

<b>State of Tennessee</b>	<b>CHANCERY COURT</b>	<b>JOHNSON COUNTY</b>
<b>COMPLAINT FOR DIVORCE</b>		<b>File No.</b> _____ (Must Be Completed) <b>FIRST JUDICIAL DISTRICT</b>
<b>Plaintiff</b> _____ (Name: First, Middle, Last) of Spouse Filing the Divorce)		
<b>Defendant</b> _____ (Name: First, Middle, Last of the Other Spouse)		

### STATEMENT OF FACTS

1. **Wife's Information**

**Name:** \_\_\_\_\_  
 First Name                      Middle Name                      Maiden Name                      Last Name (now)

**Address:** \_\_\_\_\_  
 Street Address                      City                      State Zip

**TELEPHONE NUMBER(S)** \_\_\_\_\_  
 Home                      Cell                      Work

**Birthplace** \_\_\_\_\_  
 City and State or Foreign Country

**Birth Date (MM/DD/YYYY):** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_  
 Name                      Street Address                      Telephone Number

**Race:**  White  Hispanic  Black  Native American  Other:

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How many marriages before this one? _____	How long has she lived in Tennessee? ____ years ____ months	Active-duty U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**2. Husband's Information**

Name: \_\_\_\_\_  
First Name Middle Name Maiden Name Last Name (now)

Address: \_\_\_\_\_  
Street Address City State Zip

TELEPHONE NUMBER(S) \_\_\_\_\_  
Home Cell Work

Birthplace \_\_\_\_\_  
City and State or Foreign Country

Birth Date (MM/DD/YYYY): \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
Name Street Address Telephone Number

Race:  White  Hispanic  Black  Native American  Other:

How many marriages before this one? _____	How long has he lived in Tennessee? _____ Years _____ months	Active-duty U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**3. The Marriage -**

My spouse and I decided to divorce on: \_\_\_\_\_

We were married on (MM/DD/YYYY): \_\_\_\_\_ in: \_\_\_\_\_  
(City, County, State or Foreign Country)

The date we started living apart: (MM/DD/YYYY): \_\_\_\_\_

THE LAST PLACE HUSBAND AND WIFE LIVED TOGETHER WAS \_\_\_\_\_  
City County State/Country

Does one Spouse have an Order of Protection against the other? Yes \_\_\_\_ If so attach copy  
No \_\_\_\_

**4. Minor Children**

\_\_\_\_ (Number of Children) were born of this marriage who are minors, disabled, or in high school.

**The Children's Are:**

Child's Full Name	Birth Date

**For the last Five years, each Child (list each Child) has lived at the following address:**

Child's Full Name	Address (street, City, Zip Code)	Lived here from ____ to ____	Now lives with me, spouse, or other person and relationship to child)

The wife is Not pregnant \_\_\_\_\_ Pregnant \_\_\_\_\_

If Wife is pregnant, that pregnancy is \_\_\_\_\_ is not \_\_\_\_\_ a biological child of the Husband in this cause.

Could another Court case affect the custody decision \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach copy of Complaint or Order from the Court)

**5. The Court**

Select one or more of the following:

This case should be in this Court because:

- The Husband or Wife lived in Tennessee for 6 months before Complaint was filed.
- The Grounds for divorce occurred while the Plaintiff was a resident of Tennessee.

Select one or more of the following:

The Plaintiff has filed the Complaint in this county because:

- The parties lived in this county at the time of their separation.
- The Defendant lives in this county.
- The Plaintiff lives in this county, and the Defendant is a nonresident of Tennessee or is in jail.

**6. Grounds for Divorce**

Select one or more of the following:

- The Husband and Wife have irreconcilable differences (***Marital Dissolution Agreement required***)
- The Defendant is guilty of Inappropriate marital conduct toward the plaintiff.
- Other \_\_\_\_\_

7. **Financial Information**

**Real Property** (House, Land, or Mobile Homes that are permanently attached to the ground)

My spouse and I:

- Do **NOT** own Real Property. If either of you have REAL Property, please see a lawyer first.

**Personal Property (such as Cars, Mobile Homes (not permanently attached to the ground), Bank Accounts)**

- Own property and have filed the **Divorce Agreement** that lists how our property is divided.
- Do not own Personal Property (**such as** Cars, Mobile Homes, Bank Accounts)

**Debts – My spouse and I (check one):**

- Do **NOT** have debts.
- Have debts and have filed a **Divorce Agreement** that lists how our debts are divided.
- One or both of us has filed for a Bankruptcy and it is still active.

