

Family Instruction Booklet

Date of Instructions:

CLIENT	
Full name:	
Date of Birth:	
Address:	
Address for correspondence (if different from above):	
Telephone numbers - Home: Work: Mobile:	Email -
Occupation: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Number of hours worked per week ____
National Insurance Number:	
Nationality:	
Health/Disabilities:	
Are you cohabiting with a new partner?	

SPOUSE

Full name:

Date of Birth:

Address:

Occupation:

Full time

Part time

Number of hours worked per week ____

National Insurance Number:

Nationality:

Health/Disabilities:

Are they cohabiting?

Does he/she have a solicitor already?

Yes

No

Name and address (if yes):

MARRIAGE

Date of marriage:

Place of marriage:

Date parties started living together:

Date of separation (if appropriate):

CHILDREN

Where you have children under the age of 16 or up to the age of 18 and still in full time education or training then a Statement of Arrangements needs to be completed. Please provide the following information so that we can complete the form on your behalf.

FULL NAME(S) OF CHILD(REN)	DATE OF BIRTH	SCHOOL	State/Private

Do either you or your spouse have any other children?

If so please provide their names and dates of birth and confirm whether they lived with you during the marriage:

CHILDREN'S ACCOMODATION

___ No. of bedrooms ___ No. of bathrooms ___ No. of living rooms ___ Kitchen

Do the children have their own bedrooms?

Any other person sharing accommodation?

Who looks after the children each day?

Who looks after the children during school holidays?

CHILDREN'S HEALTH

Is any child suffering from any illness or chronic conditions?

If so please provide details together with the name of their GP/Hospital consultant:

Is any child known to social services or on the At Risk Register?

Has any child been subject to any previous children act proceedings?

If so please provide a copy of the Court Order

Is child maintenance being paid?

If so how much?

Is this by:

Agreement Court Order CSA Assessment

REASON FOR BREAKDOWN OF MARRIAGE

Has your spouse committed adultery?
If so when did the adultery start?
When and how did you find out about the adultery?
Please note that it is highly unusual for a Co-Respondent to be named in proceedings but if you do know the name and address of this person please provide it so that we can ensure that we have not acted for them previously:

If you have been separated for over 2 years please set out below the various addresses at which you and your spouse have lived since separating together with the dates at which you lived at those addresses:

YOU		YOUR SPOUSE	
From:	To:	From:	To:
From:	To:	From:	To:

If you are looking to divorce your spouse on the basis of their unreasonable behaviour then please give a brief statement detailing their together with dates if possible:

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I wish to proceed with the Stephensons Fixed Fee Divorce and accept its terms

I enclose the following:

- 1) Completed Instruction Sheet
- 2) Original Marriage Certificate (If you do not have this then you will need to obtain a certified copy from either the registry office local to the place you married or your place of marriage. (Please note there will probably be a small charge for this (approx £7.00))
- 3) Initial payment of £264.38 (cheques should be made payable to Stephensons Solicitors LLP)

SIGNED:.....

DATED:.....

About Stephensons

Stephensons provides legal advice for all aspects of your personal or business life. By understanding your circumstances and keeping the red-tape to ourselves, we focus on efficiently delivering what you need, when you need it. Operating from a number of regional locations, we rank among the top 100 UK law firms and are one of the fastest growing practices in the north west. With over 400 staff, you can trust our specialists to take care of things on your behalf, always putting your best interests first. So, for legal advice and action the way you want it, just turn to Stephensons.