

DIVORCE INFORMATION SHEET

**CLIENT:** \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ COUNTY/RESIDENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

SOCIAL SECURITY NO.: \_\_\_\_\_

EDUCATION: \_\_\_\_\_ PHYSICAL HANDICAP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

TOTAL INCOME: \_\_\_\_\_ OTHER SUPPORT: \_\_\_\_\_

RESIDENCE FOR PAST FIVE YEARS: \_\_\_\_\_

MCA § 93-27-209 (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_

**2. DEFENDANT:** \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ COUNTY/RESIDENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

SOCIAL SECURITY NO.: \_\_\_\_\_

EDUCATION: \_\_\_\_\_ PHYSICAL HANDICAP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

TOTAL INCOME: \_\_\_\_\_ OTHER SUPPORT: \_\_\_\_\_

RESIDENCE FOR PAST YEAR: \_\_\_\_\_

3. DATE OF MARRIAGE: \_\_\_\_\_ PLACE: \_\_\_\_\_

4. DATE OF SEPARATION: \_\_\_\_\_ PLACE: \_\_\_\_\_

5. GROUNDS FOR DIVORCE: \_\_\_\_\_

6. WILL DIVORCE BE CONTESTED: \_\_\_\_\_

7. AMOUNT OF ATTY. FEE: \_\_\_\_\_ COURT COSTS: \_\_\_\_\_

8. FEE PAID BY: \_\_\_\_\_ COSTS PAID BY: \_\_\_\_\_

9. CHILDREN: (NAME) (DOB/AGE) (SEX)

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10. CHILDREN ARE RESIDING WITH: \_\_\_\_\_

11. CHILD SUPPORT TO BE PAID: \$ \_\_\_\_\_

12. CUSTODY TO: \_\_\_\_\_

13. ALIMONY TO BE PAID: \$ \_\_\_\_\_

14. TAX EXEMPTION FOR CHILDREN GRANTED TO: \_\_\_\_\_

15. **WIFE** -- KEEPS AND PAYS:

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