

Separation Agreement Worksheet

PERSONAL INFORMATION:

Your Full Name: _____

Address: _____

Phone: (H) _____ (Cell) _____ (Work) _____

E-mail: _____

Date of Birth: _____

OPPOSING PARTY INFORMATION:

Spouse / Defendant's Full Name: _____

Address: _____

Date of Birth: _____

INFORMATION PERTAINING TO YOUR CASE

Place of Marriage (City/County & State): _____

Date of Marriage: _____

Date of Separation: _____

If not married, are you living with someone? ___ Yes ___ No

When did you move in together?: _____

When did you separate?: _____

Is there a claim for alimony or post separation support?: ___ Yes ___ No

Do you maintain insurance on yourself and/or the minor children?: ___ Yes ___ No

If not, who does?: _____

Is there a claim for child support?: ___ Yes ___ No

If so, do the parties agree to an amount? ____ Yes ____ No

Who shall remain at the marital home?: _____ Husband _____ Wife

Is there any property besides the marital home that needs to be disbursed? If so, please state who is to receive the property and provide the address of the property:

Please list all items acquired during the marriage that you are to receive:

Please list all items acquired during the marriage that your spouse is to receive:

Please list any and all vehicles you are to receive:

Please list any and all vehicles your spouse is to receive:

Please list all of the debts (personal/credit/ loan/etc) that you claim as your responsibility:

Please list all of the debts (personal/credit/ loan/etc) that your spouse claims as their responsibility:

Other (anything else you or your spouse want included):

CHILDREN BORN OF THIS MARRIAGE/UNION

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

Child's Full Name: _____

Male ___ Female ___ Date of Birth: _____ SS#: _____

IS THERE A CUSTODY ORDER CURRENTLY IN EFFECT? ___ YES ___ NO

IF SO, DATE OF ORDER: _____ **(PROVIDE COPY TO OUR OFFICE)**

Name and Address of Opposing Party's Attorney:
