

**INFORMATION FOR DISSOLUTION OF MARRIAGE**

DATE: \_\_\_\_\_ Referral Source: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 DRIVER'S LICENSE NO. \_\_\_\_\_ (ATTACH COPY) TAG# \_\_\_\_\_  
 EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 EMPLOYMENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ SALARY: \_\_\_\_\_  
 EDUCATION: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

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**SPOUSE'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 DRIVER'S LICENSE NO. \_\_\_\_\_ (ATTACH COPY) TAG# \_\_\_\_\_  
 EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 EMPLOYMENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ SALARY: \_\_\_\_\_  
 EDUCATION: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ PLACE (OF MARRIAGE): \_\_\_\_\_  
 DATE OF SEPARATION: \_\_\_\_\_

How long have you been a resident of the State of Florida? \_\_\_\_\_

Has there ever been a dissolution suit filed between you and your spouse? \_\_\_\_\_

Do you wish to have your former name restored? \_\_\_\_\_

CHILDREN'S NAMES	AGE	DATE OF BIRTH	SOCIAL SECURITY #

Is custody or visitation contested? \_\_\_\_\_

Have you participated in counseling? \_\_\_\_\_ Counselor's name: \_\_\_\_\_

PREVIOUS MARRIAGE: Self \_\_\_\_\_ Spouse: \_\_\_\_\_ Children of Same? \_\_\_\_\_

PROPERTY	VALUE	MORTGAGE	MONTHLY PAYMENT	IN WHOSE NAME
Real Estate: Home:	\$	\$	\$	
Other:	\$	\$	\$	
Cars:	\$	\$	\$	
Boats:	\$	\$	\$	
Other:	\$	\$	\$	
<b>Assets:</b>				
Checking:	\$	\$	\$	
Savings &/or CD:	\$	\$	\$	
Retirement:	\$	\$	\$	
IRA:	\$	\$	\$	
Safe Deposit Box:	\$	\$	\$	
Credit Union:	\$	\$	\$	
Stocks, Bonds:	\$	\$	\$	
Other:	\$	\$	\$	
<b>Debts:</b>				
Loans:	\$	\$	\$	
Charge Accounts:	\$	\$	\$	
Other:	\$	\$	\$	