8. **Alimony** (check one):

- Neither spouse wants alimony.
- One of the spouses wants alimony, as agreed to in our Divorce Agreement.

9. **Name Change** (check below to change a spouse's name back to the name used before this marriage)

- Wife requests

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Last Name

First

Middle Name

- Husband requests

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Last Name

First

Middle Name

10. **Court Costs** (check one):

Who will pay the court costs for this divorce?

- Spouses will each pay 50% of the costs.
- Husband will pay all costs.
- Wife will pay all costs.
- Other agreement:

\_\_\_\_\_

11. **Relief Requested**

The Plaintiff requests that the court enter a Final Decree of Divorce and grant any other relief the Plaintiff may be entitled to, including order that will:

*If a Marital Dissolution Agreement HAS been signed select **ALL** that apply.*

\_\_\_\_\_ *Approve the Marital Dissolution Agreement filed with court.*

\_\_\_\_\_ *Approve the Permanent Parenting Plan, filed with court*

*If a Marital Dissolution Agreement HAS NOT been signed, select **ALL** that apply*

\_\_\_\_\_ *Issue service of process so the Defendant can be served*

\_\_\_\_\_ *Grant a divorce*

\_\_\_\_\_ *Approve the Parenting Plan filed by the Plaintiff*

\_\_\_\_\_ *Set Child Support*

\_\_\_\_\_ *Divide the Property and debts of the parties OR approve the division the parties made*

\_\_\_\_\_ *The Plaintiff requests the following property that the Defendant has: \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_ *Provide alimony to the Plaintiff, both temporarily and permanently*

**READ THE TEXT BELOW THEN SIGN ONLY IN FRONT OF A NOTARY**

**SIGNATURE UNDER OATH**

I DECLARE UNDER PENALTY OF PERJURY, PURSUANT TO THE LAWS OF THE STATE OF TENNESSEE, THAT THE FACTS IN HIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF FOR THE CAUSES MENTIONED IN IT. THE COMPLAINT IS NOT MADE OUT OF LEVITY, OR IN COLLUSION WITH THE DEFENDANT.

Signed at (City): \_\_\_\_\_ on (Date): \_\_\_\_\_  
(MM/DD/YYYY)

State of Tennessee, County of: \_\_\_\_\_  
(Name of County Where Notarized)

SWORN to and SUBSCRIBED before me, on (date): \_\_\_\_\_

Signed at (City): \_\_\_\_\_

State of Tennessee, County of \_\_\_\_\_

By (Name of Person Filing for Divorce): \_\_\_\_\_

(Signature of Person Filing for Divorce): \_\_\_\_\_

Signature of Notary Public, State of Tennessee: \_\_\_\_\_

My commission expires: \_\_\_\_\_  
MM/DD/YYYY

**(NOTARY'S SEAL)**





State of Tennessee	Court <u>Chancery</u> (Must Be Completed)	County <u>Johnson</u> (Must Be Completed)
<b>Health Insurance Notice (Form 4)</b>		File No. _____ (Must Be Completed) Division _____ (Larger Counties Only)
Plaintiff _____ (Name: First, Middle, Last) of Spouse Filing the Divorce)		
Defendant _____ (Name: First, Middle, Last of the Other Spouse)		

**You must:**

- Fill out this form completely, **OR** ask the person in charge of employee benefits where you work to fill it out.
- File the copy with the Court.
- Mail a copy to your spouse by certified mail. Keep a copy of this form for your records.

**Important!** Your spouse must receive this notice at least 30 days before the insurance coverage ends. Most courts require you to send this to your spouse before you can get a hearing date.

To (Spouse's Name): \_\_\_\_\_

(Spouse's Address): \_\_\_\_\_  
Street address or P.O. Box
City
State
Zip

From (Your Name): \_\_\_\_\_

(Your Address): \_\_\_\_\_  
Street Address or P.O. Box
City
State
Zip

If you do NOT have health insurance, check here.  Fill out the Certificate of Service section below. Mail a copy of the paper to your spouse. File this form with the court clerk's office.

