

DIVORCE APPLICATION FORM

Please send your completed form to info@iedivorce.co.za

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Consultation / Service / Delivery Address: 6 Porterfield Road, Comco House, Bloubergrant, 7441, Cape Town

www.iedivorce.co.za



A. PERSONAL INFORMATION

MY PERSONAL DETAILS (PLAINTIFF)		
Full Names		
Surname		
Maiden Name (If any)		
ID Number (South African		
citizens only)		
Passport Number (Not		
required for South African		
citizens)		
MY CONTACT DETAILS		
Email Address		
Telephone / Cell Number		
Residential Address		

MY EMPLOYMENT DETAILS		
Occupation		
Name of Employer		
Employer's Address		
Telephone Number (Work)		
MY SPOUSE/PARTNER'S DETAILS (DEFENDANT)		
Full Names		
Surname		
Maiden Name (If any)		
ID Number (South African citizens only)		
Passport Number		

(Not required for South African

citizens)

MY SPOUSE/PARTNER'S CONTACT DETAILS		
Email Address		
Telephone Number		
Cell Phone Number		
Residential Address		
MY SPOUSE/PARTNER'S EMPLOYMENT DETAILS		
Occupation		
Name of Employer		
Employer's Address		
Telephone Number (Work)		

B. THE CHILDREN – CARE AND CONTACT ARRANGEMENTS

How many children are born from the marriage?		
Full Names, Surname, Date of Birth, Age and Gender of Each Child		
Current Playschool(s), School(s) and/or Tertiary Education Institution(s)		
What are the current care and contact arrangements?		
Who will keep care and contact ("custody") of the child(ren) after divorce? With whom will the child(ren) primarily stay?		
Explain what kind of contact the other parent will have after divorce?	Weekday contact	
	Weekend contact	
	Holiday contact	
	Other	

C. THE CHILDREN – MAINTENANCE

Who will be responsible for payment of the child(ren)'s monthly maintenance?	
What is the agreed monthly maintenance payable?	R per child per month
Who will be responsible for payment of the child(ren)'s school fees and all other educational expenses such as uniforms, stationery, after care and extramural activities?	
Will the child(ren) be covered by a medical aid? If so, who is the main member of the medical aid and who will be responsible for payment of the monthly premiums? Please give full details of the applicable medical	
aid plan.	
Who will be responsible for payment of medical costs <u>not</u> covered by the medical aid?	
Who will be responsible for payment of the child(ren)'s tertiary, post-school educational expenses?	
Are there any other aspects regarding the child(ren)'s maintenance that you wish to bring to our attention?	

D. FINANCIAL ARRANGEMENTS

List the immovable properties (houses, plots and other buildings) owned by you and your spouse/partner. Please mention the following for each immovable property: a) Address; b) Bond details, if relevant. c) On whose name is the property registered? d) Who will retain ownership after divorce?	
List all movable assets (household items, furniture, motor vehicles, etc.) owned by you and your spouse/partner. Who will keep each item? Please give full details about the motor vehicle(s), motorbike(s), trailer(s). In whose name is it registered? What is the registration number(s)? What model is it?	
Do you have any pension/provident fund/policies and/or annuities?	Fund: Fund Number: Employee/Membership Number:
Does your spouse/partner lay claim on any of it? If so, please give full details.	YES / NO

Does your spouse/partner have any pension/provident fund/policies and/or annuities?	Fund: Fund Number: Employee/Membership Number:
Do you lay claim on any of it? If so, please give full details.	YES / NO
Is there any other information that you wish to include in the settlement agreement? If so, please give full details.	

E. INFORMATION ABOUT YOUR MARRIAGE

Date of Marriage				
Place of Marriage				
Marriage Regime	In Community of Property	Out of Community of Property (With Accrual)	Out of Community of Property (Without Accrual)	In terms of the laws of another country
Date of Separation (if relevant)				
Why did the marriage break down?	We have l	peen living apa	rt for over a	
(Tick <u>all</u> applicable answers.)	year. There are communication problems			
	There are communication problems. There are physical intimacy problems.			
	We constantly fight and argue.		-	
	We no longer share the same interests and/or hobbies.		its	
	My spouse/partner abuses alcohol.			
	My spouse/partner abuses			
	prescription medication. My spouse/partner abuses me			
	physically	=		
	My spous	e/partner abus	ses me verba	lly
	and emot			
	My spous	e/partner had	an affair.	
Excluding this divorce how many	Plaii	ntiff (you)	De	efendant
times have you and your spouse		.:		v +i
been married before respectively?		x times		x times
Where did you get married?			,	
(Example: Church, Mosque,				
Synagogue, Home Affair, etc.)				

Are there any other reasons (not	
mentioned above) that lead to the	
breakdown of the marriage?	

Where did you hear about Patton Williams	Google Search
Attorneys (iedivorce)?	Bing / Yahoo
	bilig / Talloo
[For Marketing Research Only]	Friends / Family / Word of Mouth
	Facebook / Twitter
	racebook / I witter
	Radio
	Other
	Other