

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