

CLIENT INFORMATION

NAME: _____
 First Middle Last

MAILING ADDRESS: _____
 Street City, State Zip

PHYSICAL ADDRESS: _____
 Street City, State Zip

PHONE NUMBERS: (HOME) _____ (WORK) _____
 (CELL) _____

SS#: _____ DOB: _____

NAME OF EMPLOYER: _____

EMPLOYMENT ADDRESS: _____
 Street City, State Zip

E-MAIL ADDRESS: _____

DO YOU WANT TO COMMUNICATE BY E-MAIL? _____

DO YOU WANT TO RECEIVE DOCUMENTS BY E-MAIL? _____

SPOUSE'S INFORMATION

NAME: _____
 First Middle Last

MAILING ADDRESS: _____
 Street City, State Zip

PHYSICAL ADDRESS: _____
 Street City, State Zip

PHONE NUMBERS: (HOME) _____ (WORK) _____
 (CELL) _____

SS#: _____ DOB: _____

NAME OF EMPLOYER: _____

EMPLOYMENT ADDRESS: _____
 Street City, State Zip

PHYSICAL DESCRIPTION:

HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____

RACE: _____ DISTINGUISHING MARKS: _____

OTHER PARTY'S VEHICLE DESCRIPTION:

YEAR: _____ MAKE: _____

MODEL: _____ COLOR: _____

DATE OF MARRIAGE: _____

CITY AND STATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

REASON FOR SEPARATION: _____

CHILDREN INFORMATION (only for children born to you and spouse)

NAME: _____ DOB: _____
 First Middle Last

SOCIAL SECURITY NUMBER: _____ GENDER: _____

NAME: _____ DOB: _____
 First Middle Last

SOCIAL SECURITY NUMBER: _____ GENDER: _____

NAME: _____ DOB: _____
 First Middle Last

SOCIAL SECURITY NUMBER: _____ GENDER: _____

NAME: _____ DOB: _____
 First Middle Last

SOCIAL SECURITY NUMBER: _____ GENDER: _____



EVERY ADDRESS THE CHILDREN HAVE RESIDED IN THE LAST 5 YEARS, DATES AT EACH ADDRESS (INCLUDING CITY, STATE AND ZIP CODE), AND WHO THE CHILDREN LIVED WITH:

IS DHS NOW, OR HAVE THEY EVER BEEN, INVOLVED FOR ANY REASON, SUCH AS REGARDING ANY ALLEGATIONS OF ABUSE AND/OR NEGLECT? ___

EXPLAIN: _____

PHYSICAL ABUSE ALLEGED BY EITHER PARTY? _____

EXPLAIN: _____

DRUG ABUSE/ADDICTION BY EITHER PARTY? _____

EXPLAIN: _____

INFORMATION NEEDED TO PREPARE PETITION/ANSWER

1. Have you lived in the State of Oklahoma for the last 6 months? _____

2. List county you have lived in for the last 30 days: _____

3. Have either you or your spouse participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this state or any other state? Yes No

If your answer is YES, give complete details: _____

4. Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge? Yes No

If your answer is YES, give complete details: _____



5. Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitation privileges with respect to your child(ren)? Yes No
If your answer is YES, give complete details: _____

6. Who do you propose be the custodial parent? Father Mother Joint
7. Please tell me your proposed Child visitation schedule:

8. Have you and your spouse participated in any marital counseling? Yes No

INDIAN DESCENT

1. Are you of Indian descent? Yes No
2. Is your spouse/other parent of Indian descent? Yes No
3. If your answers to both of these questions were NO, then skip to the next series of questions, otherwise complete the following:
 - a. If either you and/or your spouse is of Indian descent, Name of Tribe:

 - b. Are you or your spouse properly enrolled on the Tribal Rolls? Yes No
 - c. Are the children currently enrolled on the Tribal Rolls to your knowledge? Yes No
 - d. What is the Roll Number of each child? _____
 - e. Are the children eligible for membership in an Indian Tribe? If so, what tribe? _____

HEALTH INSURANCE POLICY

1. Do you or your spouse maintain health insurance on your children? _____
 I do Spouse does
2. Is the health insurance provided, through a private plan or through the employer?
 - a. Provided by me through a private policy
 - b. Provided by spouse through a private policy
 - c. Provided through my employer
 - d. Provided through spouse's employer
3. What is the total cost (premium) of the health insurance per month? \$ _____
4. What is the cost (premium) of the health insurance *for the children only* per month? \$ _____



