

<b>STATE OF TENNESSEE</b>	<b>CHANCERY COURT</b>	<b>JOHNSON COUNTY, TN</b>
---------------------------	-----------------------	---------------------------

<b>BOTH PARTIES' PERSONAL INFORMATION</b>	FILE NO. _____
---	----------------

1. Fill out this form.
2. Put the form in an unsealed envelope
3. Write this information on the envelope. Names of both spouses, and Case Number of your case.
4. Return to: Johnson County Chancery Court, PO Box 196, Mountain City, TN 37683 –  
Fax: (423) 727 7012

**HUSBAND:**

NAME (First, Middle, Last): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(State or Foreign Country)

Residence – State: \_\_\_\_\_ County: \_\_\_\_\_

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

City, Town, or Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Race: \_\_\_\_\_

Number of This Marriage (Specify First, Second, Third etc.): \_\_\_\_\_

If Previously Married, Last Marriage Ended (Specify):

Not Previously Married  By Death  Divorce or Annulment

Education: \_\_\_\_\_  
Elementary or Secondary (0-12) / College (1-4 or 5+)

Employer Name & Address: \_\_\_\_\_

**MARRIAGE:**

Place of This Marriage (State) : \_\_\_\_\_

County: \_\_\_\_\_

Date of This Marriage: \_\_\_\_\_

Date Couple Last Resided in Same Household: \_\_\_\_\_

<b>STATE OF TENNESSEE</b>	<b>CHANCERY COURT</b>	<b>JOHNSON COUNTY, TN</b>
---------------------------	-----------------------	---------------------------

**WIFE:**

NAME (First, Middle, Last): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Place: \_\_\_\_\_

(State or Foreign Country)

Residence – State: \_\_\_\_\_ County: \_\_\_\_\_

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

City, Town, or Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Race: \_\_\_\_\_

Number of This Marriage (Specify First, Second, Third etc.): \_\_\_\_\_

If Previously Married, Last Marriage Ended (Specify):

- Not Previously Married  By Death  Divorce or Annulment

Education: \_\_\_\_\_

Elementary or Secondary (0-12) / College (1-4 or 5+)

Employer Name & Address: \_\_\_\_\_

CHILD(S) INFORMATION:		
CHILD#1: LAST NAME *	FIRST NAME *	MIDDLE _____
SEX _____	SSN ** _____	DATE OF BIRTH * _____
CHILD#2: LAST NAME *	FIRST NAME *	MIDDLE _____
SEX _____	SSN * _____	DATE OF BIRTH * _____

NOTES: Additional Information can be entered on a separate page.