

Verification of Separation

If you are **separated** from your spouse, **complete Sections One and Two.**

If you are **divorced** from your spouse, **complete Section One.**

SECTION ONE (To be completed by client)

I, _____, am separated from _____

We no longer reside together and are: ___ Separated ___ Divorced (**Attach Divorce Decree**)

Length of time we have been separated/divorced: ___ Months ___ Years

My address: _____

City: _____ State/Zip _____

My spouse's address: _____

City: _____ State/Zip _____

The information I have provided is true and correct to the best of my knowledge. I understand that by giving false information, I may be subject to prosecution for fraud.

Client signature: _____ Date: _____

SECTION TWO (To be completed by Third Party) Third Party Verification

Name of Third-Party Person

Telephone Number

My address: _____

City: _____ State/Zip _____

I certify that _____ and _____

have been separated/divorced for ___ Months ___ Years and have not been residing together since that time.

The information I have provided is true and correct to the best of my knowledge. I understand that by giving false information, I may be subject to prosecution for fraud.

Signature: _____ Date: _____

COALITION USE ONLY

Client provided divorce decree The Third Party person identified above verified the client's separation

Family Services Staff Signature: _____ Date: _____

