

DIVORCE INFORMATION PACKET

PLEASE COMPLETE EVERY QUESTION ON THE FORM. EACH ANSWER IS NECESSARY FOR THIS OFFICE TO COMPLETE THE PAPERWORK REQUIRED FOR YOUR DIVORCE. THANK YOU.

YOUR NAME: (PLEASE PRINT)

YOUR SPOUSES NAME: (PLEASE PRINT)

PHONE NUMBER OF SOMEONE WHO CAN REACH YOU IF WE CANNOT:

DATE: _____ E-MAIL ADDRESS: _____

PLAINTIFF'S NAME: _____ (Your Name)
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS?: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SS# _____ RACE: _____
EDUCATION LAST GRADE COMPLETED (HIGH SCHOOL): _____
(COLLEGE) _____

NUMBER OF MARRIAGE _____ (IF THIS IS YOUR FIRST MARRIAGE, ENTER "1" IF THIS IS YOUR SECOND MARRIAGE, ENTER "2", ETC.)

HOW DID YOUR LAST MARRIAGE END? _____ (Divorce, Annulment, Death, Other)

YOUR EMPLOYER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MONTHLY GROSS INCOME: \$ _____

=====

DEFENDANT'S NAME: _____ (Spouse's Name)
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS?: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SS# _____ RACE: _____

EDUCATION LAST GRADE COMPLETED (HIGH SCHOOL): _____
(COLLEGE) _____

NUMBER OF MARRIAGE ____ (IF THIS IS YOUR FIRST MARRIAGE, ENTER "1" IF THIS IS YOUR SECOND MARRIAGE, ENTER "2", ETC.)

HOW DID YOUR LAST MARRIAGE END? _____ (Divorce, Annulment, Death, Other)

EMPLOYER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MONTHLY GROSS INCOME: \$ _____

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PLACE OF MARRIAGE: _____
CITY/TOWN COUNTY STATE

DATE OF MARRIAGE: _____ DATE OF SEPERATION: _____

DOES THE WIFE WANT HER MAIDEN NAME BACK? _____

WHAT IS THE MAIDEN NAME? _____

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CHILDREN (ONLY BORN TO THE HUSBAND AND WIFE TOGETHER)

(PLEASE PRINT)

1. CHILDS FULL NAME: _____

GENDER: _____ DATE OF BIRTH: _____ SS# _____

2. CHILDS FULL NAME: _____

GENDER: _____ DATE OF BIRTH: _____ SS# _____

3. CHILDS FULL NAME: _____

GENDER: _____ DATE OF BIRTH: _____ SS# _____

4. CHILDS FULL NAME: _____

GENDER: _____ DATE OF BIRTH: _____ SS# _____

5. CHILDS FULL NAME: _____

GENDER: _____ DATE OF BIRTH: _____ SS# _____

COUSTODY: JOINT: _____ FULL: _____ SPLIT: _____

WHO WILL HAVE PRIMARY CUSTODY OF THE CHILDREN?

FATHER: _____ MOTHER: _____

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CHILD SUPPORT:

DOES THE PLANTIFF PAY CHILD SUPPORT OR ALIMONY TO ANOTHER

PARTY? _____. IF SO HOW MUCH? \$ _____

DOES THE DEFENDANT (SPOUSE) PAY CHILD SUPPORT OR ALIMONY TO ANOTHER PARTY?

ANSWER. _____ IF SO, HOW MUCH? \$ _____

ARE THERE ANY COSTS FOR DAY CARE FOR THE MINOR CHILDREN? _____

IF SO, HOW MUCH? _____ WHO PAYS THESE COSTS NOW? _____

WHO PAYS THE HEALTH INSURANCE PREMIUMS FOR THE MINOR CHILDREN AND HOW MUCH ARE THEY?

\$ _____ PAID BY _____

DO YOU WANT YOUR EMPLOYER OR YOUR SPOUSE'S EMPLOYER TO AUTOMATICALLY DEDUCT CHILD SUPPORT FROM YOUR OR YOUR SPOUSE'S PAYCHECK? _____

DO YOU WANT TO PAY OR RECEIVE CHILD SUPPORT THROUGH THE COURT OR DIRECTLY TO OR FROM YOUR SPOUSE? _____

WHO WILL PAY THE DEDUCTIBLES THAT MEDICAL INSURANCE DOES NOT COVER?

