

COUNTY	CASE NO.	DATE OF HEARING
This form must be filled simultaneously with the Petition for Divorce.		

	HUSBAND	WIFE
1. Name	_____	_____
2 Address	_____	_____
3 Telephone Number	_____	_____
4. Attorney &, Telephone Number	_____	_____
5. Date & Place of Birth	_____	_____
6. Religion	_____	_____
7. Date a Place of Marriage	_____	_____
8. Children of this Marriage - Date & Place of Birth	_____	_____
9. Prior Marriage	_____	_____
A. Date & Place	_____	_____
B. Name	_____	_____
C. Children - Date & Place of Birth	_____	_____
D. Date, Place, Grounds of Divorce	_____	_____

Policy Statement: The Family Court recognizes alcoholism as an illness and *that* such problem drinking is treatable and that entering treatment or counseling will not be prejudicial to legal issues in the court. This court is sensitive to the family problems raised by problem drinking and wishes not to be considered an obstacle to help in these matters.

10. A. Do you desire family counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is the filing of his petition influenced by the drinking or use of any drug by any family members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. I would like information about educational seminars on helping our children cope with divorce.

Yes No

Signature of Petitioner _____