

**DIVORCE INFORMATION FORM  
PLEASE PRINT**

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

**EMERGENCY CONTACT(FAMILY MEMBER): NAME** \_\_\_\_\_

**RELATION:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CLIENT**  
NAME: \_\_\_\_\_

**SPOUSE**  
\_\_\_\_\_

EYE COLOR: \_\_\_\_\_

\_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

\_\_\_\_\_

HEIGHT: \_\_\_\_\_

\_\_\_\_\_

WEIGHT: \_\_\_\_\_

\_\_\_\_\_

RACE: \_\_\_\_\_

\_\_\_\_\_

SCARS, TATOOS, ETC. \_\_\_\_\_

\_\_\_\_\_

NAME PRIOR TO MARRIAGE: \_\_\_\_\_

\_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

\_\_\_\_\_

ANY OTHER NAMES BY WHICH MOTHER IS OR HAS BEEN KNOWN: \_\_\_\_\_

STREET: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

\_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

DATE & PLACE OF  
BIRTH: \_\_\_\_\_

\_\_\_\_\_

NUMBER OF MARRIAGE: \_\_\_\_\_

DRIVER LIC. NO. & STATE: \_\_\_\_\_

LEVEL OF EDUCATION: \_\_\_\_\_

NO. OF PRIOR MARRIAGES &  
WHETHER THEY ENDED BY DIVORCE OR  
DEATH OF SPOUSE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PRESENTLY IN MILITARY  
SERVICE: YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

NEW ADDRESS AS OF: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOURS: \_\_\_\_\_

POSITION/OCCUPATION: \_\_\_\_\_

GROSS WAGE(S): \_\_\_\_\_

NET WAGE (AFTER TAXES): \_\_\_\_\_

MEDICAL INS.: \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_

DATE MARRIED: \_\_\_\_\_ COMMUNITY, STATE WHERE  
MARRIED: \_\_\_\_\_

CIRCLE WHETHER MARRIED BY:  
MINISTER/PRIEST/JUSTICE OF THE PEACE/JUDGE/OTHER

RESTORE FORMER OR MAIDEN NAME? YES \_\_\_\_\_ NO \_\_\_\_\_

WIFE PREGNANT? \_\_\_\_\_ DATE SEPARATED: \_\_\_\_\_

RESIDED IN COUNTRY 10 DAYS? \_\_\_\_\_ STATE 180 DAYS? \_\_\_\_\_

PREVIOUS ACTION? \_\_\_\_\_ COUNTY: \_\_\_\_\_

CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_

CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, COMPLETE MINOR CHILDREN FORM.

SPOUSE ABUSE? YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE LAST INCIDENT:

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PROPERTY

I. DO YOU OWN THE HOME WHERE YOU RESIDE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, COMPLETE THE FOLLOWING:

A. MARITAL HOME ADDRESS: \_\_\_\_\_

YEAR PURCHASED: \_\_\_\_\_ PRICE: \_\_\_\_\_

DOWN PAYMENT: \_\_\_\_\_ SOURCE OF DP: \_\_\_\_\_

LAND CONTRACT/MORTGAGE BALANCE: \_\_\_\_\_

PAYMENTS MADE TO: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ INCLUDES TAX? \_\_\_\_\_

INSURANCE: \_\_\_\_\_

ESTIMATED MARKET VALUE: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

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II. OTHER REAL ESTATE: \_\_\_\_\_

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III. PERSONAL PROPERTY:

A. HAVE YOU AND YOUR SPOUSE MADE A SATISFACTORY DIVISION OF PERSONAL PROPERTY? YES \_\_\_\_\_ NO \_\_\_\_\_

B. DESCRIPTION OF PROPERTY DISPUTE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. DESCRIBE THE FOLLOWING TYPES OF PROPERTY EITHER OF YOU OWN:

A. INVESTMENTS: \_\_\_\_\_  
\_\_\_\_\_

B. BANK ACCOUNTS:

CHECKING \_\_\_\_\_ BALANCE \_\_\_\_\_ H \_\_\_ W \_\_\_ JT \_\_\_  
SAVINGS \_\_\_\_\_ BALANCE \_\_\_\_\_ H \_\_\_ W \_\_\_ JT \_\_\_

C. AUTOS:

\_\_\_\_\_ USED BY: \_\_\_\_\_ LOANS: \_\_\_\_\_ TITLED \_\_\_\_\_  
\_\_\_\_\_ USED BY: \_\_\_\_\_ LOANS: \_\_\_\_\_ TITLED \_\_\_\_\_  
\_\_\_\_\_ USED BY: \_\_\_\_\_ LOANS: \_\_\_\_\_ TITLED \_\_\_\_\_

