

Application for Representation in Divorce Proceeding

APPLICANT INFORMATION:

Complete name: _____ Maiden name (if applicable): _____

Current address: _____

Home phone number: _____ Work phone number: _____ Cell phone: _____

Date and place of birth: _____ SS No. _____

Highest level of education (G.E.D., 12th grade, or # of years of college): _____

Date of marriage: _____ City/state where marriage is registered: _____

Date of separation from spouse (if applicable): _____ Applicant's race: _____

Children born of this marriage (names/dates of birth): _____

Average monthly child care expense incurred while applicant is working: _____

Medical insurance on children provided by applicant _____ or by spouse _____

Monthly cost of medical insurance premium for children: _____

Who has had primary care of children in the past 60 days? applicant _____ or spouse _____

Prior marriages: Number _____ Date of termination of last marriage: _____

Reason for termination of last marriage (death or divorce): _____

Other children *not* born of this marriage (state names, dates of birth, and whether living in your primary care): _____

Child support paid on behalf of other children (if applicable): _____

Name and address of current employer: _____

Salary or rate of pay: _____ Average monthly gross pay: _____

Usual work days and hours: _____

SPOUSE INFORMATION:

Complete name _____ Maiden name (if applicable): _____

Current address (if separated from applicant): _____

Date and place of birth: _____ SS No. _____

Highest level of education (G.E.D., 12th grade or # of years of college): _____

Spouse's race: _____

Prior marriages: Number: _____ Date of termination of last marriage: _____

Reason for termination of last marriage (death or divorce): _____

Other children *not* born of this marriage (state names, dates of birth, and whether living in his/her primary care): _____

Name and address of current employer: _____

Salary or rate of pay: _____ Average monthly gross pay: _____

Usual work days and hours: _____

Is spouse on active duty in the armed forces? Yes ____ No ____

Signature of Applicant: _____ **Date:** _____