

APPLICATION FOR DIVORCE

APPLICANT:

Name: _____ SSN: _____

Address: _____
Street City State Zip

Phone Number: _____ Alt. Phone _____ Date of Birth: _____

Employer: _____
Employer's Address: _____
Employer's Phone: _____

How long have you lived in Florida? _____ What County? _____

Marital Status _____ Sex _____ Referred by _____

Are you a previous client of Legal Services? _____ Do you have a restraining Order? _____

SPOUSE:

Name: _____ SSN: _____

Address: _____
Street City State Zip

Phone Number: _____ Date of Birth: _____

Employer: _____
Employer's Address: _____
Employer's Phone: _____

Give a physical description of your spouse: _____

Is your spouse in the military? ___ Yes ___ No If yes, what branch? _____

APPLICANT and SPOUSE

Income Status:

Wages (Yours) \$ _____ per mo. S.S.I. \$ _____ per mo. TANF \$ _____ per mo.
Wages (Spouse) \$ _____ per mo. Retire/Pen. \$ _____ per mo. Stu. Grant. \$ _____ per mo.
Wages (Other Household Member) \$ _____ per mo. Unemp. Ben. \$ _____ per mo. Child Supp. \$ _____ per mo.
Social Security \$ _____ per mo. VA Retire. \$ _____ per mo.

Date of Marriage: _____ / _____ / _____ Place of Marriage: _____
Mo. Day Yr. City State

Date of Separation: _____ / _____ / _____ If not separated, explain why: _____

CHILDREN:

How many children do you and your spouse have together (including adopted children) ? _____

List those children below: _____

Table with 4 columns: NAME, DATE OF BIRTH, SEX, PLACE OF BIRTH. Multiple rows for listing children.

List the addresses and dates (month and year) where each child above has lived for the last FIVE (5) years. Be as complete and accurate as possible. (Use another sheet, if necessary.)

<u>Mo./Yr.</u>	<u>To</u>	<u>Mo./Yr.</u>	<u>Street Address</u>	<u>City/State</u>	<u>Name of Children Who Lived There</u>	<u>Name & Relationship of Adults Child(ren) Lived With</u>
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_____	_____	_____	_____	_____	_____	_____
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(Continue on Reverse Side)

<u>Mo./Yr.</u>	<u>To</u>	<u>Mo./Yr.</u>	<u>Street Address</u>	<u>City/State</u>	<u>Name of Children Who Lived There</u>	<u>Name & Relationship of Adults Child(ren) Lived With</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have any of these children been the subject of any custody case? Yes No
 If yes, where and when? _____

Who are the children presently living with? _____

Do you need child support? _____ Are you receiving child support? _____

How many children do you have that are not your spouse's? _____

Are you pregnant? Yes No If yes, is your husband the father? _____

PROPERTY:

Are you or your spouse buying or own real property? Yes No

If yes, who name is on the title/deed? _____

Was it purchased before the marriage or during the marriage? _____

Where is the property located? City: _____ County: _____ State: _____

Do you or your spouse jointly own any personal property (i.e., furniture, jewelry, TV, etc.)? Yes No

If yes, list all personal property purchased during the marriage:

If you or your spouse own any automobiles (car, truck, etc.) Or a mobile home, please list them below:

<u>Make/Model</u>	<u>Year</u>	<u>Name(s) on the Title</u>	<u>Who Has Possession</u>
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS:

Do you and your spouse have any debts (owe money to anyone) jointly or separately? Yes No

If yes, list all debts (use additional sheet if more space is needed):

<u>Owed To (Person or Business)</u>	<u>Amount Owed</u>	<u>Name on Debts</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRIMINAL RECORD:

Do you have a criminal record? Yes No If yes, explain: _____

Have you ever been charged with sexual or physical abuse (include any investigations by DCF)? Yes No

If yes, please explain:

Has your spouse ever been charged with sexual or physical abuse (include any investigations by DCF)? Yes

No

If yes, please explain:

MISCELLANEOUS:

Have you consulted or hired another attorney? _____ If yes, who is it? _____
Do you want your maiden name back? _____ If yes, maiden name is: _____
Is there any possibility of you and your spouse getting back together? _____ Yes _____ No

SIGNATURE Date

