

Same Day Divorce™

The Divorce & Bankruptcy Center
1501 E. Atlantic Blvd, Pompano Beach, FL 33060
950 S. Pine Island Rd, #A150 Plantation, FL 33324
1909 Tyler Street, #604 Hollywood, FL 33020
10100 W. Sample Rd. #333 Coral Springs, FL 33065

Phone Toll Free (877)308-9077

Requires Adobe 9.0 to work properly <http://www.adobe.com/products/reader> for a free download

Types of Divorce



- Uncontested Divorce. Husband & Wife in complete agreement on all issues and will sign all documents necessary for the divorce to take place. Only one party needs to attend the final hearing.
- Contested Divorce. Husband & Wife are not in agreement on issues and will not sign any documents necessary for the divorce. The spouse is served divorce papers by a process server. If the spouse does not respond within 20 days, a divorce can take place.
- Publication Divorce. The Husband or Wife have lost track of each other and no longer know where they live. An ad is placed in a local paper for one month. The divorce can take place without the approval of the spouse.
- Family Mediation. When the parties agree to meet with a fair and impartial third party to resolve their issues. After an agreement has been reached, uncontested divorce documents can be used.

Cost of documents

- Simple Divorce Documents No children or assets. We prepare and ship Same Day to your computer divorce documents with instructions on how to file..... \$149.00
- Uncontested or Publication Divorce Documents. We ship next day after receipt of your information complete divorce documents with instructions on how to file.....\$289.00
- Contested Divorce Documents. We will prepare and ship next day after receipt of your information complete divorce documents with instruction on how to file.....\$389.00
- Flexible payment plan. We will prepare documents with a deposit and will ship to you upon receipt of your balance due..... \$100.00

How to pay

Credit Card Number (Visa Master or Amex)

Expiration Date

Code (back of Card / Amex on front)

Red boxes must be complete in order to submit divorce information.

Wife's Information

Your Name _____ Social Security Number _____

Address _____ Apartment Number _____

City, State, Zip _____

Cell Phone Number _____ Home Phone Number _____

E mail address _____ Date of Birth _____

Place of marriage _____ Date of marriage _____

Have you lived in Florida for the last six months ?
Yes No

Are you in the military service?
Yes No

Place you last lived as Husband and Wife. City _____ State _____

Date of Separation _____ Is this date approximate?
Yes No

Maiden Name. _____ Is this to be restored ?

Are there real property purchased during the marriage?

Is there other property purchased during the marriage?

Is alimony going to be paid to either party?

How much alimony to be paid monthly? \$ _____ Date to begin? _____

Date alimony or circumstances when alimony is to end. _____

Type of alimony? Rehabilitative Alimony Permanent Alimony Temporary Alimony

Is this marriage irretrievably broken? Are you pregnant?
Yes No

Is other party mentally incapacitated Date baby due? _____

Is this baby of the marriage? Name of Father _____
Yes No

Are you going to be the petitioner and attend the final hearing.
Yes No

Note if you are asking for your maiden name to be restored you must attend the final hearing.

Financial Information is required by Florida Statutes in all divorce cases: Financials cannot be waived. Affidavits that contains all zeros or no information are generally not accepted by the court.

Your occupation _____ Name of Employer _____

Address of Employer _____ City, State, Zip _____

What is your monthly gross pay (before deductions) \$ _____ Other monthly income \$ _____

Explain other income; SSI disability Workers compensation Unemployment

Pensions Social Security Alimony Interest Rental income

Royalties Other _____

I am unemployed. Explain effort to gain employment _____

Filing status Single Head of household Number of dependents _____

We will calculate your income tax on the above income.

The following income which is not subject to tax deductions \$ _____

Deductions other than Income tax, Soc. Sec, and Medicare. Health Insurance yourself only \$ _____

Mandatory union dues \$ _____ Mandatory retirement Payments \$ _____

Court ordered child support actually made for minor children from another relationship \$ _____

Alimony actually being made from another relationship \$ _____

Monthly household expenses:

Rent \$ _____ Mortgage Pmt \$ _____ Property Tax \$ _____

Insurance \$ _____ Association Fees \$ _____ Repairs \$ _____

Utilities \$ _____ Telephone \$ _____ Cable \$ _____

Food \$ _____ Other \$ _____ Explain _____

Monthly automobile expenses:

Gasoline \$ _____ Repairs \$ _____ Insurance \$ _____

Lease Pmt \$ _____ Auto Loan Pmt \$ _____ Cr Cards \$ _____

Other Pmt \$ _____ Explain _____

Monthly insurance expense:

Medical \$ _____ Life Insurance \$ _____ Other \$ _____

Monthly other payments:

Clothing \$ _____ Uninsured Medical \$ _____ Grooming \$ _____

Gifts \$ _____ Entertainment \$ _____ Charity \$ _____

Misc. \$ _____ Explain _____

Assets: (property that you own)		Marital	Non Marital	Goes to Husband	Goes to Wife
Cash	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Acts	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock's Bonds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of real property	_____				
Other Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of other property	_____				
Automobile	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Automobile 2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Other Vehicle	_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Retirement Funds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Assets _____ \$ _____

Liabilities (Money you owe)		Marital	Non Marital	Goes to Husband	Goes to Wife
Mortgage	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Other Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile 2 Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vehicle Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Debt _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Debt _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Information for the Financial Affidavit _____

Husband's Information

Your Name _____ Social Security Number _____

Address _____ Apartment Number _____

City, State, Zip _____

Cell Phone Number _____ Home Phone Number _____

E mail address _____ Date of Birth _____

Place of marriage _____ Date of marriage _____

Have you lived in Florida for the last six months ?
Yes No

Are you in the military service?
Yes No

Place you last lived as Husband and Wife. City _____ State _____

Date of Separation _____ Is this date approximate?
Yes No

Maiden Name. _____ Is this to be restored ?

