

WILLIAM J. CASEY AND ASSOCIATES  
3208 COTTAGE HILL RD.  
MOBILE, AL 36606  
PHONE: (251) 478-5713  
FAX: (251) 478-0237

**DIVORCE INFORMATION PACKET**

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

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

PLAINTIFF'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) 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup>  
(COLLEGE) 1 2 3 4

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

HOW DID LAST MARRIAGE END? \_\_\_\_\_ DIVORCE \_\_\_\_\_ ANNULMENT  
\_\_\_\_\_ DEATH \_\_\_\_\_ OTHER

EMPLOYER'S NAME: \_\_\_\_\_

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

CITY, STATE, ZIP CODE: \_\_\_\_\_

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

MONTHLY GROSS INCOME \$ \_\_\_\_\_

=====

DEFENDANT'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) 9<sup>TH</sup> 10<sup>TH</sup> 11<sup>TH</sup> 12<sup>TH</sup>  
(COLLEGE) 1 2 3 4

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

HOW DID LAST MARRIAGE END? \_\_\_\_\_ DIVORCE \_\_\_\_\_ ANNULMENT  
\_\_\_\_\_ DEATH \_\_\_\_\_ OTHER

EMPLOYER'S NAME: \_\_\_\_\_

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

CITY, STATE, ZIP CODE: \_\_\_\_\_

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

MONTHLY GROSS INCOME \$ \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_  
CITY/TOWN COUNTY STATE

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

DOES THE WIFE WANT HER MAIDEN NAME BACK? \_\_\_\_\_

WHAT IS THE MAIDEN NAME? \_\_\_\_\_

---

---

**CHILDREN**

- 1. CHILD'S FULL NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_
- 2. CHILD'S FULL NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_
- 3. CHILD'S FULL NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_
- 4. CHILD'S FULL NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_
- 5. CHILD'S FULL NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

**CUSTODY:** \_\_\_\_\_ JOINT \_\_\_\_\_ FULL \_\_\_\_\_ SPLIT \_\_\_\_\_

WHO WILL HAVE PRIMARY CUSTODY OF THE CHILDREN? \_\_\_\_\_ FATHER  
\_\_\_\_\_ MOTHER

=====

**CHILD SUPPORT:**

DOES THE PLAINTIFF PAY CHILD SUPPORT OR ALIMONY TO ANOTHER  
PARTY? \_\_\_\_\_. IF SO, HOW MUCH? \$ \_\_\_\_\_

DOES THE DEFENDANT PAY CHILD SUPPORT OR ALIMONY TO ANOTHER  
PARTY? \_\_\_\_\_. 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 IS IT? \$ \_\_\_\_\_ PAID BY  
\_\_\_\_\_

DO YOU WANT YOUR EMPLOYER OR YOUR SPOUSE'S EMPLOYER TO  
AUTOMATICALLY DEDUCT CHILD SUPPORT FROM YOUR OR YOUR  
SPOUSE'S PAYCHECK? \_\_\_\_\_ (*THIS WILL REQUIRE AN ADDITIONAL \$10  
CERTIFIED MAIL FEE TO BE ADDED TO THE FILING FEE.*)

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

WHO PAYS THE DEDUCTIBLES THAT MEDICAL INSURANCE DOES NOT  
COVER? \_\_\_\_\_

WHO PAYS FOR CHILDREN'S SCHOOLING, EXTRACURRICULAR ACTIVITIES,  
UNIFORMS, AND FEES THAT FINANCIAL AID DOES NOT COVER?  
\_\_\_\_\_

---

---

**DIVISION OF PROPERTY**

TO WHOM WILL THE HOME BE AWARDED? HUSBAND WIFE (*PLEASE  
CIRCLE ONE*)

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? \_\_\_\_\_



\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**JOINT DEBTS**

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

BT OWED TO: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ HUSBAND / WIFE

**BANK ACCOUNTS AND CREDIT CARDS**

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?

\_\_\_\_\_

HAS THE DEFENDANT BEEN A RESIDENT OF MOBILE, BALDWIN,  
CHOCTAW, WASHINGTON OR CLARKE COUNTY FOR THE PAST SIX  
MONTHS? \_\_\_\_\_