If you do HAVE health insurance that covers your spouse now, check here.  Then fill out the information about your health insurance policy that covers your spouse now:

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Employee Benefits Contact Person): (Name/Phone #/Street Address/City/State/Zip)

**Check one:**

- This policy has COBRA. That means your spouse can keep the insurance after the divorce. BUT s/he must apply by the deadline and pay the premiums and any fees. To learn more, speak to the employee benefits person listed above.
- This is a group insurance policy. Your spouse might be able to continue coverage under TCA §56-7-2312(d)(1). To learn more, speak to the employee benefits person listed above. Your spouse may also get insurance somewhere else.
- This policy does not offer COBRA. That means your spouse will lose this insurance after the divorce. Your spouse must get health insurance somewhere else.
- My spouse is not covered by my policy.

**Certificate of Service:**

I hereby certify that a true and exact copy of this Health Insurance Notice was mailed to my insured spouse on (Date) \_\_\_\_\_ (MM/DD/YYYY) I sent it to the address listed above by certified mail.

Sign Here: ▶ \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

<b>State of Tennessee</b>	Court <u>Chancery</u> (Must Be Completed)	County <u>Johnson</u> (Must Be Completed)
<b>Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency) (Form 3)</b>		File No. _____ (Must be Completed)
		Division _____ (Large Counties Only)
Plaintiff _____ (Name: First, Middle, Last) of Spouse Filing the Divorce)		
Defendant _____ (Name: First, Middle, Last of the Other Spouse)		

**If you cannot afford to pay the filing fees at this time, fill out this form.  
And file it with the completed case documents.**

Even if the judge approves this form, you may have to pay court costs at the end of the case.

①

**Your Information:**

**Address:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Numbers:**

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Birth Date: (MM/DD/YYYY):** \_\_\_\_\_

②

**Dependents:**

List your dependents below.

Dependents can be:

- Your children, and
- Anyone you can claim as a dependent on your taxes.

Name	Age	Relationship	Name	Age	Relationship
1.			4.		
2.			5.		
3.			6.		

③

Employment: If you are working now, fill out below. If you are not working now, check here:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How much do you earn after taxes are deducted?

\$ \_\_\_\_\_ Each (Check One):  Week  Month  Other: \_\_\_\_\_

④

Other Income: List any other income that you get now or expect to get.

Source of Income	How much do you get?	Source of Income	How much do you get?
<input type="checkbox"/> AFDC	\$ _____ / month	<input type="checkbox"/> Unemployment	\$ _____ / month
<input type="checkbox"/> Social Security	\$ _____ / month	<input type="checkbox"/> Worker's Comp.	\$ _____ / month
<input type="checkbox"/> Retirement	\$ _____ / month	<input type="checkbox"/> Other*	\$ _____ / month
<input type="checkbox"/> Disability	\$ _____ / month	<input type="checkbox"/> SSI	\$ _____ / month

\*Explain Sources of Other Income Here:

Other:

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⑤

Assets: List all assets that you own separately, with your spouse, or with someone else:

Asset type: Fair Market Value (what it's worth now) - Money still owed = Balance

1. Car, truck, or other vehicle			\$ _____
2. Other car, truck, or other vehicle			\$ _____
3. House, condominium, land			\$ _____
4. Other house, condominium, land			\$ _____

List all bank/financial institutions below:

Bank name. Do not put account number.	Balance
1.	\$ _____
2.	\$ _____
Cash	\$ _____
<b>Total:</b>	\$ _____

Other : \_\_\_\_\_

⑥ Expenses:

	How much each month?		How much each month?
<input type="checkbox"/> Rent/House Payment	\$ _____	<input type="checkbox"/> Gas	\$ _____
<input type="checkbox"/> Phone	\$ _____	<input type="checkbox"/> Child Care	\$ _____
<input type="checkbox"/> Groceries	\$ _____	<input type="checkbox"/> Court-ordered Child Support	\$ _____
<input type="checkbox"/> School Supplies	\$ _____	<input type="checkbox"/> Transportation	\$ _____
<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Medical/Dental	\$ _____
<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Other	\$ _____

⑦ Debts:

Who do you owe?	How much do you owe?	Who do you owe?	How much do you owe?
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

⑧ I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

Perjury means lying on purpose. If I lie on purpose I may have to pay a fine or go to jail.

Sign here: ▶ \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
My Term Expires

**IMPORTANT!**

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.

The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.


