

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 <input type="checkbox"/> Female <input type="checkbox"/> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (First) (Middle) (Maiden) (Last) </div>	Mailing Address: _____ City: _____ State: _____ Home Phone: _____ Cell: _____ Date of Birth: ____/____/____
2. ADVERSE PARTY	
Spouse's Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> (First) (Middle) (Maiden) (Last) </div>	Mailing Address: _____ City: _____ State: _____ Home Phone: _____ Cell: _____ Date of Birth: ____/____/____ Email Address: _____ Is your spouse incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. CHILDREN BORN TO EITHER SPOUSE	
Name: _____ Sex: _____ DOB: ____/____/____ Age: _____ Is this your biological or adopted child? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this the biological or adopted child of your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name: _____ Sex: _____ DOB: ____/____/____ Age: _____ Is this your biological or adopted child? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this the biological or adopted child of your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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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 one another 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