

PACKET # 4

BASIC DIVORCE WITH PROPERTY
AND/OR ALIMONY REQUEST(S)
AND HAVE CHILDREN UNDER 18



FORMS


DIVORCE PACKET #4

BASIC DIVORCE WITH PROPERTY DIVISION AND/OR ALIMONY REQUEST(S) AND HAVE CHILDREN UNDER 18

FORMS

 **This packet contains the blank Court forms that you must complete for filing.**

 **ONLY FILE THE FORMS IN THIS FORMS PACKET.**
DO NOT file the forms in the Instructions Packet.

 The forms in this packet are in the same order as the instructions and sample forms in the Instructions Packet:

Petition for Divorce/Annulment form
Affidavit of Children's Rights form
Information Statement form
Request for Notice form
Custody Separate Statement form
Stipulation to Incorporate the Separation Agreement form
Affidavit of Non-Military Service form
Rule 16(c) Financial Report form
Affidavit of Mailing form



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

In re the Marriage of:

Petitioner

v. Respondent

Court Use Only:

Name		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code
Social Security Number		Date of Birth
Attorney Name and Phone Number		

Name		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code
Social Security Number		Date of Birth
Attorney Name and Phone Number		

File Number
Petition Number

PETITION FOR DIVORCE/ANNULMENT

I. GENERAL INFORMATION

1. Date of marriage: _____ Place of marriage: _____
City: _____ County: _____ State: _____

2. Date of separation: _____

3. Your occupation/job title: _____

4. Your spouse's occupation/job title: _____

5. How long you have lived in Delaware: _____

6. How long your spouse has lived in Delaware: _____

7. At what address is your spouse most likely to receive mail? (*Check ONE*)

My spouse's home address as described above.

My spouse receives mail at the following address that is different from the address described above: _____
Street Address

Apt. or P.O. Box Number City State Zip Code

My spouse lives out-of-state or after a reasonable search, I do not know where my spouse receives mail. It is unlikely that my spouse can be personally served. My spouse should be served by mail and/or publication of notice **AT MY EXPENSE**, as provided by 13 Del. C. § 1508.

My spouse is a foreign citizen and/or has resided in a foreign country within 2 years before filing this Petition. The Embassy address of the country in which my spouse is a citizen or has resided is : _____
Name of Embassy

Street Address Suite Number (if any)

City State Zip Code

8. Check and complete **ALL** that apply for the following:

- Wife **IS** currently pregnant.
- Wife is **NOT** currently pregnant.
- We have children of the marriage (born or adopted) who either are younger than 18 years old or are 18 years old and still in high school. *(If you check this box, list the children below. Attach additional sheets if necessary.)*

NAME OF CHILD(REN) (First, Middle, Last)	DATE OF BIRTH (Month, Day, Year)	ADDRESS OF CHILD(REN) (Street Address, City, State, Zip Code)

9. Check **ONE** and complete as directed.

- I have not brought an action for divorce or annulment in any court against this spouse **AND** to the best of my knowledge, information and belief, my spouse has not brought an action for divorce or annulment against me in any court.
- Either my spouse or I have filed for divorce or annulment against the other before the date of filing this Petition. *If you check this box, complete the below. Attach additional sheets if necessary.*

TYPE OF ACTION (divorce or annulment)	PERSON who filed the action	STATE the action was filed	COUNTY the action was filed	COURT the action was filed	DATE the action was filed	RESULT of the action

II. DIVORCE (Check here if you want a divorce)
(And complete this section.)

1. ALL of the following must be true before the Family Court will consider your Petition for Divorce. **Check BOTH statements below to acknowledge that they are true:**

- MY MARRIAGE IS IRRETRIEVABLY BROKEN. (Our relationship as husband and wife is destroyed.)*
- RECONCILIATION (GETTING BACK TOGETHER) WITH MY SPOUSE IS NOT PROBABLE.*

2. I want a divorce and we have separated because of: *(Check ALL that apply)* (At the Court Hearing, you must prove each reason you check.)

