Counselling certificate for applicants married less than 2 years ATTACH THIS CERTIFICATE TO THE BACK OF THE DIVORCE APPLICATION Part A About the applicant/s **HUSBAND** WIFE Family name as used now Family name as used now Given names Given names 2 What is your contact address (address for What is your contact address (address for service) in Australia? service) in Australia? You do not have to give your residential address. You may give another address at which you are satisfied that you will receive documents. State Postcode State Postcode Fax* Phone Phone Fax* DX DX Lawyer's code Lawyer's code Email* Email* * Please do not include email or fax addresses unless you are willing to receive documents from the Court and other parties in that way. Date of the marriage [DAY/MONTH/YEAR] Part B About the Family counsellor or other specified person Family name Given names Organisation Address of organisation 6 Details of counselling Part C Certificates – complete one only Section 44(1B) Section 44(1C) I certify that both the wife and husband attended I certify that: the counselling set out in Question 7 and (a) Only the wife husband attended the considered reconciliation. counselling set out in Question 7 and considered reconciliation and Signature (b) The wife husband was invited to consider reconciliation but did not Full name Signature_ Position _____ Full name / Date Position

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Date

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