

OPPOSING PARTY INFORMATION:

Full Name:

last first maiden middle

Address:

street city state zip

Home Phone: () _____

Mobile No: () _____

US Citizen Y or N

Social Security No: _____

Driver's License No: _____

Date of Birth: _____

Place of Birth:

City State Country

Employer: _____

Address: _____

Gross Monthly Pay:

Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Date and City of Marriage: _____

Date and City of Separation: _____

CHILDREN:

Where do the children reside?

1. Full Name:

last first middle

Address: _____

Are you requesting the Court to grant a name change YES or NO

New Full Name Requested: _____

OTHER INFORMATION:

Does your case involve allegations of:

- Physical Violence _____
- Criminal Record _____
- Excessive Alcohol Use _____
- Adultery _____
- Use of Illegal Drugs _____
- Child Abuse _____
- Financial Problems _____
- Computer Abuse _____

If Physical violence, has a Protective Order ever been Issued? YES or NO

If so, please give details:

Have you ever been charged with any crime other than traffic tickets? YES or NO

If so, please give details:

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO

If so, please give details:

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

Have you or anyone associated with this case been the subject of a: (check any applicable)

- a _____ Protective Order
- b _____ Restraining Order
- c _____ Child Protective Services Investigation
- d _____ Mental Health Professional Treatment
- e _____ Questionable Paternity Status
- f _____ Substance Abuse Treatment
- g) _____ Common-Law or Informal Marriage
- h) _____ Termination of Parental Rights
- i) _____ Prenuptial Agreement or Partitioning Agreement
- j) _____ Personal Injury Lawsuits

Please explain:

ADDITIONAL INFORMATION/PROPERTY