

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	
<input type="checkbox"/> Client provided divorce decree	<input type="checkbox"/> The Third Party person identified above verified the client's separation
Family Services Staff Signature: _____	Date: _____