- Incompatibility between the parties *(Because we cannot get along as husband and wife, our marital relationship is destroyed and we separated.)*
- Misconduct of my spouse *(physical abuse, psychological abuse, infidelity, abandonment, etc.)*
- My spouse's mental illness *(You must provide proof of mental illness)*
- Voluntary separation *(Both my spouse and I have agreed to separate and to end the marriage.)*

III. ANNULMENT (Check here if you want an annulment)
(And complete this section.)

You only may ask for an annulment if at least one of the below statements is true. At the Court Hearing, you must prove each reason you check. (Asking for an annulment is like asking the Court to declare that your marriage never happened.) If none of the below applies, you should meet with an attorney before asking the Court for an annulment.

I want an annulment because of the following reasons: *(Check ALL that apply)*

It has been less than 91 days since I learned that:

- My spouse did not have the legal capacity to agree to the marriage (the ability to understand at the time of the wedding that we were getting married and the legal effect of the wedding) because of mental incapacity, alcohol, drugs or other incapacitating substances.
- I got married to my spouse as a result of a fraudulent act or misrepresentation by my spouse **AND** such fraudulent act or misrepresentation goes to the essence of the marriage. (For example, my spouse promised me that he/she was single and after we got married, I learned my spouse never got divorced from his/her previous spouse. It has been less than 91 days since I learned of this misrepresentation.)

- I got married to my spouse because my spouse or another person exercised duress over me **OR** another person exercised duress over my spouse. (For example, I was forced to get married to my spouse because my life was threatened if I did not marry my spouse.)
- We got married because of a jest or a dare.

AND/OR

It has been exactly one year (365 days) or less since:

- I learned that the marriage could not be consummated because of the physical inability to have sexual intercourse and at the time we got married I did not know of the physical inability.
- We have gotten married and/or my spouse was underage and we did not have the consent of his/her parents or guardian or of the Court to enter into the marriage.

III. RELIEF REQUESTED (What you want the Court to do)

***(YOU MUST COMPLETE THIS SECTION
WHETHER YOU WANT A DIVORCE OR AN ANNULMENT)***

1. I ask that the Family Court:
 - A. Issue Summons directed to my spouse requiring my spouse to answer the Petition for Divorce/Annulment.
 - B. Enter an Order (Decree) for Divorce/Annulment, thereby divorcing Petitioner (me) and Respondent (my spouse) from the bonds of matrimony or annulling the marriage.

2. I also ask that the Family Court decide all the matters checked below. *(Check what you want the Family Court to decide or to order. Some of the matters require an additional filing fee. At the Court Hearing, you must prove each reason that you check. If you do **NOT** want the Court to decide any of the below matters, do **NOT** check any of the boxes.)*

- | | |
|--|--|
| <input type="checkbox"/> Property Division
(divide our marital property and/or debts) | <input type="checkbox"/> Custody
(custody of children) |
| <input type="checkbox"/> Visitation
(visitation of children) | <input type="checkbox"/> Child Support
(have my spouse pay me for the support of our children) |
| <input type="checkbox"/> Temporary Alimony
(have my spouse pay me alimony until the divorce is final) | <input type="checkbox"/> Court Costs
(have my spouse pay me for my court costs for this action) |

Permanent Alimony
(have my spouse pay me alimony after
the divorce is final)

Counsel fees
(have my spouse pay me for my attorney
fees for this action)

Change my name to _____
(must be maiden or former name – only wife may make this request)

Incorporate our Separation Agreement
(enforce your Separation Agreement)
(If you want the Family Court to enforce your Separation Agreement, you **MUST** attach the original Separation Agreement signed by both parties and notarized **AND** the original Stipulation to Incorporate the Separation Agreement that also is signed by both parties and notarized).

Sign here _____
Petitioner (person filing this Petition) or Petitioner’s Attorney

The verification section below is to be completed by and signed in the presence of a Notary Public or Clerk of Court.

VERIFICATION

STATE OF DELAWARE)
) SS.
_____ COUNTY)

BE IT REMEMBERED, that on this date _____, personally appeared before me, a Notary Public for the State and County aforesaid, _____ who, being duly sworn by me did depose and say that he/she is the PETITIONER in the above captioned action and that all of the facts set forth in the Petition for Divorce/Annulment are true and correct to the best of his/her knowledge and belief.

Petitioner (person filing the Petition for Divorce/Annulment)

SWORN TO AND SUBSCRIBED before me on aforesaid date,

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

AFFIDAVIT OF CHILDREN'S RIGHTS

Petitioner

Respondent

File Number(s)
Petition Number(s)

STATE OF DELAWARE)

) ss.

