

DIVORCE FACT SHEET

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

SOCIAL SECURITY NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NUMBER OF THIS MARRIAGE: _____ MAIDEN NAME: _____

EDUCATION: (HIGH SCHOOL) _____

(COLLEGE) _____

PLACE OF EMPLOYMENT: _____

NUMBER OF YEARS EMPLOYED: _____ JOB TITLE: _____

GROSS PAY: \$ _____ TAKE HOME PAY: \$ _____

OTHER EMPLOYMENT OR OTHER SOURCE OF INCOME: _____

SPOUSE INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

SOCIAL SECURITY NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NUMBER OF THIS MARRIAGE: _____ MAIDEN NAME: _____

EDUCATION: (HIGH SCHOOL) _____

(COLLEGE) _____

PLACE OF EMPLOYMENT: _____

NUMBER OF YEARS EMPLOYED: _____ JOB TITLE: _____

GROSS PAY: \$ _____ TAKE HOME PAY: \$ _____

OTHER EMPLOYMENT OR OTHER SOURCE OF INCOME: _____

BASIC INFORMATION:

DATE MARRIED: _____

WHERE: (CITY/COUNTY/STATE): _____

DATE SEPARATED: _____ WHO LEFT? _____

ADDRESS OF SPOUSE WHILE SEPARATED: _____

WERE YOU ASKED TO LEAVE? _____

DOES WIFE WANT FORMER MAIDEN NAME? _____

CHILDREN:

ARE THERE ANY MINOR CHILDREN INVOLVED? _____

IF SO, PLEASE STATE THEIR NAME(S), BIRTH DATE(S), AND AGE(S):

NAME: DATE OF BIRTH: SSN: AGE:

IN WHOSE CUSTODY ARE THE CHILDREN NOW? _____

ARE THERE ANY CHILDREN FROM A PREVIOUS MARRIAGE? _____

IF SO, PLEASE STATE THEIR NAME(S), BIRTH DATE(S), AGE(S) AND WHO HAS CUSTODY:

NAME: DATE OF BIRTH: SSN: AGE:

BANK ACCOUNTS: (Checking)

NAME ON ACCOUNT: _____

NAME OF BANK: _____

NAME ON ACCOUNT: _____

NAME OF BANK: _____

BANK ACCOUNTS: (Savings)

NAME ON ACCOUNT: _____

NAME OF BANK: _____

NAME ON ACCOUNT: _____

NAME OF BANK: _____

JOINT DEBTS:

CREDITOR:	WHAT FOR:	WHO OWES:	BALANCE:	MO.PMTS.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INFORMATION ABOUT LIVING:

ARE YOU RENTING OR BUYING A HOME? _____

WHO DO YOU PAY YOUR MORTGAGE OR RENT TO? _____

HOW MUCH IS YOUR MORTGAGE OR RENT PAYMENT? _____

WHEN DID YOU PURCHASE YOUR HOME? _____

APPROXIMATELY HOW MUCH IS YOUR HOME WORTH? _____

APPROXIMATELY HOW MUCH IS OWED ON YOUR HOME? _____

DOES YOUR MONTHLY PAYMENT INCLUDE TAXES & INSURANCE? _____

DO YOU OR YOUR SPOUSE OWN ANY OTHER REAL ESTATE? _____

IF SO, WHERE? _____

TRANSPORTATION INFORMATION:

HOW MANY VEHICLES DO YOU HAVE? _____

PLEASE LIST YEAR, MAKE AND MODEL OF EACH VEHICLE YOU HAVE AND WHAT NAME THE VEHICLE IS TITLED IN.

YEAR:	MAKE:	MODEL:	IN POSSESSION OF:	TITLED IN:
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE ANY OF THESE VEHICLES FINANCED? _____

MODEL:	MONTHLY PAYMENT:	WHERE FINANCED:	PAYMENTS LEFT:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Staff Use Only: (Additional Notes)

ALABAMA

CERTIFICATE OF DIVORCE

State File Number **101**

TYPE IN PERMANENT DARK INK. DO NOT USE GREEN, RED, OR PURPLE INK.

1. _____
- ALL ITEMS MUST BE COMPLETE AND ACCURATE
- HUSBAND**
3. _____
4. _____
5. _____
6. _____
7. _____
10. _____
11. _____
12. _____
13. _____
16. _____
- WIFE**
17. _____
18. _____
20. _____
25. _____
26. _____
27. _____
- MARRIAGE**
28. _____
29. _____
30. _____
31. _____
32. _____
35. _____
36. _____
37. _____
- DECREE**
39. _____
- OFFICIAL**
41. _____

Petitioner's Representative must file this form with the Circuit Court at the time the petition is filed.		1. COUNTY OF DECREE	
2. HUSBAND'S NAME First Middle Last (Print last name all capitals)		3. DATE OF BIRTH (Month, Day, Year)	
4. RACE—(Specify American Indian, Black, White, Etc.)	5. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)		6. SOCIAL SECURITY NUMBER
7. USUAL RESIDENCE—STATE	8. COUNTY	9. CITY—TOWN OR LOCATION	
10. INSIDE CITY LIMITS (Specify Yes or No)	11. ADDRESS—Street and Number or RFD Number		Zip Code
12. NUMBER OF THIS MARRIAGE (First, Second, Etc.)	13. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY—(Specify Death, Divorce, Dissolution, Annulment)		
14. WIFE'S NAME First Middle Last (Print last name all capitals)		15. WIFE'S MAIDEN LAST NAME	
16. DATE OF BIRTH (Month, Day, Year)	17. RACE—(Specify American Indian, Black, White, Etc.)	18. EDUCATION—(Specify ONLY highest grade completed) Elementary or High School (0-12) College (1-4 or 5+)	19. SOCIAL SECURITY NUMBER
20. USUAL RESIDENCE—STATE	21. COUNTY	22. CITY—TOWN OR LOCATION	
23. INSIDE CITY LIMITS (Specify Yes or No)	24. ADDRESS—Street and Number or RFD Number		Zip Code
25. NUMBER OF THIS MARRIAGE (First, Second, Etc.)	26. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify Death, Divorce, Dissolution, Annulment)		
27. Give the total number of children for whom custody was determined and indicate the number awarded to each party. Enter a "0" for the total if the custody of no children under 18 was subject to this action.		28. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 29 (Enter "0" if no children)	
_____ Husband _____ Joint-Husband/Wife _____ Wife _____ Other _____ Total Children/Custody was Determined		29. DATE COUPLE SEPARATED (Month, Day, Year)	
30. PLACE OF THIS MARRIAGE—(City, County, State)		31. DATE OF THIS MARRIAGE (Month, Day, Year)	32. PETITIONER— <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other, Specify
33. PETITIONER'S ATTORNEY OR REPRESENTATIVE—(Type)		34. ADDRESS—Street and Number or RFD Number—City—State—Zip	
35. TYPE OF DECREE—(Specify Divorce, Annulment, etc.)	36. DATE OF FINAL DECREE (Month, Day, Year)	37. DECREE AWARDED TO <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	38. TITLE OF COURT CIRCUIT
39. LEGAL GROUNDS FOR DECREE		40. SIGNATURE OF OFFICIAL	
41. TITLE OF OFFICIAL CLERK OF CIRCUIT COURT		42. TRIAL DOCKET NUMBER DR _____	

CIRCUIT CLERK MUST MAIL THIS REPORT BY THE FIFTH (5TH) OF EACH MONTH TO: CENTER FOR HEALTH STATISTICS, P.O. BOX 5618, MONTGOMERY, AL 36103-5618
ADOBE ACROBAT/ADPH-HS-16/Rev. 6-98--rm