

DIVORCE WORKSHEET

FULL NAME OF CLIENT: _____

ADDRESS (Street): _____

CITY/STATE/ZIP: _____

PHONE: (HOME #) _____ ANNUAL GROSS INCOME _____

(WORK #) _____ OCCUPATION: _____

(CELL #) _____ SOCIAL SECURITY NO: _____

Email address: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EDUCATION _____ RACE: _____ 1ST, 2ND, 3RD, etc. MARRIAGE: _____

Relative's name, address, and phone if I cannot be reached _____

=====

FULL NAME OF SPOUSE: _____

ADDRESS (Street): _____

CITY/STATE/ZIP: _____

PHONE: (HOME #) _____ INCOME: _____

(WORK #) _____ OCCUPATION: _____

(CELL #) _____ SOCIAL SECURITY NO: _____

Email address: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EDUCATION _____ RACE: _____ 1ST, 2ND, 3RD, etc. MARRIAGE: _____

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FULL MAIDEN NAME OF WIFE: _____

MAIDEN NAME TO BE RESTORED: _____

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

PLACE OF MARRIAGE (State): _____

GROUND(S) FOR DIVORCE (PLEASE CIRCLE ALL APPLICABLE):

Irreconcilable Differences Inappropriate Marital Conduct

Adultery Living apart more than 2 years with no minor children

OTHER: _____

HAVE BOTH PARTIES BEEN RESIDENTS OF SHELBY COUNTY, TN, FOR SIX (6)

MONTHS PRIOR TO FILING THIS DIVORCE: _____

I heard about my attorney through: _____

RELIEF REQUESTED (PLEASE CIRCLE ALL APPLICABLE):

Divorce
Alimony
Specific Visitation
Maiden Name Restored to Wife
Tax Exemption on Children
Attorney Fees
Award of Family Home or Real Estate

Separation
Child Support
Child Custody
Injunction
Divorce by Publication
Court Costs
Tort Claim

OTHER: _____

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NO. OF CHILDREN BORN OF THIS MARRIAGE: _____

NAMES OF CHILDREN UNDER 18:	Social Security #'s:	Birth Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ADDRESSES OF MINOR CHILDREN FOR THE LAST 5 YEARS:

_____	_____	RESIDED WITH (Circle):
Street Address:	From:	Mother Father
		Other: _____

_____	_____
City, State, Zip:	To:

_____	_____	RESIDED WITH (Circle):
Street Address:	From:	Mother Father
		Other: _____

_____	_____
City, State, Zip:	To:

_____	_____	RESIDED WITH (Circle):
Street Address:	From:	Mother Father
		Other: _____

_____	_____
City, State, Zip:	To:

PRIMARY CUSTODY OF CHILDREN: (Circle One) WIFE HUSBAND JOINT

CHILD SUPPORT FACTORS: _____

Days per year with Mother: _____ Days per year with Father: _____

Mother's Gross Monthly Income: _____ Father's Gross Monthly Income: _____

Monthly Day care expense _____ BY _____

Monthly health and dental insurance expense for children's share only _____

Private school expense per year _____

Children's activity expenses per year _____

Wife's Other minor children not of this marriage: _____

Husband's' Other minor children not of this marriage: _____

PARENT'S SCHEDULE OF TIME WITH CHILDREN: _____

LIST REAL ESTATE, HOUSES AND LAND (ADDRESSES AND MARKET VALUE):

LIST AMOUNT OF LIFE INSURANCE POLICIES: _____

LIST MEDICAL AND HEALTH INSURANCE: _____

LIST AMOUNT OF BANK ACCOUNTS AND BANK DEPOSITS: _____

LIST RETIREMENT, PENSION, PROFIT-SHARING, STOCKS AND INVESTMENTS:

LIST TAX EXEMPTIONS REQUESTED ON CHILDREN: _____

LIST ALL OTHER ASSETS VALUED AT MORE THAN \$500: _____

ALIMONY REQUESTED: _____

LUMP SUM PAYMENT TO WIFE (IF REQUESTED): _____

DEBTS, BILLS, LOANS, AND CHARGE ACCOUNTS: _____

AUTOMOBILES (Husband): _____

(Wife): _____

DISTRIBUTION OF HOUSEHOLD FURNISHINGS AND PERSONAL PROPERTY:

STATE OF TENNESSEE

COUNTY OF SHELBY

AFFIDAVIT

I, _____, after being duly sworn according to law, make oath that the facts stated in the foregoing pleading are true to the best of my knowledge and belief.

AFFIANT

Sworn to and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

AFFIDAVIT TO DIVORCE COMPLAINT

STATE OF TENNESSEE

COUNTY OF SHELBY

I, _____, after being duly sworn according to law, make oath that the facts stated in the Complaint for Divorce are true to the best of my knowledge, information and belief, and that the Complaint is not made out of levity or by collusion with the Defendant, but in sincerity and truth for the cause mentioned in the Complaint.

Affiant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My Commission Expires:

REFEREE'S NOTICE AND RECEIPT

Received by the Divorce Referee a copy of this Complaint for Divorce this

_____ day of _____, 20 ____.

Divorce Referee

IN THE CIRCUIT COURT OF SHELBY COUNTY, TENNESSEE
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

PLAINTIFF,

No. _____

vs.

Div. _____

DEFENDANT.

CLIENT'S AFFIDAVIT OF INCOME, EXPENSES AND NEEDS

COMES NOW, _____, and files this Affidavit of Income,

Expenses and Needs, and states as follows:

INCOME

Total gross income per month \$ _____

Income tax per month	_____
Social Security tax per month	_____
Medicare tax per month	_____
Child Support for other children	_____
Health Insurance cost for child (children) only	_____
NET INCOME per month	\$ _____

MONTHLY EXPENSES AND NEEDS

	Amount
HOUSE NOTE OR RENT	\$ _____
MAINTENANCE AND REPAIRS ON HOUSE	_____
YARD MAINTENANCE	_____
TELEPHONE, CELL, AND LONG DISTANCE	_____
UTILITIES	_____
GROCERIES AND SUPERMARKET	_____
WORK LUNCHES	_____
DINNER & BREAKFAST (DINING OUT)	_____
AUTOMOBILE NOTE	_____
AUTO GAS	_____
AUTO MAINTENANCE	_____
AUTO INSURANCE	_____
ATTORNEY FEES	_____
CLOTHING AND SHOES	_____
DRY CLEANING	_____
HAIRCUTS & BEAUTY PARLOR	_____
COSMETICS & MAKEUP	_____

LIFE INSURANCE	_____
MAJOR MEDICAL INSURANCE	_____
MEDICAL, DENTAL, EYE CARE, AND HEALTH CARE	_____
CHRISTMAS GIFTS & BIRTHDAY GIFTS	_____
CHARITY & CHURCH	_____
ENTERTAINMENT	_____
CABLE TV	_____
NEWSPAPER, MAGAZINES, AND BOOKS	_____
PET FOOD AND VET BILLS	_____
CHILD SUPPORT	_____
CHILDREN'S ALLOWANCES	_____
VACATIONS & TRIPS	_____
HOBBY EXPENSES	_____
MASTERCARD	_____
VISA	_____
STORE CREDIT CARDS _____	_____
DEBT _____	_____
DEBT _____	_____
OTHER _____	_____
_____	_____
TOTAL MONTHLY EXPENSES & NEEDS	_____

Respectfully submitted,

JAMES B. FISHER, JR.
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Supreme Court No. 006205
