

WHEN COMPLETE RETURN TO:

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DATA SHEET FOR DISSOLUTION

Date: _____ Client's Name: _____

Has legal dissolution of this marriage already begun? Yes No

If yes, please answer the following:

Plaintiff: _____

Defendant: _____

County of proceedings: _____ Case no. _____

Date of process of service: _____ Judge _____

Next scheduled court date: _____

CURRENT MARRIAGE INFORMATION

Residence at time of this marriage _____ Date of Marriage _____

Place of this marriage: _____

City County State

Date of Separation: _____

WIFE'S DATA

Name _____

First Middle Last

Address: _____

Street/PO Box City State Zip

Soc. Sec. No. _____ Phone: _____

Inside city limits: Yes No County _____

Length of residency in this state: _____

Birth date: _____ Birthplace: _____

City State

Race (specify e.g., White, Black, American Indian, etc.): _____

Education (specify only the highest grade completed):

Elementary/secondary (0-12) _____ College (1-4 or 5+) _____

Maiden or former name: _____

Does the wife wish to resume her former name? Yes No

If yes, what is the name to be resumed? _____

EMPLOYMENT INFORMATION

Employer: _____

Employer's address: _____

Street/PO Box City State Zip

Employer's phone _____ Occupation _____

MARRIAGE INFORMATION

Number of this marriage (specify first, second, etc.): _____

If previously married, last marriage ended by: Death Dissolution Annulment

Date last marriage ended: _____

HUSBAND'S DATA

Name _____
First Middle Last

Address: _____
Street/PO Box City State Zip

Soc. Sec. No. _____ Phone: _____

Inside city limits: Yes No County _____

Length of residency in this state: _____

Birth date: _____ Birthplace: _____
City State

Race (specify e.g., White, Black, American Indian, etc.): _____

Education (specify only the highest grade completed):

Elementary/secondary (0-12) _____ College (1-4 or 5+) _____

Maiden or former name: _____

Does the wife wish to resume her former name? Yes No

If yes, what is the name to be resumed? _____

EMPLOYMENT INFORMATION

Employer: _____

Employer's address: _____
Street/PO Box City State Zip

Employer's phone _____ Occupation _____

MARRIAGE INFORMATION

Number of this marriage (specify first, second, etc.): _____

If previously married, last marriage ended by: Death Dissolution Annulment

Date last marriage ended: _____

Are you or your spouse a party to any other pending actions for divorce, separation or dissolution of marriage? Yes No If yes, please explain: _____

Are you requesting provisions for temporary support and/or attorney's fees? _____

Are you or your spouse in the military service of the United States or its allies? Yes No

If yes, please explain: _____

CHILDREN'S DATA

Number of children born of this marriage: _____

Number of children under 19 years of age: _____

Please provide the child(ren)'s name, social security number, date of birth, and with whom the child(ren) is currently residing:

CHILD'S NAME:

_____ SS# _____
First Middle Last

DOB: _____ Gender: Male Female
Month Day Year

Currently residing with: Wife Husband Other _____

CHILD'S NAME:

_____ SS# _____
First Middle Last

DOB: _____ Gender: Male Female
Month Day Year

Currently residing with: Wife Husband Other _____

CHILD'S NAME:

 First Middle Last SS# _____

DOB: _____ Gender: Male Female
 Month Day Year

Currently residing with: Wife Husband Other _____

CHILD'S NAME:

 First Middle Last SS# _____

DOB: _____ Gender: Male Female
 Month Day Year

Currently residing with: Wife Husband Other _____

Are there any children of previous marriage, foster children, adopted, etc? Yes No

If yes, please provide information of child(ren) below.

CHILD'S NAME:

 First Middle Last SS# _____

DOB: _____ Gender: Male Female
 Month Day Year

Currently residing with: Wife Husband Other _____

CHILD'S NAME:

 First Middle Last SS# _____

DOB: _____ Gender: Male Female
 Month Day Year

Currently residing with: Wife Husband Other _____

CHILD'S NAME:

 First Middle Last SS# _____

DOB: _____ Gender: Male Female
 Month Day Year

Currently residing with: Wife Husband Other _____

Are you requesting custody of the minor children? Yes No

Do you know of any legitimate reasons one party would be an unfit parent? If yes, please explain:

Have you or your spouse participated as a party, witness, or in any other capacity, in any other litigation concerning the custody of the minor children? Yes No If yes, please explain: _____

Do you know of any pending custody proceedings concerning the minor children pending in a court of this or any other state? Yes No If yes, please explain: _____

Do you know of any person not a party to this action who has physical custody of the children or claims to have physical custody or visitation rights with respect to the children named herein? Yes No If yes, please explain: _____

What is the length of time children have resided with wife and husband in this state?