D. LIFE INSURANCE:

H. \_\_\_\_\_ CASH VALUE \_\_\_\_\_ BENEF. \_\_\_\_\_  
W. \_\_\_\_\_ CASH VALUE \_\_\_\_\_ BENEF. \_\_\_\_\_

E. PENSION/RETIREMENT/PROFIT SHARING PLANS: \_\_\_\_\_  
\_\_\_\_\_

F. DEBTS:

BANK LOANS: \_\_\_\_\_

OTHERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C: CREDIT CARDS:

CREDITORS	BAL.	USED BY	FOR PURCHASE OF
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V. ARE THERE SPECIAL CIRCUMSTANCES REGARDING OWNERSHIP OF THE ABOVE PROPERTY THAT SHOULD HAVE AN EFFECT ON OWNERSHIP, SUCH AS RECEIPT OF THE PROPERTY THROUGH INHERITANCE, OWNERSHIP OF THE PROPERTY BEFORE MARRIAGE, THE PROPERTY WAS INTENDED AS A GIFT TO YOU BY YOUR SPOUSE, THE PROPERTY WAS A GIFT FROM YOUR OR YOUR SPOUSE'S FAMILY, OR ANY OTHER CIRCUMSTANCE YOU FEEL MIGHT BE IMPORTANT?


MINOR CHILDREN

1. NAME	DATE OF BIRTH	AGE	WHO HAS CUSTODY	WHO SHOULD HAVE CUSTODY
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. HEALTH CARE COVERAGE AVAILABLE FOR EACH MINOR CHILD:

NAME OF MINOR CHILD: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

NAME OF INSURANCE CO./HMO: \_\_\_\_\_

POLICY/CERTIFICATE/CONTRACT NO.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CHILD CARE EXPENSES: \_\_\_\_\_

3. ADDRESSES OF CHILDREN IN THE LAST 5 YEARS

ADDRESS	DATES	WHO HAS CUSTODY?
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_____	TO PRESENT	_____
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_____	TO	_____
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_____	TO	_____
-------	----	-------

_____	TO	_____
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IF YOU ARE REQUESTING ALIMONY OR CHILD SUPPORT, LIST YOUR EXPECTED MONTHLY BUDGET AFTER SEPARATION:

MONTHLY BUDGET

RENT/MORTGAGE: \_\_\_\_\_

FOOD: \_\_\_\_\_

GAS: \_\_\_\_\_

ELECTRIC: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WATER: \_\_\_\_\_

OTHER UTILITIES: \_\_\_\_\_

CHURCH/CLUBS: \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

MEDICAL: \_\_\_\_\_

CAR PAYMENT: \_\_\_\_\_

CAR INSURANCE: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

LIFE INSURANCE: \_\_\_\_\_

HOME INSURANCE: \_\_\_\_\_

DAY CARE: \_\_\_\_\_

SCHOOL EXPENSES: \_\_\_\_\_

ALLOWANCE: \_\_\_\_\_

MISCELLANEOUS: \_\_\_\_\_

4. ANY OTHER COURT PROCEEDINGS REGARDING CHILDREN IN THIS OR OTHER STATE, INCLUDING DIVORCE, SEPARATE MAINTENANCE, PROBATE OR JUVENILE COURT?

Yes \_\_\_\_\_ or NO \_\_\_\_\_. IF YES, CASE NAME, NUMBER, COURT NAME AND ADDRESS, AND WHETHER CASE IS OPEN: \_\_\_\_\_

5. DOES ANY PERSON OTHER THAN YOU OR YOUR SPOUSE HAVE PHYSICAL CUSTODY OR CLAIM CUSTODY OR VISITATION RIGHTS? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, NAME AND ADDRESS \_\_\_\_\_

6. HAS PUBLIC ASSISTANCE BEEN APPLIED FOR OR IS IT BEING RECEIVED?  
YES \_\_\_\_\_ NO \_\_\_\_\_

AFDC AND RECIPIENT IDENTIFICATION NUMBERS: \_\_\_\_\_

IF WIFE IS PREGNANT: DUE DATE: \_\_\_\_\_ FATHER \_\_\_\_\_

7. DO YOU OR YOUR SPOUSE HAVE OTHER CHILDREN BY ANYONE ELSE?  
YOU: NUMBER OF CHILDREN \_\_\_\_\_ IN CUSTODY OF \_\_\_\_\_  
SUPPORT \_\_\_\_\_

SPOUSE: NUMBER OF CHILDREN \_\_\_\_\_ IN CUSTODY OF \_\_\_\_\_  
SUPPORT \_\_\_\_\_