COUNTY OF _____)

BE IT REMEMBERED, that on this date, _____,
 _____, ("affiant"), personally appeared before me, a Notary Public for the
 State and County aforesaid, who, being by me duly sworn according to law, has read or has been advised of the
 following children's rights:

1. The right to a continuing relationship with both parents.
2. The right to be treated as an important human being, with unique feelings, ideas and desires.
3. The right to continuing care and guidance from both parents.
4. The right to know and appreciate what is good in each parent without one parent degrading the other.
5. The right to express love, affection and respect for each parent without having to stifle that love because of fear of disapproval by the other parent.
6. The right to know that the parents' decisions to divorce was not the responsibility of the child.
7. The right not to be a source of argument between the parents.
8. The right to honest answers to questions about the changing family relationships.
9. The right to be able to experience regular and consistent contact with both parents and the right to know the reason for any cancellation of time or change of plans.
10. The right to have a relaxed, secure relationship with both parents without being placed in a position to manipulate one parent against the other.

Affiant

SWORN TO AND SUBSCRIBED before me this date, _____

Notary Public or Clerk of Court

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No. : _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____

C. Phone: Home: _____ Work: _____

D. Employer & Work Address: _____

Hours/Shift: _____

E. Social Security No.: _____ F. Date of Birth. _____

G. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

H. Type of Vehicle operated by you : _____

I. License No: _____ J. Your relationship to the Defendant/Respondent: _____

K. Attorney: _____

Please fill in L to V pertaining to the Defendant/Respondent..

L. Defendant/Respondent is a: (Check One) **ADULT** **JUVENILE**

M. Name: _____

N. Address: _____

O. Phone: Home: _____ Work: _____

P. Employer and Work Address: _____

Hours/Shift: _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Drivers License No.: _____ U. Type of vehicle operated by Defendant/Respondent _____

V. Parents Name (if a juvenile): _____

If you are filing for Custody, Visitation or Support please fill out the information on the other side in reference to the child(ren) that are involved.

Children (Custody/Visitation/Support)

Name	Relationship	Birthdate
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

DIRECTIONS TO RESPONDENT'S RESIDENCE

Please fill in AA to JJ pertaining to any additional Respondents. (For more respondents use additional sheets)

AA. Defendant/Respondent is a: (Check One) ADULT JUVENILE

BB. Name: _____

CC. Address: _____

DD. Phone: Home: _____ Work: _____

EE. Employer and Work Address: _____

Hours/Shift _____

FF. Social Security No.: _____ GG. Date of Birth: _____

HH. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

II. Drivers License No.: _____ T. Type of vehicle operated by Defendant/Respondent. _____

JJ. Parents Name (if a juvenile): _____

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

In re the Marriage of:

Petitioner

v. Respondent

Court Use Only:

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

File Number
Petition Number

REQUEST FOR NOTICE

Did your spouse notify you that he/she will pick up a copy of the Petition for Divorce/Annulment at the Family Court?

If NO, complete Section A and the bottom of the page.

If YES, complete Section B and the bottom of the page

TO: Clerk of Court – Divorce

A. PLEASE ISSUE SUMMONS. (Check **ONE**)

Service of a copy of the Summons and Petition shall be effected upon Respondent (my spouse) by delivering copies thereof to Respondent (my spouse) personally.

My spouse does not live in Delaware **OR** after a reasonable search, I do not know where my spouse lives or receives mail. It is unlikely that my spouse can be personally served. Therefore, please send a copy of the Summons and Petition by certified or registered mail **AT MY EXPENSE** to Respondent (my spouse) at the address specified in the Petition and publish notice as provided in 13 Del. C. §1508 in the following newspaper in the County where I am filing this action:

Name of Newspaper:

Address of Newspaper:

Contact Name:

Phone No.:

Fax No.:

B. PLEASE WITHHOLD ISSUANCE OF SUMMONS. (Check below)

Respondent (my spouse) has notified me that he/she or his/her attorney will appear in your office at the Family Court to receive a copy of the Petition and will sign an Appearance document. Should Respondent (my spouse) or Respondent's attorney fail to so appear, you will receive further direction.

