

BLEVINS LAW
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TRACY TODD BLEVINS

Uncontested Divorce Information

**** Completion of this form does not establish a client/attorney relationship. Blevins Law will advise you as to if/when we choose to take your case. Any fee paid for an uncontested divorce is non-refundable and by signing below, you indicate acknowledgement of same.**

Date Form Completed: _____ Who completed this form? Husband _____
Wife _____
Both _____

Which party will be Petitioner (person filing): Husband or Wife (circle one)
Husband Wife

SS# _____
Full Name: _____

SS# _____
Full Name (Include Middle Name AND Maiden Name): _____

Date of Birth: _____ Age: _____
Place of Birth: _____
County of Birth: _____
Usual Residence: _____

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Place of Birth: _____
County of Birth: _____
Usual Residence: _____

Ethnicity: _____
Occupation: _____
Field of Business: _____
Telephone No. _____
How long at this address: _____

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Occupation: _____
Field of Business: _____
Telephone No. _____
How long at this address: _____

No. of years in State of KY: _____
Ky resident for more than 180 days preceding the filing of the Petition?

No. of years in State of KY: _____
Ky resident for more than 180 days preceding the filing of the Petition?

Proved by: _____

Proved by: _____

Number of marriages (including current): _____
If any previous marriages, how did it/they terminate? Divorce/ Death (Circle One)
Divorce/ Death (Circle One)

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Active duty in military? _____

Active duty in military? _____

Do you want your maiden name restored:
Circle: Yes or No
If yes, to what full name?

General.

Date of Marriage: _____
Place Marriage was Registered: City: _____ County: _____ State: _____
Have you separated? _____ If so, give date of separation: _____
Have you resided separately for 60 days? _____ Yes _____ No
Conciliation efforts: _____

Children of the marriage. # _____

If there is not enough room below, please attach a separate sheet to add additional children with the following information.

Name: _____
Current Address: _____
Places where the child has lived for the past 5 years: _____
DOB: _____ Age: _____ Relationship to Petitioner: _____
SS# _____

Name: _____
Current Address: _____
Places where the child has lived for the past 5 years: _____
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Name: _____
Current Address: _____
Places where the child has lived for the past 5 years: _____
DOB: _____ Age: _____ Relationship to Petitioner: _____
SS# _____

Tax deduction for child/children goes to _____ Husband _____ Wife

Is wife pregnant? _____

List any/all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court:

Case No. _____ Matter: _____

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Child Support.

The Petition will state that you agree that Reasonable child support to be paid by HUSBAND or WIFE (circle) in the amount of \$_____ per month.

Complete the attached **CHILD SUPPORT WORKSHEET.**

Child Custody.

Outline arrangements regarding custody, visitation, and support of the children:

The Petition will state that you agree that the best interest of children served by awarding custody to ___ HUSBAND or ___ WIFE or ___JOINT CUSTODY (Circle one)

Visitation Plan: *See attached schedule suggested by Madison County Local Rules.

Initial here if it is acceptable, if not, indicate preferences below.

What will be the regular time sharing schedule?

What will be the holiday time sharing schedule?

What will be the summer time sharing schedule?

Where is pick up and drop off of the child for time sharing exchanges?

Who will pick and pay for summer camps?

Other? _____

Spousal Support or Maintenance.

This is a sum of money one party pays to the other after the divorce as part of the legal arrangement to supplement the other party's income.

NUMBER OF YEARS or MONTHS TO PAY: _____

Amount to be paid each month \$ _____

Who will be paying it?

Who will receive it?

Property Settlement.

(You may wish to attach or email an additional page.) Divide all assets and debts - list banks accounts, real estate, vehicles, retirement, life insurance, furniture and all other personal property and state the person who will retain said property - list bank loans, personal loans, credit card debt, vehicle debt, real estate mortgages and all other debt and state the person who is responsible for said debt:

HOUSEHOLD ITEMS/PERSONAL PROPERTY (furniture, etc):

List personal property and how it will be divided:

RETIREMENT ACCOUNTS:

List any retirement accounts and how each will be split:

BANK ACCOUNTS:

List all bank accounts and how each will be split:

VEHICLES:

List all vehicles and who will retain each vehicle (if vehicle will need to be transferred list how long parties will have to accomplish said transfer):

MAKE – Model of Car When to Transfer DEBT/LIEN:

REAL ESTATE:

List all real estate owned and who will retain each property. If property is to be refinanced, when will that occur? If property is to be sold, who will pick realtor, who will pay for repairs while being sold, who will live in the house while being sold, when will the other party move out, and how will proceeds of the sale be split?

CREDIT CARDS:

List all credit card debt and who will be responsible for each account.

STUDENT LOANS:

List any student loans and who will be responsible for each.

CELL PHONES:

List provider of cell phone(s) account (s). Who will continue to pay each account and will one party be removed from said account. If so, when will that occur?

TAX RETURN:

How will tax returns be filed this year? How is tax refund or debt to be split?

Who will be responsible for previous year(s) tax debt?

Who will claim children on tax returns? Which years?

**COMMONWEALTH OF KENTUCKY
WORKSHEET FOR MONTHLY
CHILD SUPPORT OBLIGATION**

The Following information is needed in order to calculate the amount of Child Support Obligation per the Commonwealth of Kentucky State Guidelines. You are not required to pay/receive this amount; it is for informational purposes only. Blevins Law is required to have you acknowledge receipt of this information so it is very important that this information is accurate and true.

Wife:

1. Monthly gross income: \$ _____
2. Deduction for maintenance payments: \$ _____
3. Deduction for child support paid for other prior-born children: _____
4. Adjusted Monthly income (Subtract any amounts on lines 2 and 3 from the amount listed on line 1, if less than \$0.00, enter \$0.00: \$ _____
5. Combined monthly income

Husband:

1. Monthly gross income: \$ _____
2. Deduction for maintenance payments: \$ _____
3. Deduction for child support paid for other prior-born children: \$ _____
4. Adjusted Monthly income (Subtract any amounts on lines 2 and 3 from the amount listed on line 1, if less than \$0.00, enter \$0.00: \$ _____
5. Combined monthly income

HEALTH INSURANCE FOR CHILDREN:

Who will cover the child(ren) on health/dental insurance?

Who will pay for expenses not covered by health insurance?

SCHOOL FEES/EXTRA-CURRICULAR ACTIVITIES:

Who will pay for school fees and fees for extra-curricular activities?