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Is there other property purchased during the marriage?

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Is this marriage irretrievably broken?

Is other party mentally incapacitated

Are you going to be the petitioner and attend the final hearing.
Yes No

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Filing status Single Head of household Number of dependents _____

We will calculate your income tax on the above income.

The following income which is not subject to tax deductions \$ _____

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Alimony actually being made from another relationship \$ _____

Monthly household expenses:

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Insurance \$ _____ Association Fees \$ _____ Repairs \$ _____

Utilities \$ _____ Telephone \$ _____ Cable \$ _____

Food \$ _____ Other \$ _____ Explain _____

Monthly automobile expenses:

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Lease Pmt \$ _____ Auto Loan Pmt \$ _____ Cr Cards \$ _____

Other Pmt \$ _____ Explain _____

Monthly insurance expense:

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Monthly other payments:

Clothing \$ _____ Uninsured Medical \$ _____ Grooming \$ _____

Gifts \$ _____ Entertainment \$ _____ Charity \$ _____

Misc. \$ _____ Explain _____

Assets: (property that you own)		Marital	Non Marital	Goes to Husband	Goes to Wife
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Bank Acts	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock's Bonds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of real property	_____				
Other Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of other property	_____				
Automobile	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Automobile 2	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Other Vehicle	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year and Model	_____				
Retirement Funds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liabilities (Money you owe)		Marital	Non Marital	Goes to Husband	Goes to Wife
Mortgage	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Other Property	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile 2 Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vehicle Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Debt _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Debt _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Information for the Financial Affidavit _____

Children's Information



(If there are no children of the marriage skip this section)

Name of child number 1 _____ Date of birth _____

Place of birth _____ Soc Sec Number _____

Where was child born _____ Sex of child _____

Name of child number 2 _____ Date of birth _____

Place of birth _____ Soc Sec Number _____

Where was child born _____ Sex of child _____

Name of child number 3 _____ Date of birth _____

Place of birth _____ Soc Sec Number _____

Where was child born _____ Sex of child _____

Name of child number 4 _____ Date of birth _____

Place of birth _____ Soc Sec Number _____

Where was child born _____ Sex of child _____

Where have the children listed above lived for the past 5 years:

Name of the Child _____ City where lived _____

Address where lived _____ City,State,Zip _____

Date Moved into above _____ Lived there until _____

Lived with _____

Name of the Child _____ City where lived _____

Address where lived _____ City,State,Zip _____

Date Moved into above _____ Lived there until _____

Lived with _____

Name of the Child _____

City where lived _____

Address where lived _____

City,State,Zip _____

Date Moved into above _____

Lived there until _____

Lived with _____

Name of the Child _____

City where lived _____

Address where lived _____

City,State,Zip _____

Date Moved into above _____

Lived there until _____

Lived with _____

Name of the Child _____

City where lived _____

Address where lived _____

City,State,Zip _____

Date Moved into above _____

Lived there until _____

Lived with _____

Name of the Child _____

City where lived _____

Address where lived _____

City,State,Zip _____

Date Moved into above _____

Lived there until _____

Lived with _____

Is there a minor child conceived during the marriage that is not common to the parties

Yes

No

Name of child _____

Date of birth _____

Place of birth _____

Soc Sec Number _____

Where was child born _____

Sex of child _____

Name of the Father or Mother _____

Address _____

City,State,Zip _____

Have you participated as a party, witness or any other capacity concerning custody of the children subject to this proceeding, Yes No Type of proceeding _____

Date of proceeding _____ Court and State _____

Do you know of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights to any child subject to this proceeding Yes No

Type of proceeding _____ Date of proceeding _____

Court and State _____ Name of person _____

Address of person _____

City, State, Zip _____

This person claims the following: _____

Name of children under this persons control _____

Are the children under the control of a second person? Yes No

Name of person _____

Address of person _____

City, State, Zip _____

This person claims the following: _____

Are the children listed subject to an existing child support order? Yes No

Person who makes the payments _____

Whom do the children presently live with? _____

Type of parental responsibility? Shared Sole If Sole to which party? _____

Will the children live with non custodial parent more than 40% of the over night stays? Yes No

Explain visitation _____

Child support shall be retroactive to: date of separation. date of filing other

		Mother	Father	Both	Not Available	
Who will provide medical insurance for the children?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Who should pay uninsured medical expenses?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per Guidelines
	Yes	No				
Will life insurance secure child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of the children still in high school between the ages of 18 and 19 and have a reasonable expectation of graduation before the age of 19.	Yes	No				Name of child _____
	<input type="checkbox"/>	<input type="checkbox"/>				
Are you requesting a deviation from the Florida Guidelines	<input type="checkbox"/>	<input type="checkbox"/>				
Are there child care expenses	<input type="checkbox"/>	<input type="checkbox"/>				How Much \$ _____
Who pays for child care expenses.	_____					