

# LEERS DIVORCE WORKSHEET

COURT FILE NUMBER:

STATE FILE NUMBER:

<b>H U S B A N D</b>	HUSBAND'S NAME - LAST		FIRST	MIDDLE	SUFFIX	DATE OF BIRTH (MM / DD / YY)
	SOCIAL SECURITY NUMBER:					
	PLACE OF BIRTH	COUNTRY	STATE/ TERRITORY/ PROVINCE		CITY	
	RESIDENCE	COUNTRY	STREET ADDRESS			APT. NO.
		STATE				
		PARISH/COUNTY	CITY, TOWN, OR LOCATION	ZIP CODE		
<b>W I F E</b>	WIFE'S NAME - LAST		FIRST	MIDDLE	SUFFIX	DATE OF BIRTH (MM / DD / YY)
	SOCIAL SECURITY NUMBER:					
	PLACE OF BIRTH	COUNTRY	STATE/ TERRITORY/ PROVINCE		CITY	
	RESIDENCE	COUNTRY	STREET ADDRESS			APT. NO.
		STATE				
		PARISH/COUNTY	CITY, TOWN, OR LOCATION	ZIP CODE		
<b>M A R R I A G E</b>	PLACE OF THIS MARRIAGE	COUNTRY	STATE/ TERRITORY/ PROVINCE	COUNTY	CITY	
	DATE OF THIS MARRIAGE (MM / DD / YY)	DATE OF LAST RESIDENCE IN THE SAME HOUSE (MM / DD / YY)	NUMBER OF CHILDREN UNDER 18 IN THE HOUSEHOLD AS OF LAST DATE OF RESIDENCE <input type="checkbox"/> NUMBER <input type="checkbox"/> NONE		PETITIONER <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER	
<b>L E G A L</b>	PETITIONER'S ATTORNEY NAME - LAST		FIRST	MIDDLE	SUFFIX	
<b>A T T O R N E Y</b>	ADDRESS	COUNTRY	STATE/ TERRITORY/ PROVINCE	COUNTY	CITY	BAR ROLL NUMBER
<b>D E C R E E</b>	DECREE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER		DATE OF DECREE (MM / DD / YY)	DATE RECORDED (MM / DD / YY)	TYPE OF DECREE <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)	
	NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> NO CHILDREN					
	PARISH OF DECREE	FACILITY	TITLE OF COURT	I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON (MONTH, DAY, YEAR)		
<b>A S S I G N M E N T</b>	CERTIFIER TITLE <input type="checkbox"/> CLERK OF COURT <input type="checkbox"/> DEPUTY CLERK OF COURT <input type="checkbox"/> OTHER	CERTIFIER NAME	SIGNATURE OF CERTIFYING OFFICIAL		DATE CERTIFIED (MM / DD / YY)	
	ADDRESS OF CERTIFIER	COUNTRY	STREET ADDRESS	APT. NO.	DATE FILED BY STATE REGISTRAR (MM / DD / YY)	
		STATE	CITY, TOWN, OR LOCATION	ZIP CODE		
<b>C O N F I D E N T I A L</b>	THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD					
<b>H U S B A N D</b>	HUSBAND - NUMBER OF THIS MARRIAGE		HUSBAND'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		HUSBAND'S RACE (Check one or more races to indicate what race the mother considers herself to be)	
	IF PREVIOUSLY MARRIED REASON LAST MARRIAGE ENDED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)		<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
	DATED ENDED (MM / DD / YY)					
<b>W I F E</b>	WIFE - NUMBER OF THIS MARRIAGE		WIFE'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		WIFE'S RACE (Check one or more races to indicate what race the mother considers herself to be)	
	IF PREVIOUSLY MARRIED REASON LAST MARRIAGE ENDED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DISSOLUTION OF MARRIAGE <input type="checkbox"/> ANNULMENT (SPECIFY)		<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
	DATED ENDED (MM / DD / YY)					