WHO WILL PAY FOR CHILDREN'S SCHOOLING, EXTRACURRICULAR ACTIVITIES, UNIFORMS, AND FEES THAT FINANCIAL AID DOES NOT COVER? _____

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DIVISION OF PROPERTY

TO WHO WILL THE HOME BE AWARDED? HUSBAND _____ WIFE _____

IS THE HOME IN BOTH PARTIES NAMES? _____

IF NOT WHOSE? _____

WILL THE HOME BE REFINANCED? _____

ADDRESS OF HOME: _____

CITY,STATE,ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS? _____

TO WHOM WILL THE AUTOMOBILE BE AWARDED?

HUSBAND _____ WIFE _____

IS THE VEHICLE IN BOTH THE PARTIES NAMES? _____

YEAR: _____ MAKE: _____ MODEL: _____ VIN

TO WHOM WILL THE AUTOMOBILE BE AWARDED?

HUSBAND _____ WIFE _____

IS THE VEHICLE IN BOTH THE PARTIES NAMES? _____

YEAR: _____ MAKE: _____ MODEL: _____ VIN

TO WHOM WILL THE AUTOMOBILE BE AWARDED?

HUSBAND _____ WIFE _____

IS THE VEHICLE IN BOTH THE PARTIES NAMES? _____

YEAR: _____ MAKE: _____ MODEL: _____ VIN

TO WHOM WILL THE AUTOMOBILE BE AWARDED?

HUSBAND _____ WIFE _____

IS THE VEHICLE IN BOTH THE PARTIES NAMES? _____

YEAR: _____ MAKE: _____ MODEL: _____ VIN

TO WHOM WILL THE AUTOMOBILE BE AWARDED?

HUSBAND _____ WIFE _____

IS THE VEHICLE IN BOTH THE PARTIES NAMES? _____

YEAR: _____ MAKE: _____ MODEL: _____ VIN

OTHER PERSONAL PROPERTY

HUSBAND _____ WIFE _____

_____/_____

_____/_____

_____/_____

_____/_____

HUSBAND _____ WIFE _____

_____/_____

_____/_____

_____/_____

JOINT DEBTS:

WILL BE PAID BY:

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

DEBT OWED TO: _____ AMOUNT \$ _____ HUSBAND/WIFE

BANK ACCOUNTS AND CREDIT CARDS WILL BE AWARDED TO:

ACCOUNT OR CARD: _____ HUSBAND/WIFE

ACCOUNT OR CARD: _____ HUSBAND/WIFE

ACCOUNT OR CARD: _____ HUSBAND/WIFE

ACCOUNT OR CARD: _____ HUSBAND/WIFE

ACCOUNT OR CARD: _____ HUSBAND/WIFE

ACCOUNT OR CARD: _____ HUSBAND/WIFE

BANKRUPTCY:

ARE EITHER YOU OR YOUR SPOUSE CURRENTLY IN BANKRUPTCY?

IF YES, PLEASE STATE WHETHER CHAPTER 7 OR 13, AND THE EXPECTED

DATE OF DISCHARGE: _____

RESIDENCY INFORMATION:

HAS THE PLAINTIFF BEEN A RESIDENT OF MOBILE, BALDWIN, CHOCTAW, WASHINGTON, OR CLARKE COUNTY FOR THE PAST SIX MONTHS? _____ (Question about You)

HAS THE DEFENDANT BEEN A RESIDENT OF MOBILE, BALDWIN, CHOCTAW, WASHINGTON OR CLARKE COUNTY FOR THE PAST SIX MONTHS? _____ (Question about your Spouse)

IMPORTANT QUESTIONS

1. Are you in danger of REPOSSESSION? _____
How many months behind? _____
2. Are you in danger of FORECLOSURE? _____
How many months behind? _____
3. Are you in danger of a GARNISHMENT? _____
4. Are you being SUED? _____
5. Have you been involved in an AUTO WRECK, CLASS ACTION SUIT, OR MASS TORT CASE in the last two Years? _____
6. Do you owe any back taxes? _____ Have you filed past two years Tax Returns? _____
7. Which party will claim the children on taxes? _____