

# TURNER

Law Offices, P.C.

A Full Service Law Firm

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

County where you live: \_\_\_\_\_ County where spouse lives: \_\_\_\_\_

Is there an Order of Protection?  Yes  No  
When issued? \_\_\_\_\_ Which Court issued? \_\_\_\_\_

Is there a Prenuptial or Postnuptial Agreement?  Yes  No

Are you or your spouse currently in Bankruptcy?  Yes  No

- No Children, No Real Estate
- No Children, Real Estate
- Children, No Real Estate
- Children, Real Estate

#### DIVORCE TYPE:

- Uncontested (Husband and Wife Agree on Everything)
- Contested (Issues regarding division of assets, custody, child support)
- Default (Does not know where Spouse is located)

#### GROUND FOR DIVORCE: Check All that Apply and Briefly Explain

- Irreconcilable Differences (Uncontested)
- Inappropriate Marital Conduct: \_\_\_\_\_  
\_\_\_\_\_
- Adultery: \_\_\_\_\_  
\_\_\_\_\_
- Cruel and Inhuman Treatment: \_\_\_\_\_  
\_\_\_\_\_
- Indignities: \_\_\_\_\_  
\_\_\_\_\_
- Habitual Drunk/Drug Abuse: \_\_\_\_\_  
\_\_\_\_\_
- Attempt on Life of Spouse: \_\_\_\_\_  
\_\_\_\_\_
- Abandonment/Failure to Provide: \_\_\_\_\_  
\_\_\_\_\_
- Willful or malicious desertion/absence over a year: \_\_\_\_\_  
\_\_\_\_\_
- Two Years Separation (no minor children): \_\_\_\_\_
- Bigamy: \_\_\_\_\_
- Conviction of Infamous Crime: \_\_\_\_\_  
\_\_\_\_\_
- Conviction of felony and sentenced to penitentiary: \_\_\_\_\_  
\_\_\_\_\_
- Spouse impotent/incapable of procreation: \_\_\_\_\_  
\_\_\_\_\_
- Refusal to move to TN with spouse and absent more than 2 years: \_\_\_\_\_  
\_\_\_\_\_

**STATISTICAL INFORMATION**

**(ALL INFORMATION REQUIRED)**

**WIFE:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Does Wife wish for her maiden name back? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Current Residence: (No. And Street) \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residence in Tennessee \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_

If previously married, last marriage ended by: \_\_\_\_\_ Divorce or Annulment \_\_\_\_\_ Death

Currently Active Member of Armed Services:  Yes  No

Current Employer: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_

**HUSBAND:**

First: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_

Current Residence: (No. And Street) \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residence in Tennessee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

If previously married, last marriage ended by: \_\_\_\_\_ Divorce or Annulment \_\_\_\_\_ Death

Currently Active Member of Armed Services:  Yes  No

Current Employer: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_

**MARRIAGE STATISTICAL INFORMATION**

Date of this marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ County \_\_\_\_\_ State

Date of separation: (left marital home or ceased having marital relations) \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence of parties at time of separation: \_\_\_\_\_ City \_\_\_\_\_ State

**CHILDREN INFORMATION**

Full Name of minor children (under age of 18) born of this marriage:

\_\_\_\_\_ d.o.b. \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_ d.o.b. \_\_\_\_\_ SS# \_\_\_\_\_  
\_\_\_\_\_ d.o.b. \_\_\_\_\_ SS# \_\_\_\_\_

Last five years addresses for the minor children:

Street	City, State	Date Moved In	Date Moved Out
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you want  sole custody  joint custody  shared/split custody (50/50)

What type visitation do you want your spouse to have?

- Standard (Every other weekend, alternate holidays)
- Reasonable(when you and your spouse agree)
- Equal 50/50

**CHILD SUPPORT INFORMATION**

How much do you make? \$ \_\_\_\_\_ per \_\_\_\_\_

How much does your Husband/Wife make? \$ \_\_\_\_\_ per \_\_\_\_\_

How do you want child support paid?  payable through Clerk  payable directly to you

Who provides health insurance coverage for your children? \_\_\_\_ You \_\_\_\_ Your Husband/Wife

Insurance Company? \_\_\_\_\_

Cost of insurance coverage (child's share only) \$ \_\_\_\_\_ per \_\_\_\_\_

Work related daycare cost: \$ \_\_\_\_\_ per \_\_\_\_\_

Recurring medical expenses not covered by insurance \$ \_\_\_\_\_ per \_\_\_\_\_

Who gets income tax deduction for minor child/ren?  You  Your Spouse

**HEALTH INSURANCE INFORMATION**

**\*If you provide health insurance for your spouse, please make a copy of your insurance card**

Who provides health insurance for your family?  Husband  Wife  Both

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Customer Service telephone number: \_\_\_\_\_

**REAL ESTATE**

Do you own any real estate?  Yes  No

If so, where is the real estate located (address)? \_\_\_\_\_

Property titled in the name of:  Husband  Wife  Both  Neither  
First Mortgage: \_\_\_\_\_ In name of  Husband  Wife  Both  None  
Second Mortgage: \_\_\_\_\_ In name of  Husband  Wife  Both  None  
Home Equity Loan: \_\_\_\_\_ In name of  Husband  Wife  Both  None

Do you want the real estate?  Yes  No

What did you pay for the real estate? \$ \_\_\_\_\_ What is the balance owed? \$ \_\_\_\_\_

How much did you put down on the real estate? \$ \_\_\_\_\_ What is the monthly payment? \$ \_\_\_\_\_

Where did the money for the down payment come from? \_\_\_\_\_

**PERSONAL PROPERTY/VEHICLES**

Vehicles: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Titled  Husband  Wife  Both  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Titled  Husband  Wife  Both

Which vehicle do you want? \_\_\_\_\_

Has Personal Property (furniture, household goods, personal items) been divided:  Yes  No  
If not, how will the personal property be divided? (Provide a Separate List of Property to Each Spouse)

**DEBTS**

Are there any Joint Debts?  Yes  No - - If yes, please list below:

Creditor	Account No.	Approximate Balance	Who will pay?
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

**ACCOUNTS**

Do you have joint bank accounts?  Checking  Savings  Other (If yes, please list below)

Banking Institution	Account No.	Approximate Balance	Who will get?
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

Do you or your spouse have interest in a retirement plan, profit sharing plan, 401K, etc?

Retirement Account	Type Account	Account No.	Balance	Who will get?
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

**SPOUSAL SUPPORT**

Are you requesting spousal support?  Yes  No

How much are you requesting? \_\_\_\_\_ per \_\_\_\_\_

Why are you requesting spousal support? \_\_\_\_\_

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

**RESTRAINING ORDER**

Do you wish to have a Restraining Order Issued by the Judge?  Yes  No

If so, why do you need a Restraining Order (in detail, with dates and times)?

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

**BUSINESS INTEREST**

Do you or your spouse own any interest in a business?  Yes  No

Do you want to claim an interest in this in a business?  Yes  No

What is the business interest and how do you want it divided in the divorce?

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

**PRIOR BANKRUPTCY**

Has either party ever filed Bankruptcy?  Yes  No

Husband  Wife  Both

Chapter 7  Chapter 13

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

**COURT COSTS AND ATTORNEYS FEES**

Who will pay Attorney Fees?  Husband  Wife  Split equally

Who will pay Court Costs?  Husband  Wife  Split equally