

SamarasLawyers

DIVORCE APPLICATION

Key legislation:

[Family Law Act 1975](#)

[Marriage Act 1961](#)

Date: _____

Client Contact

Name: _____

Preferred method of contact: Email Post Phone Other: _____

Email: _____

Address: _____

Phone: _____

Existing client New client

Client Details and Verifying Identity: Completed Not required, as identified within last two years

Conflict of Interest Check: Completed

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Postal Address: PO Box 2717, Taren Point NSW 2229

T: (02) 9247 1111 | **Fax:** (02) 9247 2222 | **E:** office@samaraslawyers.com.au

W: www.samaraslawyers.com.au

1. Type of Application

Sole application Joint application

2. The Relationship

Marriage

Date: _____ Town and country: _____

Marriage Certificate: *Certified copy is sufficient.* Supplied Client to bring in We will order

Other: _____

Note: *If married for less than two years, client and spouse must either attend counselling with an approved family and child counsellor, or apply by affidavit to the court as to why they should be allowed to seek a divorce within two years of marriage.*

Separation – must be for 12 months and 1 day or longer

Date of final separation: _____ Did you regard the marriage as over? Yes No

If no, on what date did you regard the marriage as over? _____

Since you separated have you and your spouse:

Lived under one roof but not as husband and wife? Yes No

If yes, details including dates and length of time:

Lived together as husband and wife? Yes No

If yes, details including dates and length of time:

Do you think you will live together again as husband and wife? Yes No

Citizenship requirement

The client, or the other party to the marriage, must answer YES to at least one of the following:

Was born in Australia or has become an Australian citizen by descent – *Born outside Australia and at least one parent was an Australian citizen and your birth is registered in Australia.*

Is an Australian citizen by grant of Australian citizenship – *Citizenship certificate will be required.*

Is lawfully present in Australia and intends to continue living in Australia – *Must have been living in Australia for at least the last 12 months – evidence must be provided – passport showing the date of arrival at least one year prior and a valid or current visa.*

3. Other Side

Name: _____

 Address: _____

 Postal address: As above or _____

 Contact: W: _____ H: _____ Fax: _____
 Mobile: _____ Email: _____

4. Solicitor For Other Side

Firm name: _____
 Contact name: _____
 Address: _____

 Postal address: As above or _____
 Contact: Phone: _____ Fax: _____
 Mobile: _____ Email: _____

5. Cases and Orders

Any ongoing/pending cases in this or any court that involve the parties or any of the children listed? Yes No
Note: Any case that concerns family law, child support, family violence or child welfare.

If yes, brief details: *Including court, next date, parties and nature.*

Are there any existing orders, agreements, parenting plans or undertakings to a court about family law, child support, family violence or abuse in relation to a child, including family violence orders which have applied to a child or a member of the child's family, or child welfare issues concerning any of the parties or children listed in this application? Yes No

If yes: Order Parenting plan Undertaking Agreement

Copies attached OR

Brief details including court, next date, parties and nature:

6. Will and Severance of Joint Tenancies

Any beneficial gift in favour of, or appointment as executor of, a former spouse is revoked by termination of a marriage.

Does the client wish to make a new will?	Yes	No
Does the client wish to sever any joint tenancies?	Yes	No
Are there any real property assets in one name only?	Yes	No

If yes, details: _____

Is a caveat required to protect the non-owner's interests? Yes No

If yes: Implied trust *Contributed financially to the acquisition of the property.*

Constructive trust *A joint endeavour, therefore unconscionable for one to take the whole interest.*

7. Children

No children

All over 18 years Children under 18 years – please complete the following:

Child of the marriage includes any child of you and your spouse, and any child who was treated as a member of your family prior to your final separation; for example, a step-child or foster child.

An additional children's information sheet is available at the end of this form.

	Child 1	Male	Female		Child 2	Male	Female
Family name:	_____				_____		
Given names:	_____				_____		
Date of birth:	_____		Age: _____		_____		Age: _____
Name of mother:	_____				_____		
Name of father:	_____				_____		
Child lives with:	_____				_____		

	Child 3	Male	Female		Child 4	Male	Female
Family name:	_____				_____		
Given names:	_____				_____		
Date of birth:	_____		Age: _____		_____		Age: _____
Name of mother:	_____				_____		
Name of father:	_____				_____		
Child lives with:	_____				_____		

Current details for each child

Time and communication with the child

State the amount and frequency of time the child spends with the parent or other significant person with whom the child does not live. This time may be face to face, telephone, emails, letters or other forms of communication.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Financial support

State who pays for the costs of raising the child; include details of any child support or maintenance being actually paid, or agreed, assessed or ordered to be paid and not being paid by any person with whom the child does not live.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Health

Provide details of the child's health and any diagnosis, treatment or ongoing medical needs.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Education

State which school the child attends, the year level and how the child is progressing at school.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Do you plan to make any changes to these current arrangements? Yes No

If yes, include details of any significant changes planned for the foreseeable future. For example, a change in living arrangements, schooling or financial support.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Additional children's information page used: Yes No

8. Costs

Discussed costs: Yes No Estimate: \$ _____

Initial fees required: Yes No If yes: \$ _____

Forward costs agreement: Yes No

Send using Electronic Signatures *Will incur a fee.*

9. Other Services

Wills required: Yes No

Powers of attorney and guardianship required: Yes No

Other: _____ Yes No

Please open file and make appointment for instructions: Yes No

10. Source Of Work

For example, existing client.

Additional Sheet – Children’s Information Page

	Child _____	Male	Female	Child _____	Male	Female
Family name:	_____			_____		
Given names:	_____			_____		
Date of birth:	_____	Age: _____		_____	Age: _____	
Name of mother:	_____			_____		
Name of father:	_____			_____		
Child lives with:	_____			_____		

Current details for the child

Time and communication with the child

State the amount and frequency of time the child spends with the parent, or other significant person, with whom the child does not live. This time may be face to face, telephone, emails, letters or other forms of communication.

Child _____ : _____

Child _____ : _____

Financial support

State who pays for the costs of raising the child; include details of any child support or maintenance being actually paid, or agreed, assessed or ordered to be paid and not being paid by any person with whom the child does not live.

Child _____ : _____

Child _____ : _____

Health

Provide details of the child’s health and any diagnosis, treatment or ongoing medical needs.

Child _____ : _____

Child _____ : _____

Education

State which school the child attends, the year level and how the child is progressing at school.

Child _____ : _____

Child _____ : _____

Do you plan to make any changes to these current arrangements?

If yes, details of significant changes planned. You should include details of any significant changes planned in the foreseeable future. For example, a change in living arrangements, schooling or financial support.

Child _____ : _____

Child _____ : _____
