

# APPLICATION FOR DIVORCE

Filed in:

- Federal Circuit Court of Australia  
 Family Court of Australia  
 Family Court of Western Australia  
 Other (specify): \_\_\_\_\_



**NOTE:** Applications for Divorce can be electronically filed using a separate interactive online form through the Commonwealth Courts Portal ([www.comcourts.gov.au](http://www.comcourts.gov.au)). There is no need to complete this form if you wish to eFile. Visit the *How do I...? Apply for a Divorce* page at [www.federalcircuitcourt.gov.au](http://www.federalcircuitcourt.gov.au) for more details.

Client ID
File Number
COURT USE ONLY
Filed at
Filed on
Court location
Court date
Court time

## Part A The applicant/s

1. Who is/are making this application?

Husband       Wife       Husband and Wife together (joint)

2a. Do you want to attend the hearing?

It may be compulsory for you to attend.  
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Husband	Wife
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2b. If yes, will you need an interpreter at the hearing?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language and dialect:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language and dialect:
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## Part B Husband and Wife

3. Family name as used now

4. Full given names

5. Date of birth  
(day / month / year)

6. Country of birth

7. If born outside Australia, date you started living in Australia  
(day / month / year)

8. What is your occupation?

Husband	Wife
/ /	/ /
/ /	/ /

**9. Residential address**

If you have safety concerns, you do not need to disclose a residential address.

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**10. Address for service**

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If you do not have a service address for your spouse and have taken all reasonable steps to find it, insert 'not known'.

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**Name of lawyer**  
(if applicable)

**Name of law firm**  
(if applicable)

**Lawyer's code**  
(if applicable)

**Phone**

**Fax**

**DX**

**Email**

State	Postcode	State	Postcode
Phone ( )		Phone ( )	
<input type="checkbox"/> Same as residential address	<input type="checkbox"/> Lawyer's address (below)	<input type="checkbox"/> Same as residential address	<input type="checkbox"/> Lawyer's address (below)
<input type="checkbox"/> Other address (below)		<input type="checkbox"/> Other address (below)	
State	Postcode	State	Postcode
Name of lawyer (if applicable)		Name of lawyer (if applicable)	
Name of law firm (if applicable)		Name of law firm (if applicable)	
Lawyer's code (if applicable)		Lawyer's code (if applicable)	
Phone ( )		Phone ( )	
Fax ( )		Fax ( )	
DX		DX	
Email		Email	

**Part C**

**Jurisdiction**

**11. Mark yes or no to each statement below**

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**The Husband/Wife:**

**(a) regards Australia as his/her home and intends to live indefinitely in Australia**

**(b) is an Australian citizen by birth or descent**

**(c) is an Australian citizen by grant of Australian citizenship**

**(d) ordinarily lives in Australia & has done so for 12 months immediately before filing this application**

Husband	Wife
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Part D Marriage and separation

**12. Date and place of marriage on your marriage certificate** (day / month / year)  
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Date	/	/
Town/city		
Country		

**13. Full names of both parties as they appear on the marriage certificate**

Husband
Wife

**14. Date of separation** (day / month / year)  
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Date	/	/
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**15a. At the date of separation, did you regard the marriage as over?**  
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Husband	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wife	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**15b. If you answered no to question 15(a), on what date did you regard the marriage as over?** (day / month / year)

Husband	Date	/	/
Wife	Date	/	/

**16a. Since the date of separation, have you and your spouse lived together in the same home but not as husband and wife?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**16b. If you answered yes to question 16(a), give dates of each period you and your spouse lived together in the same home after separation.** (day / month / year)  
 If relying on any period outlined here as part of the 12 months separation, go to *Page F – Divorce Kit*.

From	/	/
to	/	/
From	/	/
to	/	/

**17a. Since the date of separation, have you and your spouse lived together as husband and wife?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**17b. If you answered yes to question 17(a), give dates of each period you and your spouse lived together as husband and wife.** (day / month / year)  
 If relying on any period outlined here as part of the 12 months separation, go to *Page G – Divorce Kit*.

From	/	/
to	/	/
From	/	/
to	/	/

**18. Do you think it is likely that you and your spouse will live together again as husband and wife?**  
 If yes, go to *Page G – Divorce Kit*.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**19. At the date of filing this application, is it less than two years since you married?**  
 If yes, go to *Page G – Divorce Kit*.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Part E Other court cases

20. Are there any current or pending cases in this or any other court about family law, child support, family violence, or abuse in relation to a child (including orders which have applied to a child or a member of the child's family), or child welfare, involving any of the parties and/or children listed in this application?

Court name and place

Next court date

Names of parties and/or children

Brief summary of current or pending case/s

Yes  No

If yes, provide the following details for each current or pending case. Attach extra pages as required.

21. Are there any existing orders, binding agreements, parenting plans or undertakings to a court about family law, child support, family violence, or abuse in relation to a child (including orders which have applied to a child or a member of the child's family), or child welfare, involving any of the parties and/or children listed in this application?

