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⇌ LAW OFFICES ⇌

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Divorce Information Form

Client: _____
First   Middle   Last   Maiden

Petitioner ☐ Respondent ☐ DOB: _____ Age: _____ SSN: _____

Place of Birth: _____ How long a resident of Kentucky: _____

Race: _____ Number of Times Married: _____ Restore maiden name? _____

Address: _____
Street Number   Street Name

_____
City   County   State Zip Code

Employer: _____ Occupation: _____

Employer Address: _____
Street Number   Street Name

_____
City   County   State Zip Code

Phone Number: _____ Alternate Phone Number: _____

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Opposing Party:_____
First   Middle   Last   Maiden

Petitioner ☐ Respondent ☐ DOB: _____ Age: _____ SSN: _____

Place of Birth: _____ How long a resident of Kentucky: _____

Race: _____ Number of Times Married: _____ Restore maiden name? _____

Address: _____
Street Number   Street Name

_____
City   County   State Zip Code

Employer: _____ Occupation: _____

Employer Address: _____
Street Number   Street Name

_____
City   County   State Zip Code

Phone Number: _____ Alternate Phone Number: _____

Date of Marriage: _____ _____ Living Separate: ☐ Yes ☐ No

County/State/Country Registered: _____

Date of Separation: _____

Is there currently a protection order in place? ☐ Yes ☐ No

     If "yes," who is Petitioner? _____

Is wife currently pregnant? ☐ Yes ☐ No

If "yes," is the unborn child believed to be the product of both married parties? ☐ Yes ☐ No

Number of children (under 18) or still in high school? _____

(Please list/attach additional information if needed)

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