Date: _____

Petitioner (person filing the Petition) or Petitioner's Attorney

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CUSTODY SEPARATE STATEMENT IN COMPLIANCE WITH 13 DELAWARE CODE SEC. 1909 (Attachment to Dependency/Neglect or Custody Petition)

Petitioner (person requesting custody)	vs	Respondent	File No.
--	----	------------	----------

1. Where are the child(ren) living as of today' s date?

2. During the past five years (from _____) with whom have the child(ren) lived?

Dates From - To	Name (With whom child(ren) lived)	Relationship to Child(ren)	Address

3. Have you been involved in a custody action regarding this child(ren) in any other State (outside of Delaware)? If the answer is yes, please explain.

4. Do you know if anyone has requested custody of the child(ren) in Delaware or any other State? Explain.

5. Does anyone other than yourself and the respondent have physical custody of the child(ren) or claim to have custody or visitation rights of the child(ren)? Give name, relationship and address.

SWORN TO AND SUBSCRIBED

before me this date,

Petitioner

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

_____ ,)	
Petitioner,)	
)	File No.: _____
v.)	
)	Petition No.: _____
_____ ,)	
Respondent.)	

STIPULATION TO INCORPORATE THE SEPARATION AGREEMENT

IT IS HEREBY STIPULATED and agreed by and between the Parties that the attached Separation Agreement, signed by both Parties on this date, _____, be incorporated into the Final Decree of Divorce.

Petitioner

Respondent

Date: _____

Date: _____

Sworn to and subscribed before
me this date, _____.

Sworn to and subscribed before
me this date, _____.

Notary Public

Notary Public

IT IS SO ORDERED this date, _____.

Judge



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

In re the Marriage of:

Petitioner

v. Respondent

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

File Number
Petition Number

The section below is to be completed by and signed in the presence of a Notary Public/Clerk of Court on the day of your Divorce Hearing.

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE)
)
_____ COUNTY) ss.

BE IT REMEMBERED, that on this date _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the Petition for Divorce;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 200 of the Act of Congress entitled "Soldiers and Sailors Civil Relief Act of 1940" (50 U.S.C.A. App. 520) approved October 17, 1940.

Petitioner

SWORN TO AND SUBSCRIBED before me this date, _____.

Notary Public or Clerk of Court

FILM

RULE 16(c) FINANCIAL REPORT
PROPERTY DIVISION, ALIMONY, COUNSEL FEES

DATE OF MARRIAGE:
DATE OF SEPARATION:
DATE OF DIVORCE:

CASE NAME:
FILE NUMBER:
PETITION NUMBER:

PETITIONER'S NAME:	
ADDRESS:	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
HOME PHONE:	
WORK PHONE:	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
YEARS EMPLOYED:	
POSITION OR OCCUPATION:	
CURRENT ANNUAL INCOME:	
PETITIONER'S ATTORNEY:	
ATTORNEY'S ADDRESS:	
PHONE #:	FAX #:
E-MAIL ADDRESS (optional):	

RESPONDENT'S NAME:	
ADDRESS:	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
HOME PHONE:	
WORK PHONE:	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
YEARS EMPLOYED:	
POSITION OR OCCUPATION:	
CURRENT ANNUAL INCOME:	
RESPONDENT'S ATTORNEY:	
ATTORNEY'S ADDRESS:	
PHONE #:	FAX #:
E-MAIL ADDRESS (optional):	

A. Names and dates of birth of minor children of the parties. Indicate with whom the child(ren) primarily reside: Mother (M); Father (F); Shared (S).

B. Names and dates of birth of any adult children residing with either party. Indicate whether the child is enrolled in school.

C. Describe your employment history for the past five years. Include the name of each employer, the dates of employment, the last annual income with each employer, and the reason employment ended. Start with your most recent employer.

PETITIONER (P): EMPLOYER	DATES OF EMPLOYMENT		ENDING ANNUAL INCOME	REASON FOR LEAVING
	START DATE	END DATE		

RESPONDENT (R): EMPLOYER	DATES OF EMPLOYMENT		ENDING ANNUAL INCOME	REASON FOR LEAVING
	START DATE	END DATE		

D. Do you have health/dental insurance benefiting you, your spouse and/or children of this marriage?
 (P) YES NO (R) YES NO

If so, please state the name of your insurance company, the group and member numbers and cost:

(P)

Insurance Company:
Group Number:
Member Number:
Monthly Cost:

(R)

Insurance Company:
Group Number:
Member Number:
Monthly Cost:

E. Are you a participant in any pension and/or retirement plan at your current place of employment?
 (P) YES NO (R) YES NO

Were you a participant in any other pension and/or retirement plan(s) through previous employment?

