The ProBono Project

Divorce Questionnaire

We strongly suggest that you submit a copy of your marriage license along with this questionnaire. This will help to avoid mistakes that can delay your divorce proceedings. You may request a copy of your marriage license at the Bureau of Vital Records & Statistics for Orleans residents and at your Clerk of Court for all other parishes.

Responses must be accurate and verifiable. Answer every question; do not leave blanks. If a question does not apply to your situation, please write 'N/A'. Please complete this form and provide the requested documents to intake@probono-no.org or by mail or in person to 935 Gravier Street, Suite 1340, New Orleans, Louisiana 70112.

St. Tammany or Washington Parish applicants may send the requested documents to krichard@probono-no.org or by mail or in person to 810 N. Columbia Street, Suite A, Covington, LA 70433.

1. CLIENT

Your Name:____ **Male** ☐ **Female** ☐

(First) (Middle) (Maiden) (Last)

Mailing Address: ____**City**: __________________ **State**: _______

Home Phone: _____________________ **Cell:** _______________________ **Date of Birth:** _____/______/_____

2. ADVERSE PARTY

Spouse's Name:____ **Male** ☐ **Female** ☐

(First) (Middle) (Maiden) (Last)

Mailing Address: ____**City**: __________________ **State**: _______

Home Phone: _____________________ **Cell:** _______________________ **Date of Birth:** _____/______/_____

Email Address: ____ **Is your spouse incarcerated?** ☐ YES ☐ NO

3. CHILDREN BORN TO EITHER SPOUSE

Name: _________________________________ **Sex:** _______ **DOB:** _____/______/_____ **Age:** ______________
Is this your biological or adopted child? ☐ YES ☐ NO Is this the biological or adopted child of your spouse? ☐ YES ☐ NO

Name: _________________________________ **Sex:** _______ **DOB:** _____/______/_____ **Age:** ______________
Is this your biological or adopted child? ☐ YES ☐ NO Is this the biological or adopted child of your spouse? ☐ YES ☐ NO

Name: _________________________________ **Sex:** _______ **DOB:** _____/______/_____ **Age:** ______________
Is this your biological or adopted child? ☐ YES ☐ NO Is this the biological or adopted child of your spouse? ☐ YES ☐ NO

Name: _________________________________ **Sex:** _______ **DOB:** _____/______/_____ **Age:** ______________
Is this your biological or adopted child? ☐ YES ☐ NO Is this the biological or adopted child of your spouse? ☐ YES ☐ NO

Name: _________________________________ **Sex:** _______ **DOB:** _____/______/_____ **Age:** ______________
Is this your biological or adopted child? ☐ YES ☐ NO Is this the biological or adopted child of your spouse? ☐ YES ☐ NO

4. MARRIAGE

Date of Marriage: _____/_____/_____ **City**: _____ **State:** _____

Date of Separation: _____/_____/_____ **City**: _____ **State:** _____

Is your spouse's last name on your driver's license? ☐ YES ☐ NO

If applicable, would you like to return to your maiden name (please include in name line above)? ☐ YES ☐ NO ☐ N/A

Have either of you ever filed for divorce from <u>one another</u> before? ☐ YES ☐ NO

If so, where? _____ When? _____ Who filed? _____

Was there ever domestic violence or accusations of domestic violence against you or your spouse? ☐ YES ☐ NO

Are you or your spouse pregnant? ☐ YES ☐ NO **Is your spouse an active-duty military service member?** ☐ YES ☐ NO

Was this a covenant marriage? ☐ YES ☐ NO ☐ NOT SURE

5. USE THIS SECTION FOR ANY ADDITIONAL DETAILS YOU'D LIKE FOR US TO KNOW