

Please answer all questions. Your divorce action will be prepared from the information supplied on this application. (Please be aware that it is a crime to fill out this application with facts you know are false or leave out facts that you know are important.) If you are processing your case by mail, please return this application with your check or money order made payable to Divorce Agreement.

1. Plaintiff (Filing Party):

First Name: _____ Middle Name: _____ Last Name: _____
 Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____ Race: _____
 Scars, Tattoos, etc: _____
 SSN: _____ **Phone Numbers:**
 Address: _____ Home: _____
 Street: _____ Business: _____
 City: _____ State: _____ Mobile: _____
 Zip: _____ County: _____ Education Level: _____
 Email Address: _____ State of Birth: _____
 Date of Birth: _____ Occupation: _____
 Employer: _____ Employer Address: _____
 Length of Employment (Yrs/Mos): _____
 Weekly Gross Income: \$ _____ Weekly Net Income (Take Home Pay: \$ _____
 Deductions: (Taxes, pensions, union dues, and medical insurance for children only.) \$ _____
 Residence owned or rented? _____

2. Defendant:

First Name: _____ Middle Name: _____ Last Name: _____
 Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____ Race: _____
 Scars, Tattoos, etc: _____
 SSN: _____ **Phone Numbers:**
 Address: _____ Home: _____
 Street: _____ Business: _____
 City: _____ State: _____ Mobile: _____
 Zip: _____ County: _____ Education Level: _____
 Email Address: _____ State of Birth: _____
 Date of Birth: _____ Occupation: _____
 Employer: _____ Employer Address: _____
 Length of Employment (Yrs/Mos): _____
 Weekly Gross Income: \$ _____ Weekly Net Income (Take Home Pay: \$ _____
 Deductions: (Taxes, pensions, union dues, and medical insurance for children only.) \$ _____
 Residence owned or rented? _____

3. Marriage Information:

Date of Marriage: _____ By Whom Married: _____
(Please indicate whether judge, minister, magistrate, etc.)

Place of Marriage: _____

City/Township: _____ County: _____ State: _____

Previous married name of wife, if any: _____

Maiden Name: _____

Number of this marriage for Plaintiff: _____ Defendant: _____

Wife's name restored, and if so, what name? _____

(If filing party is wife, there is no charge for restoration of prior name. However, if filing party is husband, we charge a \$35.00 processing fee to have prior name restored).

How long have you been a resident of your county? Years: _____

How long have you been a resident of Michigan? Years: _____

Date you last lived together as husband and wife: _____ 200 _____ (Estimate if necessary)

4. Children:

Please list name, age(s) of birth of all minor children *of this marriage*:

Name:	Age:	SSN:	Date of Birth:

Is wife pregnant? ☐ Yes ☐ No (to the best of your knowledge)

Any children born during this marriage other than the above? ☐ Yes ☐ No

Explain: _____

Address where each child is currently living:

Name:	Address:

Address where children have lived for the last 5 years, and with whom they lived at each address:

Name:	Address:	Parent:	Years:

Has there ever been a custody matter regarding any of the minor children in court? ☐ Yes ☐ No

If yes, in what state? _____ Where and what was involved: _____

Is there any person other than you and your spouse who has physical custody of any of your children or who claims to have custody or visitation rights regarding any minor child in this case? ☐ Yes ☐ No

If yes, give details and attach copies of any court orders: _____

Name any person other than you and your spouse in whose custody the minor children may be found or kept during this divorce: _____

Who will have custody of the minor child or children in this divorce action?

☐ Mother ☐ Father ☐ Joint physical and legal

What visitation schedule will the non-custodial parent have in this divorce action? _____

What amount of child support will be paid by the non-custodial parent? \$ _____ per week.

Who provides medical insurance for the minor child/children? ☐ Mother ☐ Father

Please list the insurance carrier, policy number, etc.

Insurance Carrier:

Policy Number:

Enroll Date:

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Is either party receiving FIA assistance? ☐ Yes ☐ No

If so, how much \$ _____ and who receives it? ☐ Mother ☐ Father

Is there a non-support action by the Prosecuting Attorney or Social Services currently in progress? ☐ Yes ☐ No

If so, has child support been ordered and in what amount per week? \$ _____

5. Property:

Joint property of the parties: ☐ Yes ☐ No ☐ Been Divided

(Provide legal descriptions and vehicle numbers prior to court date)

List of Property: (attach additional sheet of paper if necessary)

Have you divided all personal property and household furnishings, etc? ☐ Yes. ☐ No

State below how you and your spouse have agreed to divide marital assets, debts, etc.
(Assets include, but not necessarily limited to: real estate, household goods, appliances, furniture, furnishings, bank accounts, stocks, bonds, pensions, 401K's, automobiles motorcycles, other motor vehicles, boats and trailers.)

Is either party a member of the Armed Forces? ☐ Yes ☐ No if yes, which party:
☐ Plaintiff. ☐ Defendant

Have you or your spouse previously filed for divorce of this marriage? ☐ Yes ☐ No

Where did you read or hear of Divorce Agreement?

☐ Newspaper ☐ Friend Other: _____ (Please be specific: newspaper, friend, courthouse, etc.)

IMPORTANT: Will your spouse sign an acknowledgement of service in front of a Notary Public when he/she receives copies of the divorce papers? ☐ Yes ☐ No; or will it be necessary to have him//her served by a sheriff or process server where he/she resides? ☐ Yes ☐ No.

If he/she must be served, what would be the best time to have him/her served? _____

I have been a resident of the State of Michigan for _____ years, am of sound mind and make this appointment of my own free will.

INSTRUCTIONS FOR SIGNING: If you are processing your case by mail, you **MUST** sign in the presence of a Notary Public. You can usually find a Notary at any bank. Please do not sign until a Notary is present.

Date: _____

Plaintiff (Please sign in front of a Notary Public)

STATE OF MICHIGAN _____)

COUNTY OF KALAMAZOO)ss

Subscribed and sworn to before me this _____ day of, _____ 20 _____ .

Notary Public, _____ County, Michigan

My Commission Expires: _____