(P) YES NO (R) YES NO

If so, please state the name(s) of all plan(s), plan administrator(s), address(es) and phone number(s) in which you are a participant:

(P)

(R)

F. Do you have any other deductions from your pay (not including taxes), such as union dues, mandatory pension deductions, or other?

(P) YES NO (R) YES NO

If so, please identify the deduction and monthly cost:

DEDUCTION	MONTHLY COST

DEDUCTION	MONTHLY COST

G. Do you participate in or own any life insurance on your life?

(P) YES NO

(R) YES NO

If so, please state the following:

Name of Plan	Policy Number	Type*	Beneficiary	Face Value	Surrender Value	Cash Monthly Cost	Basis for Non-Marital Claim

* Type: W= Whole Life T= Term E= Employer

H. Do you claim any inability to pay support due to ill health, disability or extraordinary expenses which results in dependency upon the other party for support and/or impairment of earning capacity?

(P) YES NO

(R) YES NO

If yes, please provide below and the name and address of all treating physicians and state the nature of the disability:

(P)

(R)

I. Are you receiving any income from benefits such as Social Security retirement, Social Security Disability (SSDI), VA benefits, federal pension (CSRS or FERS), private disability or military pension?

(P) YES NO

(R) YES NO

If so, please indicate from where you receive the benefit(s) and the monthly amount:

BENEFIT	MONTHLY COST	BENEFIT	MONTHLY COST

INCOME INFORMATION

J. List annual gross income from all sources for last three years, including estimated gross income for current year:

PETITIONER		RESPONDENT	
3 years ago	\$	3 years ago	\$
2 years ago	\$	2 years ago	\$
1 year ago	\$	1 year ago	\$
Current	\$	Current	\$

ASSETS OF THE PARTIES

“Assets” include all assets (property) of any kind, including real estate, and tangible and intangible personal property (such as bank accounts, stocks, bonds, etc.). Unless you explain otherwise, it will be presumed that you are the sole legal owner of any asset(s) identified in your answers. If you are not the sole legal owner, please explain the nature and extent of your ownership, including the name of all co-owners. **If the space provided is insufficient, please attach additional pages, indicating whether the attachment is supplied by Petitioner or Respondent.**

All property will be considered marital and subject to division unless a party indicates to the contrary. Such an indication must be made by listing one of the following reasons for claiming the property is non-marital under the “Basis for Non-Marital Claim” category:

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Premarital (Property owned by a party before marriage). 2. Agreement (Property excluded by agreement of the parties). 3. Post-Separation (Property acquired after separation). 4. Exchange (Property acquired in exchange for premarital property). | <ul style="list-style-type: none"> 5. Increase (The increase in value of property acquired before marriage). 6. Gift (Property acquired by gift from a third person). 7. Inheritance (Property acquired by inheritance). |
|---|--|

PLEASE COMPLETE THE FOLLOWING INFORMATION:

REAL PROPERTY

K. Interests in real estate:

Address	In Whose Name	Market Value	Mortgage Balance	Source of funds for purchase	Basis for Non-Marital Claim
		(P)			
		(R)			
		(P)			
		(R)			
		(P)			
		(R)			

MOTOR VEHICLES

L. Automobiles, trailers, motorcycles, and other vehicles:

Make, Model & Year	In Whose Name	Date Acquired	Value by Petitioner*	Value by Respondent*	Balance on Loan	Who drives?	Basis for Non-Marital Claim

* NOTE: The Court generally uses the current retail NADA book value for automobiles

BANK ACCOUNTS

M. Checking accounts, savings accounts, certificates of deposit:

Name and Address of Institution	Account Number	Present Value	Name	In Whose Basis for Non-Marital Claim

RETIREMENT PLAN(S)

N. Profit sharing plans and/or retirement plans (other than your pension) such as an IRA:

Name of Plan	In Whose Name	Value of Plan & Date of Value	Does the Non-contributor Claim a Share of Post-Separation Contributions?		Basis for Non-Marital Claim
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	
			Y <input type="checkbox"/>	N <input type="checkbox"/>	

