

DIVORCE DATA SHEET

CLIENT'S NAME: _____ RACE: _____
 ADDRESS: _____ MAIDEN NAME: _____
 PHONE: _____ BIRTH DATE: _____ STATE OF BIRTH: _____
 EDUCATION: _____ NO. OF THIS MARRIAGE: _____ HOW PREV. MARR. ENDED: _____
 SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
 NAME & ADDRESS OF EMPLOYER: _____
 EMPLOYER'S PHONE: _____ OCCUPATION: _____
 HOW OFTEN PAID: ___ weekly ___ every two weeks ___ twice a month ___ monthly
 HEALTH INSURANCE AVAILABLE THROUGH EMPLOYER?: ___ YES ___ NO

SPOUSE'S NAME: _____ RACE: _____
 ADDRESS: _____ MAIDEN NAME: _____
 PHONE: _____ BIRTH DATE: _____ STATE OF BIRTH: _____
 EDUCATION: _____ NO. OF THIS MARRIAGE: _____ HOW PREV. MARR. ENDED: _____
 SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
 NAME & ADDRESS OF EMPLOYER: _____
 EMPLOYER'S PHONE: _____ OCCUPATION: _____
 HOW OFTEN PAID: ___ weekly ___ every two weeks ___ twice a month ___ monthly
 HEALTH INSURANCE AVAILABLE THROUGH EMPLOYER?: ___ YES ___ NO

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

CITY & COUNTY OF MARRIAGE: _____

CHILDREN:

NAME	AGE	BIRTH DATE	WHOSE CUSTODY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

