

THOMPSON LAW GROUP, LLC
Attorneys at Law
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Portland, OR 97204
Telephone: 503-855-0805

Referred By: Website _____ Other _____

Costs: _____

Hourly Rate: LMT \$395/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 (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: _____

