

Divorce Application



Fax (866) 592-8224

Agent: _____

Date of Marriage ___ / ___ / ___ Place: _____ Separation: ___ / ___
Ciudad y país month year

Will spouse sign? Yes No Maiden Name: _____

Ground:

- My spouse left me and did not return in one year.
- My spouse locked me out for more than one year.
- My spouse refused to have sexual relations with me for more than one year.
- My spouse treats me bad (mentally or physically or both. (attach a 3-incident-dated list)
- My spouse is in prison (attach a 3-year minimum sentence)
- My spouse was unfaithful to me (attach two-witness declaration with details of the adultery)

Please write **address** where the abandonment took place, if different from Plaintiff's current address:

_____ It's the same as current.

My Name is: _____ I was born on: _____
First Initial Last Month Day Year City/Country

My social security #: _____ or, I am not a U.S Resident

My address is: _____
Number City State Zip Code

This is my marriage # ___ My education: elementary high school college
Race: white hispanic black asian

My spouse name is: _____ Born on: _____
First Initial Last Month Day Year City/Country

social security #: _____ or, not a U.S resident or refused to provide it

address: _____
Number City State Zip Code

Marriage # ___ Education: elementary high school college
Race: white hispanic black asian

Aplicant,

X _____
Signature

Please attach a copy of health coverage card (if any)
If not covered, mark that box below.

Company _____
Address _____
Identification No. _____

There is no health coverage for the children through their employment.
Parents have applied for health coverage Parents have NOT applied for health coverage.

Parents' salaries (Important: Judge might request Income Taxes)

husband \$_____ wife \$_____ (if none, write "0")
 unknown unknown

Children currently living with the:

father mother a third party (how's is related with the parents? _____)

How much the non-custodial parent will pay to spouse for child support?
(attach stipulation if any) Note: Both parents will be non-custodials if children live with a third party)

\$ _____ weekly monthly

(If children were born befote marriage, please provide a copy of birth certificate per child) If no social, write N/A)

1) Full Name	SS #	DOB
_____	_____	_____
2) Full Name	SS #	DOB
_____	_____	_____
3) Full Name	SS #	DOB
_____	_____	_____
4) Full Name	SS #	DOB
_____	_____	_____
5) Full Name	SS #	DOB
_____	_____	_____

Id children living with a Third Party or N/A

Provide the following informartion:

Name _____ SS _____ (if any) DOB _____

Address _____

How that third party is related to the parents of the minor(s)? _____

There is property (give details and addresses) Equitable distribution? Yes No
(Please specify in a separate sheet how distribution is entended) or if spouse waives the right to that property) Other distribution? (please specify)