INVESTMENTS

O. Stocks, mutual funds, securities, bonds and options:

Corporation	Shares	Class	In Whose Name	Date Acquired	Market Value	Basis for Non-Marital Claim

ANNUITIES

P. Annuities:

Name and Address of Company	Amount of Payment	Date of First Payment	Duration of Payments	Beneficiary upon Death	In Whose Name	Basis for Non-Marital Claim

BUSINESSES

Q. If you have any interest in any business, please state:

PETITIONER

RESPONDENT

NAME OF BUSINESS:
ADDRESS:
PERCENTAGE OF INTEREST OF BUSINESS:
YEARS OF OPERATION:
NAME OF ACCOUNTANT:
ACCOUNTANT'S ADDRESS:
BASIS FOR CLAIM THAT PROPERTY IS NON-MARITAL:
ARE THERE ANY BUY/SELL AGREEMENTS? Y <input type="checkbox"/> N <input type="checkbox"/>

NAME OF BUSINESS:
ADDRESS:
PERCENTAGE OF INTEREST OF BUSINESS:
YEARS OF OPERATION:
NAME OF ACCOUNTANT:
ACCOUNTANT'S ADDRESS:
BASIS FOR CLAIM THAT PROPERTY IS NON-MARITAL:
ARE THERE ANY BUY/SELL AGREEMENTS? Y <input type="checkbox"/> N <input type="checkbox"/>

HOUSEHOLD FURNISHINGS AND BELONGINGS

If the parties do not agree how to divide their household furnishings and belongings, the Court generally divides them by the "two-list" method. One party prepares two lists dividing all of the marital furnishings and belongings. The other party chooses which of the two lists of household furnishings and belongings he or she will keep. The party who prepared the two lists will keep the household furnishings and belongings listed on the remaining list.

	<u>PETITIONER</u>	<u>RESPONDENT</u>
The household furnishings and belongings:	have been divided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	will be divided by the "two-list" method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER ASSETS

R. Other Asset:	In Whose Name	Value

DEBTS OF THE PARTIES

S. Please complete the chart below regarding ALL of the debts incurred during this marriage

Write the name of the creditor (the institution, company, person, etc.) to whom money is owed	Write the name of the person responsible to the creditor	Write the general purpose of the debt incurred (why was the money borrowed?)	Write the date the debt was incurred	Write the amount of money owed on the date of separation	Write the amount of money owed on the date of divorce	Would you like credit for the money you paid after the date of separation? If so, how much?
1)				(P)	(P)	(P)
				(R)	(R)	(R)
2)				(P)	(P)	(P)
				(R)	(R)	(R)
3)				(P)	(P)	(P)
				(R)	(R)	(R)
4)				(P)	(P)	(P)
				(R)	(R)	(R)
5)				(P)	(P)	(P)
				(R)	(R)	(R)
6)				(P)	(P)	(P)
				(R)	(R)	(R)
7)				(P)	(P)	(P)
				(R)	(R)	(R)
8)				(P)	(P)	(P)
				(R)	(R)	(R)
9)				(P)	(P)	(P)
				(R)	(R)	(R)
10)				(P)	(P)	(P)
				(R)	(R)	(R)
11)				(P)	(P)	(P)
				(R)	(R)	(R)
12)				(P)	(P)	(P)
				(R)	(R)	(R)
13)				(P)	(P)	(P)
				(R)	(R)	(R)
14)				(P)	(P)	(P)
				(R)	(R)	(R)
15)				(P)	(P)	(P)
				(R)	(R)	(R)

PETITIONER'S EXPENSE INFORMATION

T. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

ITEM	CURRENT EXPENSES	ESTIMATED EXPENSES
Rent		
Mortgage (taxes, insurance and escrow)		
Water		
Sewer		
Electric		
Gas		
Oil		
Garbage		
Cable television		
Telephone		
Household items		
Household maintenance and repairs (list)		
Item:		
Item:		
Groceries		
Clothing		
Health Insurance (COBRA)		
Out-of-pocket medical and dental expenses for self		
Medical and dental expenses for the children		
Work-related child care		
School tuition for children of the parties		
School tuition for other children		
Laundry and dry cleaning		
Toys and presents		
Cosmetics and toiletries		
Hobbies		
Barber and hairdresser		
Newspaper, magazine subscriptions		
Charitable and/or religious donations		
Vacation		
Entertainment and miscellaneous		
Transportation (other than auto)		
Automobile		
Monthly payment		
Repairs and maintenance		
Insurance		
Gasoline		
Life Insurance		
Other		
TOTAL		

RESPONDENT'S EXPENSE INFORMATION

U. List monthly expenses (1/12 of actual payments made during the preceding twelve (12) months) and estimated monthly expenses for the next year, including any expenses that have recently changed or are expected to change in the near future.