5. If the health insurance is provided by your employer or your spouse's employer, does the employer pay the employee's, i.e., yours or your spouse's health insurance premium? Yes No
6. How many individuals are covered by this health insurance policy? _____
7. Are there any individuals covered under this policy who are not children of this marriage? Yes No If your answer is YES, how many? _____
8. Do you, your spouse, or children receive any health insurance through DHS or other state agency? Yes No If your answer is YES, explain? _____

CHILD CARE FOR CHILDREN

1. If your children are in child care, what is the name of the Child Care Center?

2. Which children are in child care? _____
3. What is the cost of the child care? \$_____ per week
 \$_____ every two weeks
 \$_____ per month
4. Who currently pays for the child care? Mother Father DHS
5. Does this amount take into consideration any "extras" (field trips, birthday parties, etc.) that the child care provider may charge? Yes No
 a. If your answer is NO, what is the average amount per month that the child care provider charges each month? \$_____

MILITARY HISTORY
 (prior service/present status)

Are you or your spouse currently in the military or have either of you previously been in the military? If yes to either question, please explain. _____



INCOME INFORMATION

INCOME INFORMATION	FATHER	MOTHER
1. Gross monthly income from salary and wages, including commissions, bonuses, allowances and overtime		
2. Income is paid weekly, bi-weekly, or monthly		
3. Income from Pensions and Retirement		
4. Income from Social Security		
5. Income from Disability and Unemployment Insurance		
6. Income from Public Assistance (welfare, AFDC payments, etc.)		
7. Child Support from any prior marriage		
8. All other Sources: (Specify)		
AMOUNT OF GROSS INCOME		

TEMPORARY ORDERS

Please indicate which of the following you want to the Court to **give to YOU** right now while the case is pending and before the final order is entered:

REQUEST OF THE COURT	YES	No
1. Possession of the marital residence?		
(If answer to 1. is "Yes", list address of marital residence:		
2. Custody of the minor children?		
3. Temporary Child Support?		
4. Temporary Spousal Support?		
5. Possession of Vehicle (Describe)		
Year, make, model of Wife's vehicle:		
Year, make, model of Husband's vehicle:		
6. Temporary attorney fees and court costs?		
7. Order directing your spouse to:		
(a) Leave the home immediately?		
(b) Remain away from you and/or children?		
(c) Restrain from selling or disposing of any asset?		



TEMPORARY SUPPORT

1. Since the date of your separation, have you received OR paid any money from/to your spouse? Yes No

If your answer is YES, how much have you received or paid, give dates and amounts:

DATE	AMOUNT	RECEIVED OR PAID
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid
		<input type="checkbox"/> Received <input type="checkbox"/> Paid

2. If your answer is **NO** to the above, why has no money been paid? _____

CONTESTED ISSUES

1. Will your spouse contest this divorce action as to the **custody of the child(ren)**?
 Yes No
If your answer is YES, state the reasons: _____

2. Will your spouse contest this divorce action as to the **division of property**? Yes
 No
If your answer is YES, state the reasons: _____

3. Will your spouse execute a **WAIVER** to avoid cost of service of summons? Yes
 No

4. If your spouse will NOT sign a waiver, where is the best place to have him/her served with the Divorce Petition (address)?

5. Have you or your spouse ever filed for Divorce from the other? Yes No
If your answer is YES,
a. What State and County was the action filed? _____
b. What was the case number? _____
c. What date was the action was filed? _____



STATE ASSISTANCE

1. Has either parent ever received or applied for TANIF and/or cash assistance from the State? Yes No

2. Has either parent ever received daycare assistance from the State? Yes No

3. Has either parent ever received or applied for Soonercare? Yes No

4. Has either parent ever received or applied for assistance through the Child Support Enforcement Division of DHS? Yes No

WIFE'S FORMER NAME

Wife Only: At the time of the final Decree, do you wish to be restored to a former name? Yes No

Former name: (First, Middle and Last name wanted following divorce):

WHO REFERRED YOU TO THIS OFFICE? _____

