



*Michelle Thomas & Associates*  
ATTORNEYS-AT-LAW

**MICHELLE A. THOMAS**, C.LE., LL.B (Hons)

Shop 26E, 45 Elma Crescent  
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Kingston 20

Tell: (876) 620-9717  
Cell: (876) 446-4443  
Fax: (876) 620-9686

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### **Applicant Information.**

Name: Marcia Alvira Walters Mason

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Area code \_\_\_\_\_ digits \_\_\_\_\_ or \_\_\_\_\_

TRN: \_\_\_\_\_ NIS: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Place / Hospital of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **Next of kin**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Area code (\_\_\_\_\_) cell: \_\_\_\_\_ or \_\_\_\_\_

Email: \_\_\_\_\_

### **MATRIMONIAL PROCEEDINGS**

#### **Respondent Information (The person with who you are divorcing)**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) cell: \_\_\_\_\_ or \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Place/ Hospital of Birth: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_



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Date of Separation: \_\_\_\_\_

Marital Home Address: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

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