

DIVORCE - WITH KIDS – NO PROPERTY INFORMATION SHEET

PETITIONER'S INFORMATION
(Person who filed for divorce FIRST!!!)

FULL NAME: _____
DATE OF BIRTH: _____ AGE _____
PLACE OF BIRTH: _____ RACE/ETHNICITY _____
SOCIAL SECURITY NUMBER: _____
DRIVER'S LICENSE NUMBER STATE AND EXPIRATION: _____
RESIDENCE, INCLUDING ZIP CODE: _____

EMAIL ADDRESS: _____
CELL #: _____ HOME #: _____
PETITIONER (PERSON FILING FOR DIVORCE) IS HUSBAND _____ ? WIFE _____ ?
MAIDEN NAME, IF WIFE: _____
CHANGE WIFE LAST NAME? ___ YES ___ NO. IF YES CHANGE TO _____
EMPLOYER NAME: _____ YEARLY SALARY \$ _____
EMPLOYER ADDRESS: _____
WORK PHONE NUMBER: _____ JOB TITLE: _____

RESPONDENT'S INFORMATION

(The other Spouse who did not file first and is responding to the divorce papers!!)

FULL NAME: _____
DATE OF BIRTH: _____ AGE _____
PLACE OF BIRTH: _____ RACE/ETHNICITY _____
SOCIAL SECURITY NUMBER: _____
DRIVER'S LICENSE NUMBER STATE AND EXPIRATION: _____
RESIDENCE, INCLUDING ZIP CODE: _____

EMAIL ADDRESS: _____
CELL #: _____ HOME #: _____
PETITIONER (PERSON FILING FOR DIVORCE) IS HUSBAND _____ ? WIFE _____ ?
MAIDEN NAME, IF WIFE: _____
CHANGE WIFE LAST NAME? ___ YES ___ NO. IF YES CHANGE TO _____
EMPLOYER NAME: _____ YEARLY SALARY \$ _____
EMPLOYER ADDRESS: _____
WORK PHONE NUMBER: _____ JOB TITLE: _____

MARRIAGE INFORMATION

DATE OF MARRIAGE: _____
PLACE OF MARRIAGE (I.E., CITY, STATE): _____
DATE OF SEPARATION: _____

CHILDREN INFORMATION

Please provide the following information on each child born or adopted of the marriage under the age of 18 in the spaces below:

1. NAME: _____
DOB: _____ AGE: _____ SEX: _____
PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____

2. NAME: _____
DOB: _____ AGE: _____ SEX: _____
PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
THE CHILD LIVES WITH (please check one): MOTHER FATHER

3. NAME: _____
DOB: _____ AGE: _____ SEX: _____
PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
THE CHILD LIVES WITH (please check one): MOTHER FATHER

4. NAME: _____
DOB: _____ AGE: _____ SEX: _____
PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
THE CHILD LIVES WITH (please check one): MOTHER FATHER

REFERRAL INFORMATION

DATE: _____ SIGNATURE: _____

WHO REFERRED YOU TO THIS OFFICE: _____