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**Do Not Fill Out This Section Below. The Judge Will Fill This Section Out At Court.**

- The court **denies** this Request because (judge will check all that apply):
  - The applicant did not prove s/he cannot afford to pay costs associated with this case at this time.
  - The applicant did not go to the court hearing concerning this Form. This Request is dismissed.
  - The applicant must pay court costs of: \$ \_\_\_\_\_



- The court **approves** this Request and the applicant may file without paying the filing fees or costs at this time.

Judge's signature:  \_\_\_\_\_ Date: \_\_\_\_\_

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NOTICE: After reading this paper, the judge may decide you must pay the fees up front. If that happens, you have the right to a hearing before the judge. An appeal gives you a chance to tell your side. You may be able to appeal your case to a Circuit Court. If so, you have a right to a hearing before the Circuit Court Judge.



**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DIVORCE OR ANNULMENT**

RULE DOCKET NO. \_\_\_\_\_

STATE FILE NUMBER: \_\_\_\_\_

1a. Petitioner/Plaintiff (First/Middle/Last)		1b. Name Prior to First Marriage	1c. Social Security Number
2a. Residence – State	2b. County		2c. City, Town, or Location
2d. Street and Number		3. Birthplace (State or Foreign Country)	4. Date of Birth (Month/Day/Year)
5a. Respondent/Defendant (First/Middle/Last)		5b. Name Prior to First Marriage	5c. Social Security Number
6a. Residence – State	6b. County		6c. City, Town, or Location
6d. Street and Number		7. Birthplace (State or Foreign Country)	8. Date of Birth (Month/Day/Year)
9a. Place of This Marriage – State (or Foreign Country)		9b. County	9c. Date of This Marriage (Month/Day/Year)
10. Date Couple Last Resided in Same Household (Month/Day/Year)			
11a. Number of Children Ever Born Alive Of This Marriage (Specify)	11b. Number of Children Under 18 In This Family (Specify)	11c. Number of Children Under 18 Whose Physical Custody was Awarded To Petitioner/Plaintiff _____ Respondent/Defendant _____ Joint _____ Other _____	
12. Joint Petition for Divorce <input type="checkbox"/> Yes <input type="checkbox"/> No	13a. Name of Petitioner/Plaintiff's Attorney (Type/Print)		13b. Address (Street, No., City or Town, State, Zip)
14a. Type of Decree <input type="checkbox"/> Absolute <input type="checkbox"/> Limited <input type="checkbox"/> Annulment	14b. Was Petitioner/Plaintiff's Name Prior to First Marriage or Previous Legal Surname Restored? (If yes, specify name)		14c. Was Respondent/Defendant's Name Prior to First Marriage or Previous Legal Surname Restored? (If yes, specify name)
14d. County of Decree	14e. Title of Court <input type="checkbox"/> Circuit <input type="checkbox"/> Chancery <input type="checkbox"/> General Sessions <input type="checkbox"/> Probate		14f. Date of Recording Decree (Month/Day/Year)
14g. Signature of Certifying Court Official		14h. Title of Certifying Court Official	14i. Date Signed by Certifying Court Official (Month/Day/Year)

**CONFIDENTIAL INFORMATION**

15a. Petitioner/Plaintiff: Hispanic Origin (Check the box that best describes whether the Petitioner/Plaintiff is Spanish/Hispanic/Latino. Check the "No" box if Petitioner/Plaintiff is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		15b. Respondent/Defendant: Hispanic Origin (Check the box that best describes whether the Respondent/Defendant is Spanish/Hispanic/Latino. Check the "No" box if Respondent/Defendant is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown	
16a. Petitioner/Plaintiff: Race (Check one or more races to indicate how the Petitioner/Plaintiff identifies.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown		16b. Respondent/Defendant: Race (Check one or more races to indicate how the Respondent/Defendant identifies.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native Name of enrolled or principal tribe (specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, specify _____ <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown	
17a. Petitioner/Plaintiff: Education (Check the box that best describes the highest degree or level of school the Petitioner/Plaintiff completed.) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown		17b. Respondent/Defendant: Education (Check the box that best describes the highest degree or level of school the Respondent/Defendant completed.) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g., PhD) or Professional degree (e.g., MD, JD) <input type="checkbox"/> Unknown	
18a. Petitioner/Plaintiff: Number of this Marriage (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)		18b. Respondent/Defendant: Number of this Marriage (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)	
19a. Petitioner/Plaintiff: If Previously Married, How Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Unknown		19b. Respondent/Defendant: If Previously Married, How Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Unknown	