

| Questionnaire: | Domestic Disputes | |
|----------------|--|--|
| | بسم الله الرحمن الرحيم قال رسول الله (ص): | |
| | "أبغض الحلال عند الله الطلّلاق" * * * * * | |
| | "One of the most hated Permissible action In Divine Law is divorce" One of the sayings of The Holy Prophet Mohammad (s.a.w.a.w.s.) | |

Please complete the following questionnaire:

| Your Name: | | | |
|----------------------|---------------|--------|------------------------|
| Name of Your Spouse: | | | |
| Date of Marriage: | | Place: | |
| Address: | Your Address: | | Your Spouse's Address: |
| | | | |
| | Post Code: | | Post Code: |
| | | | Tel.: |
| | Tel.: | | |
| | Fax: | | Fax: |



Family and Social Affairs Office

| Employer or any other contact address: | Yours: | | Your Sp | Your Spouse's: | | |
|--|--------------------|---------------|-------------|----------------|--------------|--|
| | | | | | | |
| | | | | | | |
| | Post Code: | | Post Co | de: | | |
| | Tel.: | | Tel.: | | | |
| | Fax: | | Fax: | | | |
| | | | | | | |
| Amount of Mahr (Dower): | Total: £ | Paid: £ | | Unpaid: | £ | |
| | | | | | | |
| Do you have any children? | Name: | | Age: | Sex | x: M/F | |
| Yes: No: | Name: | | Age: | Sex | x: M/F | |
| | Name: | | Age: | Sex | x: M/F | |
| | Name: | | Age: | Sex | x: M/F | |
| Please give details: | Name: | | Age: | Sex | x: M/F | |
| | | | | | | |
| What are the Islamic | | | | | | |
| reasons for divorce: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | If this space is t | not enough pl | ease contir | ıue on a sej | parate paper | |



Family and Social Affairs Office

| Would you consider reconciliation? If Yes | | | |
|--|-----------------|-------|-------|
| please state so and if no | | | |
| please give reason: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Have you contacted any | Address: | | |
| other religious Centres? | | | |
| Please give their names, addresses and contact | | | |
| numbers: | Post Code: | | |
| | Tel.: | | |
| | Fax: | | |
| | | | |
| For divorce purposes we | Beginning Date: | | |
| need to know the number | gg | | |
| of days and the dates of your monthly period: | Ending Date: | | |
| your moninty periou: | J | | |
| | Clear Days in | | |
| | each month | From: | To: |
| | | | |
| Husband: | Signature: | | Date: |
| manual de la companya | Dignutule. | | Duit. |
| 117°C | G: 4 | | D (|
| Wife: | Signature: | | Date: |
| | | | |



Family and Social Affairs Office

| For Office Use Only: | | |
|----------------------|------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | La | _ |
| | Signature: | Date: |
| | | |
| | Signature: | Date: |
| | | |