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UNCONTESTED DIVORCE

No legal assistance

The following information is required to prepare your documentation before to be filed at Court:

Your name: _____

Your address: _____

Date of marriage: _____

Date of separation: _____

Spouse name: _____

Spouse address: _____

Spouse Social Security: _____ For military background

Spouse Date of Birth: _____ For military background

Name of Life Insurance Co., if any : _____

Address of this company: _____

Policy N^o _____

Face Amount: \$ _____

Beneficiary _____

Health insurance Co.: _____

Address: _____

ID Number: _____

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Group N^o _____

Coverage type: _____

Insured by: _____

If 2nd Health insurance

Name of this Insurance: _____

Address: _____

ID Number: _____

Group N^o _____

Coverage type: _____

Insured by: _____

Automobile Insurance, if any

Name of the Company: _____

Address: _____

Policy N^o _____

Policy expiration date: _____

Make of vehicle: _____

Coverage limits: _____

Lawsuit threshold: Yes _____ No _____ N/A _____

Umbrella coverage: Yes _____ No _____ N/A _____

Umbrella coverage \$ _____ N/A _____

Driver(s) of vehicle _____

Lien Holder/Lessor _____

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Use of Vehicle _____

Homeowner's insurance, if any

Name of Company: _____

Address of Company: _____

Policy Number: _____

Policy Expiration Date: _____

Address of Covered Residence: _____

Coverage Limits: _____

Umbrella Coverage _____ Yes _____ No N/A

Umbrella Coverage \$ _____ N/A

Mortgage \$ _____ N/A

Rider(s) to Policy _____ Jewelry _____ Furs _____ Artwork
_____ Other _____

Defendant's basic description:

Age: _____ Color of eyes: _____

Weight: _____ Color of skin: _____

Height: _____ Color of Hair: _____

R

Customer signature: _____

Rep name: _____

Date: _____