

Please complete the following information about YOURSELF:

Full Name: _____ Age: _____ DOB: _____

Original Surname: _____ SSN _____ DL No. _____

Birthplace (state or foreign country) _____

Home Address: (is this the marital residence? Y or N) _____

Who all lives with you at this address? _____

County: _____ Amount of time in this County: _____

Mailing Address: (where can we send mail now) _____

Telephone Number: _____ Cell Number: _____

Email Addresses: _____

Employer: _____ Hours: _____

Business Address: _____

Business Telephone Number: _____

Job Title/Job Duties: _____ Salary/Income: _____

Length of Employment _____ Education _____

Please complete the following information about OPPOSING PARTY:

Full Name: _____ Age: _____ DOB: _____

Original Surname: _____ SSN _____ DL No. _____

Birthplace (state or foreign country) _____

Home Address: _____

Who all lives at this address? _____

County: _____ Length of time lived in this County: _____

Mailing Address: _____

Telephone Number: _____ Cell Number: _____

Please complete the following information about your OPPOSING PARTY: (continued)

Employer: _____ Hours: _____

Business Address: _____

Business Telephone Number: _____

Job Title/Job Duties: _____ Salary/Income: _____

Length of Employment _____ Education _____

Does your ex have an attorney? Y or N If so, who? _____

Child(ren):

Name	Sex	Birthplace	Birthdate	Soc. Sec. No.
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a. _____

b. _____

c. _____

d. _____

Present Residence Address: _____

Does any child of this marriage suffer from any physical or psychological disability? (If so, explain)

Will custody be disputed? Y or N If not, where will they live? _____

Property owned by the children? _____
