

# DOWAN LAW OFFICES, INC.

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## Divorce Information Form

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Client: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

Petitioner  Respondent  DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ How long a resident of Kentucky: \_\_\_\_\_

Race: \_\_\_\_\_ Number of Times Married: \_\_\_\_\_ Restore maiden name? \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street Number                    Street Name

\_\_\_\_\_  
                    City                                    County                                    State                    Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
                    Street Number                    Street Name

\_\_\_\_\_  
                    City                                    County                                    State                    Zip Code

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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Opposing Party: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

Petitioner  Respondent  DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ How long a resident of Kentucky: \_\_\_\_\_

Race: \_\_\_\_\_ Number of Times Married: \_\_\_\_\_ Restore maiden name? \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street Number                    Street Name

\_\_\_\_\_  
                    City                                    County                                    State                    Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
                    Street Number                    Street Name

\_\_\_\_\_  
                    City                                    County                                    State                    Zip Code

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Living Separate:  Yes  No

County/State/Country Registered: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Is there currently a protection order in place?  Yes  No

If "yes," who is Petitioner? \_\_\_\_\_

Is wife currently pregnant?  Yes  No

If "yes," is the unborn child believed to be the product of both married parties?  Yes  No

Number of children (under 18) or still in high school? \_\_\_\_\_

Children's Information

*(Oldest to Youngest)*

Full Name: \_\_\_\_\_  
(first) (middle) (last)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with?: \_\_\_\_\_

Current Address: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first) (middle) (last)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with?: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first) (middle) (last)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with?: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(first) (middle) (last)

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with?: \_\_\_\_\_

Current Residence: \_\_\_\_\_

*(Please attach additional children's information in the same format)*

As per KRS 403.480, please write your responses to the following.

1. Where have the children lived for the past five years? Please state the name, relationship to child, and address of persons with whom the children lived during that period of time.

*(For example: March 2011-May 2016 with Jane Doe, mother, at 123 Main Street, Los Angeles CA)*

From \_\_\_\_\_ to \_\_\_\_\_ with  
(Month/Year) (Month/Year)  
\_\_\_\_\_ at  
(Name of person and relationship to child)  
\_\_\_\_\_  
(Address)

From \_\_\_\_\_ to \_\_\_\_\_ with  
(Month/Year) (Month/Year)  
\_\_\_\_\_ at  
(Name of person and relationship to child)  
\_\_\_\_\_  
(Address)

From \_\_\_\_\_ to \_\_\_\_\_ with  
(Month/Year) (Month/Year)  
\_\_\_\_\_ at  
(Name of person and relationship to child)  
\_\_\_\_\_  
(Address)

From \_\_\_\_\_ to \_\_\_\_\_ with  
(Month/Year) (Month/Year)  
\_\_\_\_\_ at  
(Name of person and relationship to child)  
\_\_\_\_\_  
(Address)

From \_\_\_\_\_ to \_\_\_\_\_ with  
(Month/Year) (Month/Year)  
\_\_\_\_\_ at  
(Name of person and relationship to child)  
\_\_\_\_\_  
(Address)

*(Please attach additional information in the same format)*

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*(continued from page 3)*

2. Have you participated (as a party, witness, or in any other capacity) in any other litigation concerning the custody of the same child(ren) in Kentucky or otherwise?  Yes  No  
If "Yes," which county/state, what year, and in what capacity (party/witness/other)?  
\_\_\_\_\_
3. Do you have information of pending custody proceeding regarding the child(ren) in Kentucky or otherwise?  Yes  No

