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# Imam Mahdi Education Center (IMEC)

25450 Old Hundred rd Dickerson, MD 20842, (301)874-1631  
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## Divorce Application

Attention: Please fill the application carefully and accordingly. Then provide all the required information, otherwise we will not accept the application.

I, hereby, (print your full name)\_\_\_\_\_ require from the office of IMEC a:

- Raj'ee divorce (requested by both spouses)
- Kahal'ee divorce (request by wife with husband's agree)
- Al-Hakim-ul-Shar'ee divorce (requested by wife without husband's agreeing)

### Husband's Rights

1. A wife must respect and obey her husband's commands, for he is responsible for his wife.
2. A wife must not prevent her husband from his sexual rights towards her, except where there is a valid reason for preventing it.
3. A wife should approach and interact with her husband with respect, courtesy, nurture, and the best of actions.

### Wife's Rights

1. A husband should provide maintenance for his wife, including a home, food, clothing, wellbeing and other accommodations.
2. A husband should approach and interact with his wife with respect, courtesy, nurture, and the best of actions.
3. Sexual rights.
4. The dowry, according to what was agreed upon when married.

Based on the information provided above, please briefly explain your situation below, if more space is needed, please attach a separate paper.

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I promise to fulfill all my financial and moral duties required by the office to complete the divorce application. I also swear that all information I will provide in this application are true and accurate religiously and legally, and I am responsible for any inaccurate or false information, and on this I will sign:

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Husband's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Do you have children? (If no, skip the next question)       Yes       No

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Have you been married before? (If no, skip next question)       Yes       No

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_      Male      Female

Have you seen any other scholar regarding this issue?       Yes       No

What is the scholar's full name? \_\_\_\_\_

Date & place of meeting: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What was the result?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

Do you have children? (If no, skip the next question)  Yes  No

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Have you been married before? (If no, skip next question)  Yes  No

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Full Name:\_\_\_\_\_ Birth Date:\_\_\_\_\_ Male Female

Have you seen any other scholar regarding this issue?  Yes  No

What is the scholar's full name?\_\_\_\_\_

Date & place of meeting:\_\_\_\_\_

Phone Number:\_\_\_\_\_

What was the result?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes:**

1. The office will not discuss your application until you have me all the requirements.
2. After studying the application, an initial one hour session to understand the outlying issues will be scheduled.
3. There will be no charge for the first initial hour. There will be a \$50 charge for each additional hour.
4. Fees to issue a divorce certificate is \$250 per certificate. 5. No information will be shared with any third party without your permission, a religious need, or a legitimate reason.
6. Payment Methods:

Cash            check or money order            credit card (please fill below)

Type: Visa            Master            Discover

Name on Card:\_\_\_\_\_

Card Number:\_\_\_\_\_

Card Security Code:\_\_\_\_\_            Expiration Date:\_\_\_\_\_

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

Phone Number:\_\_\_\_\_            Email Address:\_\_\_\_\_

Signature:\_\_\_\_\_

**FOR OFFICE USE ONLY**

Application number \_\_\_\_\_ has been received by:

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

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

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The application was referred to scholar:

Sayed/Sheikh:

Date:

I, \_\_\_\_\_ have received the application on (date)

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Signature: \_\_\_\_\_

The application was processed and we have decided to meet at:

Location: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_