

WILLIAM J. CASEY AND ASSOCIATES
3208 COTTAGE HILL RD.
MOBILE, AL 36606
PHONE: (251) 478-5713
FAX: (251) 478-0237

DIVORCE INFORMATION PACKET

PLEASE COMPLETE EVERY QUESTION ON THIS FORM. EACH ANSWER IS NECESSARY FOR THIS OFFICE TO COMPLETE THE PAPERWORK REQUIRED FOR YOUR DIVORCE. THANK YOU.

DATE: _____

PLAINTIFF'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS? _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SS#: _____ RACE: _____

EDUCATION LAST GRADE COMPLETED (HIGH SCHOOL) 9TH 10TH 11TH 12TH
(COLLEGE) 1 2 3 4

NUMBER OF MARRIAGE _____ (IF THIS IS YOUR FIRST MARRIAGE, ENTER "1". IF THIS IS YOUR SECOND MARRIAGE, ENTER "2", ETC.)

HOW DID LAST MARRIAGE END? _____ DIVORCE _____ ANNULMENT
_____ DEATH _____ OTHER

EMPLOYER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MONTHLY GROSS INCOME \$ _____

=====

DEFENDANT'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS? _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ SS#: _____ RACE: _____

EDUCATION LAST GRADE COMPLETED (HIGH SCHOOL) 9TH 10TH 11TH 12TH
(COLLEGE) 1 2 3 4

NUMBER OF MARRIAGE _____ (IF THIS IS YOUR FIRST MARRIAGE, ENTER "1". IF THIS IS YOUR SECOND MARRIAGE, ENTER "2", ETC.)

HOW DID LAST MARRIAGE END? _____ DIVORCE _____ ANNULMENT
_____ DEATH _____ OTHER

EMPLOYER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

MONTHLY GROSS INCOME \$ _____

PLACE OF MARRIAGE: _____
CITY/TOWN COUNTY STATE

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

DOES THE WIFE WANT HER MAIDEN NAME BACK? _____

WHAT IS THE MAIDEN NAME? _____

=====

CHILDREN

- 1. CHILD'S FULL NAME: _____
GENDER: _____ DATE OF BIRTH: _____ SS#: _____
- 2. CHILD'S FULL NAME: _____
GENDER: _____ DATE OF BIRTH: _____ SS#: _____
- 3. CHILD'S FULL NAME: _____
GENDER: _____ DATE OF BIRTH: _____ SS#: _____
- 4. CHILD'S FULL NAME: _____
GENDER: _____ DATE OF BIRTH: _____ SS#: _____
- 5. CHILD'S FULL NAME: _____
GENDER: _____ DATE OF BIRTH: _____ SS#: _____

CUSTODY: _____ JOINT _____ FULL _____ SPLIT _____

WHO WILL HAVE PRIMARY CUSTODY OF THE CHILDREN? _____ FATHER
_____ MOTHER

=====

CHILD SUPPORT:

DOES THE PLAINTIFF PAY CHILD SUPPORT OR ALIMONY TO ANOTHER
PARTY? _____. IF SO, HOW MUCH? \$ _____

DOES THE DEFENDANT PAY CHILD SUPPORT OR ALIMONY TO ANOTHER
PARTY? _____. IF SO, HOW MUCH? \$ _____

ARE THERE ANY COSTS FOR DAY CARE FOR THE MINOR CHILDREN?

_____ IF SO, HOW MUCH? _____ WHO PAYS THESE
COSTS NOW? _____

WHO PAYS THE HEALTH INSURANCE PREMIUMS FOR THE MINOR
CHILDREN AND HOW MUCH IS IT? \$ _____ PAID BY

DO YOU WANT YOUR EMPLOYER OR YOUR SPOUSE'S EMPLOYER TO
AUTOMATICALLY DEDUCT CHILD SUPPORT FROM YOUR OR YOUR
SPOUSE'S PAYCHECK? _____ (THIS WILL REQUIRE AN ADDITIONAL \$10
CERTIFIED MAIL FEE TO BE ADDED TO THE FILING FEE.)

DO YOU WANT TO PAY OR RECEIVE CHILD SUPPORT THROUGH THE COURT
OR DIRECTLY TO OR FROM YOUR SPOUSE? _____

WHO PAYS THE DEDUCTIBLES THAT MEDICAL INSURANCE DOES NOT
COVER? _____

WHO PAYS FOR CHILDREN'S SCHOOLING, EXTRACURRICULAR ACTIVITIES,
UNIFORMS, AND FEES THAT FINANCIAL AID DOES NOT COVER?

DIVISION OF PROPERTY

TO WHOM WILL THE HOME BE AWARDED? HUSBAND WIFE (PLEASE
CIRCLE ONE)

IS THE HOME IN BOTH PARTIES' NAMES? _____ IF NOT, WHOSE?

WILL THE HOME BE REFINANCED? _____

ADDRESS OF HOME: _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____ INSIDE CITY LIMITS? _____

_____/_____
_____/_____

JOINT DEBTS

DEBT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE
DEBT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE
DEBT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE
DEBT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE
DEBT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE
BT OWED TO: _____ AMOUNT: \$ _____ HUSBAND / WIFE

BANK ACCOUNTS AND CREDIT CARDS

ACCOUNT OR CARD: _____ HUSBAND / WIFE
ACCOUNT OR CARD: _____ HUSBAND / WIFE
ACCOUNT OR CARD: _____ HUSBAND / WIFE
ACCOUNT OR CARD: _____ HUSBAND / WIFE
ACCOUNT OR CARD: _____ HUSBAND / WIFE
ACCOUNT OR CARD: _____ HUSBAND / WIFE

BANKRUPTCY:

ARE EITHER YOU OR YOUR SPOUSE CURRENTLY IN BANKRUPTCY?

IF YES, PLEASE STATE WHETHER CHAPTER 7 OR 13, AND THE EXPECTED

DATE OF DISCHARGE: _____

RESIDENCY INFORMATION:

HAS THE PLAINTIFF BEEN A RESIDENT OF MOBILE, BALDWIN, CHOCTAW,
WASHINGTON OR CLARKE COUNTY FOR THE PAST SIX MONTHS?

HAS THE DEFENDANT BEEN A RESIDENT OF MOBILE, BALDWIN,
CHOCTAW, WASHINGTON OR CLARKE COUNTY FOR THE PAST SIX
MONTHS? _____