ITEM	CURRENT EXPENSES	ESTIMATED EXPENSES
Rent		
Mortgage (taxes, insurance and escrow)		
Water		
Sewer		
Electric		
Gas		
Oil		
Garbage		
Cable television		
Telephone		
Household items		
Household maintenance and repairs (list)		
Item:		
Item:		
Groceries		
Clothing		
Health Insurance (COBRA)		
Out-of-pocket medical and dental expenses for self		
Medical and dental expenses for the children		
Work-related child care		
School tuition for children of the parties		
School tuition for other children		
Laundry and dry cleaning		
Toys and presents		
Cosmetics and toiletries		
Hobbies		
Barber and hairdresser		
Newspaper, magazine subscriptions		
Charitable and/or religious donations		
Vacation		
Entertainment and miscellaneous		
Transportation (other than auto)		
Automobile		
Monthly payment		
Repairs and maintenance		
Insurance		
Gasoline		
Life Insurance		
Other		
TOTAL		

IF ANY PARTY DELIBERATELY FAILS TO DISCLOSE INFORMATION REQUIRED IN THIS REPORT OR DELIBERATELY MISREPRESENTS INFORMATION IN RESPONSE TO QUESTIONS IN THIS REPORT, THE COURT MAY IMPOSE SANCTIONS, INCLUDING, BUT NOT LIMITED TO, AWARDING THE ENTIRE ASSET TO THE OTHER PARTY REGARDLESS OF ANY OTHER EQUITABLE CIRCUMSTANCES, AWARDING ATTORNEY'S FEES OR OTHER EXPENSES INCURRED FOR THE ADDITIONAL TIME REQUIRED TO DISCOVER THE ASSET, OR ANY OTHER PENALTY THAT THE COURT DEEMS APPROPRIATE.

PROPOSED DIVISION

Please list below the proposed division of property and debts and reasons for proposal, to the extent known:

PETITIONER

RESPONDENT

STATE OF _____ :
COUNTY OF _____ : SS.

BE IT REMEMBERED that on this _____ day of _____, 20____, appeared before me, a Notary Public for the State and County aforesaid, _____, who being by (Name of Petitioner) me duly sworn according to law, did depose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

PETITIONER

NOTARY PUBLIC OR CLERK OF COURT

COUNSEL FOR PETITIONER, IF ANY

DATE

STATE OF _____ :
COUNTY OF _____ : SS.

BE IT REMEMBERED that on this _____ day of _____, 20____, appeared before me, a Notary Public for the State and County aforesaid, _____, who being by (Name of Respondent) me duly sworn according to law, did depose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

RESPONDENT

NOTARY PUBLIC OR CLERK OF COURT

COUNSEL FOR RESPONDENT, IF ANY

DATE



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Petitioner

Name		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code
Social Security Number		Date of Birth
Attorney Name and Phone Number		

v. Respondent

Name		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code
Social Security Number		Date of Birth
Attorney Name and Phone Number		

File Number
Petition Number
Type of Petition

AFFIDAVIT OF MAILING

A proceeding involving the above-captioned case having been previously filed in this Court, I, the:

- Petitioner/Movant Attorney for Petitioner/Movant
(Check ONE) Respondent/Movant Attorney for Respondent/Movant,

affirm that a true and correct copy of this: *(Check ONE and complete as appropriate)*

Answer to Petition 16c Financial Report

Motion or Response to Motion _____
(Type of Motion)

Other: _____
(Other type of document mailed to opposing party/attorney)

was placed in the U.S. Mail on this date, _____, and sent first class postage pre-paid to the: *(Check ONE and complete as appropriate)*

opposing party at the address listed above.

attorney for opposing party at the address listed below.

Party/Movant/Attorney

SWORN TO AND SUBSCRIBED

before me this date, _____.

Notary Public