Court name and place (if applicable)

Date

Names of parties and/or children

Details of the order, binding agreement, parenting plan or undertaking

No

Yes, attach document/s

Yes, provide the following details for each item. Attach extra pages as required.

## Part F Children

22. Are there any children currently under 18 who:

a) are children of you and your spouse?  Yes  No

b) were treated as members of your family when you and your spouse separated?  Yes  No

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If you answered no to both question 22 (a) and (b) go to Part G and remove pages 5-6.

If you answered yes to either question 22 (a) or (b) indicate the total number of children: \_\_\_\_\_

	Family name	Given names	Date of birth (day / month / year)	Gender (M/F)
Child 1			/ /	
Child 2			/ /	
Child 3			/ /	
Child 4			/ /	

	<b>Child 1</b>	<b>Child 2</b>
<b>23. Name of child</b>		
<b>24. Name of father</b> <i>Page H – Divorce Kit</i>		
<b>25. Name of mother</b> <i>Page H – Divorce Kit</i>		
<b>26. Who does the child live with?</b> <i>Page H – Divorce Kit</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):
<b>27. Child’s address</b> <i>If the child lives at more than one address, please include both addresses. Page H – Divorce Kit</i>  <i>If you have safety concerns, you do not need to disclose a residential address. Page C – Divorce Kit</i>	<b>Address 1</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):	<b>Address 1</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):
	State                      Postcode	State                      Postcode
	<b>Address 2</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):	<b>Address 2</b> <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):
	State                      Postcode	State                      Postcode
<b>28. Current details for the child</b> <i>Page H – Divorce Kit</i>		
<b>Time and communication with the child</b>		
<b>Financial support</b>		
<b>Health</b>		
<b>Education</b>		
<b>29. Do you plan to make any changes to these current arrangements?</b> <i>Page H – Divorce Kit</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach extra pages providing details of significant changes planned.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach extra pages providing details of significant changes planned.

	<b>Child 3</b>	<b>Child 4</b>
<b>30. Name of child</b>		
<b>31. Name of father</b> <i>Page H – Divorce Kit</i>		
<b>32. Name of mother</b> <i>Page H – Divorce Kit</i>		
<b>33. Who does the child live with?</b> <i>Page H – Divorce Kit</i>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):
<b>34. Child’s address</b> <i>If the child lives at more than one address, please include both addresses. Page H – Divorce Kit</i>  <i>If you have safety concerns, you do not need to disclose a residential address. Page C – Divorce Kit</i>	<b>Address 1</b>	<b>Address 1</b>
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):  State                      Postcode	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):  State                      Postcode
	<b>Address 2</b>	<b>Address 2</b>
	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):  State                      Postcode	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other (specify):  State                      Postcode
<b>35. Current details for the child</b> <i>Page H – Divorce Kit</i>		
<b>Time and communication with the child</b>		
<b>Financial support</b>		
<b>Health</b>		
<b>Education</b>		
<b>36. Do you plan to make any changes to these current arrangements?</b> <i>Page H – Divorce Kit</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach extra pages providing details of significant changes planned.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach extra pages providing details of significant changes planned.

# Part G Affidavit of applicant/s

Do not swear or affirm this affidavit until:

1. you and your spouse have been separated for at least 12 months, and
2. you are with a person who is authorised to witness your signature.

If you are applying as a sole applicant, you only need to sign your part of the affidavit. You do not have to ask or arrange for your spouse to sign his or her part of the affidavit.

If you are applying as husband and wife together, each person must sign their part of the affidavit. You may do so at different times and before different witnesses or before the same witness at the same time.

## Husband

I  swear /  affirm that:

1. I am the applicant.
2. I have read this application.
3. The facts of which I have personal knowledge are true.
4. All other facts are true to the best of my knowledge, information and belief.

Signature

Place  
Date / /

Before me (signature of witness)

Full name of witness (print name)

- Lawyer
- Justice of the Peace
- Authorised Staff Member of the Court
- Other authorised person (specify):

## Wife

I  swear /  affirm that:

1. I am the applicant.
2. I have read this application.
3. The facts of which I have personal knowledge are true.
4. All other facts are true to the best of my knowledge, information and belief.

Signature

Place  
Date / /

Before me (signature of witness)

Full name of witness (print name)

- Lawyer
- Justice of the Peace
- Authorised Staff Member of the Court
- Other authorised person (specify):

# Part H Lawyer's declaration

If you are representing yourself for this application, you do not need to sign this part. However, make sure you receive a copy of the information brochure 'Marriage, Families and Separation'. Registry staff will provide you with a copy when you file your application.

If a lawyer is representing you for this application, then your lawyer must give you a copy of the brochure 'Marriage, Families and Separation' and complete and sign the declaration below.

I gave the applicant/s a copy of the brochure 'Marriage, Families and Separation'.

Signature of lawyer \_\_\_\_\_

Full name of lawyer:

Date: / /