_ DOB: \_\_\_\_\_

No. of this Marriage: \_\_\_\_\_ Prior Marriage(s) Dissolved (m/d/y): \_\_\_\_\_

Race: \_\_\_\_\_ Condition of Health: \_\_\_\_\_

Educational Background (Highest grade completed): \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Business Name: \_\_\_\_\_

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: \_\_\_\_\_

**ADVERSE PARTY:**

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

Home Address: \_\_\_\_\_ How long lived in Oregon: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Former Legal Names: \_\_\_\_\_

SS No.: \_\_\_\_\_ Driver License: \_\_\_\_\_

Birthplace: \_\_\_\_\_ DOB: \_\_\_\_\_

No. of this Marriage: \_\_\_\_\_ Prior Marriage(s) Dissolved (m/d/y): \_\_\_\_\_

Race: \_\_\_\_\_ Condition of Health: \_\_\_\_\_

Educational Background (Highest grade completed): \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Hourly Earnings: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Monthly Gross Earnings: \_\_\_\_\_ Monthly Net Earnings: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

Divorce Date: \_\_\_\_\_ No. of Years Married: \_\_\_\_\_

Place of Divorce: (city/county/state): \_\_\_\_\_

**CHILDREN**

Joint Children

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Who has custody?: \_\_\_\_\_

Parenting Time Schedule: \_\_\_\_\_

Child Support paid?: \_\_\_\_\_ How much?: \_\_\_\_\_

