



STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

FAMILY COURT  
FAMILY SERVICES  
COUNSELING UNIT

COUNTY	CASE NO. P08-	DATE OF HEARING
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This form must be filed simultaneously with the Petition for Divorce.

	HUSBAND	WIFE
1. Name	_____	_____
2. Address	_____	_____
3. Telephone Number	_____	_____
4. Attorney & Telephone Number	_____	LOIS IANNONE, ESQUIRE 401-944-5499
5. Date & Place of Birth	_____	_____
6. Religion	_____	_____
7. Date & Place of Marriage	_____	_____
8. Children of this Marriage - Date & Place of Birth	_____	_____
9. Prior Marriage	N/A	N/A
A. Date & Place	N/A	N/A
B. Name	N/A	N/A
C. Children - Date & Place of Birth	N/A	N/A
D. Date, Place, Grounds of Divorce	N/A	N/A

Policy Statement: The Family Court recognizes alcoholism as an illness and that such problem drinking is treatable and that entering treatment or counseling will not be prejudicial to legal issues in the court. This court is sensitive to the family problems raised by problem drinking and wishes not to be considered an obstacle to help in these matters.

10. A. Do you desire family counseling?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B. Is the filing of this petition influenced by the drinking or use of any drug by any family members?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

11. I would like information about educational seminars on helping our children cope with divorce.

Yes  No

Signature of Petitioner \_\_\_\_\_

