DAYTON P. HAIGNEY

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| Tel: (212) 557-5590E-mail: DPHLAW@msn.com | Attorney at Law233 Broadway, Suite 2348New York, NY 10279 | of counsel:Mark R. Crosby |
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**All of the information** requested below is required by the Office of Court Administration for the purposes of keeping statistics. The information will be kept confidential by my office, the County Clerk and Office of Court Administration.

THIS FORM SHOULD BE FILLED OUT ON A **COMPUTER** AND PROOFREAD CAREFULLY

ONCE THE FORM IS COMPLETED IT SHOULD BE E-MAILED TO- DPHLAW@msn.com

**SPOUSE I:**

**-PLEASE INSERT RESPONSES IN THE RIGHT COLUMN-**

|  |  |
| --- | --- |
| Legal Married Name: |  |
| Legal Name Before Marriage: |  |
| Post-Divorce Name: |  |
| Current Address: |  |
| How long has Spouse 1 lived in New York? OrWhen did Spouse 1 last live in New York? |  |
| Phone Number: |  |
| E-Mail Address: |  |
| Social Security Number: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Highest level of education: |  |
| Employer: |  |
| Income at time of separation agreement: |  |
| Employer Group Insurance? Yes/No |  |
| Name of Insurer: |  |
| Address of Insurer: |  |
| Group Plan #: |  |
| Identification #: |  |
| Credit Card Debt Amount and name of issues (indicate if joint card): |  |
| Previous Divorces? |  |
| Previously Widowed? |  |

**SPOUSE 2:**

|  |  |
| --- | --- |
| Legal Married Name: |  |
| Legal Name Before Marriage: |  |
| Post-Divorce Name: |  |
| Current Address: |  |
| How long has Spouse 2 lived in New York? OrWhen did Spouse 2 last live in New York? |  |
| E-Mail Address: |  |
| Social Security Number: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| Highest level of education: |  |
| Employer: |  |
| Income at time of separation agreement: |  |
| Employer Group Insurance? Yes/No |  |
| Name of Insurer: |  |
| Address of Insurer: |  |
| Group Plan #: |  |
| Identification #: |  |
| Credit Card Debt Amount and name of issues (indicate if joint card): |  |
| Previous Divorces?  |  |
| Previously Widowed? |  |

**CHILDREN**

*Name & Social Security # Date of Birth Primary Address*

|  |  |  |
| --- | --- | --- |
| Name: **SS#:**Gender: |  |  |
| Name:SS#:Gender |  |  |
| Name:SS#:Gender |  |  |
| Name:SS#:Gender: |  |  |

|  |  |
| --- | --- |
| Have the children lived at any other address in the past five years? If so, provide the address(es) |  |
| Have the children resided with any other adults in the past five years? If so, provide the name(s) & address(es) |  |

|  |  |
| --- | --- |
| Number of children over the age of 21 or deceased: |  |

|  |  |
| --- | --- |
| Are there any existing Court Orders relating to child support? If yes, please provide a copy of the order |  |
| What health insurance plan currently covers the children? |  |
| Which spouse will provide health insurance to the children? |  |
| If there is no coverage, are the parties looking into health insurance options?(Medicaid, The Children's Health Insurance Program (CHIP), New York Child Health Plus or insurance plans on the NYS Official Health Plan Marketplace) |  |

**MARRIAGE INFORMATION**

|  |  |
| --- | --- |
| Date of Marriage: |  |
| Town, County & State of marriage: |  |
| Was a religious ceremony performed?  |  |
| Approximate Date of separation: |  |

**UNCONTESTED DIVORCE INFORMATION:**

|  |  |
| --- | --- |
| Has your spouse agreed to an uncontested divorce? (yes, no or not sure) |  |
| Do you and your spouse have property or debt which is being divided? |  |
| Is spousal maintenance (alimony) being paid? |  |

**REGISTRY CHECK INFORMATION**

By statute, the court requires this information in order to grant a judgment of divorce (if the answer is ‘yes’ to any question, please provide the details):

|  |  |
| --- | --- |
| Is either party in the active military service? |  |
| Has an Order of Protection been issued against either party? |  |
| Has an Order of Protection been issued in favor either party? |  |
| Has either party ever been named in a Child Abuse/Neglect Proceeding? |  |
| Is either party registered under New York State’s Sex Offender Registration Act? |  |
| Does either party receive Public Assistance? |  |

**MISCELLANEOUS INFORMATION**

Do you have attorneys? [ ] Yes [ ]  No

May we contact attorneys directly? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Attorney Name & Address-Spouse #1- |  |

[ ]  Retained [ ]  Consulting

|  |  |
| --- | --- |
| Attorney Name & Address-Spouse #2- |  |

[ ]  Retained [ ]  Consulting

Do you have a couple’s therapist? [ ]  Yes [ ]  No

May we contact the therapist directly? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Therapist Name & Address- |  |

Please provide an additional information which may be pertinent to the divorce proceeding: